

CHURCH AND PSYCHOLOGY COLLABORATION:
DEVELOPING AN ACTION PLAN FOR INTERNATIONAL CHRISTIAN CENTER

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Abstract

Traditionally, professionals in the field of psychology and within faith communities have overlapped in the type of care they offer. As worldviews expand, there is increased interest among psychologists and faith leaders to collaborate and work together to offer more holistic care to communities. To this date, research focused explicitly on church and psychology collaboration is sparse. The purpose of this qualitative action research study was to collaborate with Pastor Ong of International Christian Center (ICC), a non-denominational Christian church located in Renton, Washington, and to create an action plan for outreach services in the manner and direction of his choosing. There were two directions for this research: (1) explore avenues that Christian churches, located in Renton, were currently utilizing to provide services and apply this information to the development of the action plan and (2) evaluate the collaborative process between Pastor Ong and the researcher. Nine participants (pastors, leaders, and staff members) from Christian churches were participants' for interviews and a focus group. The findings contributed to the development of a five-step action plan: design a lay counseling ministry for ICC; collaborate with local church organizations such Renton Ecumenical Association of Churches (REACH); find an appropriate facility; develop a committee for a non-profit; and design a training clinic for psychology and social work students to offer low-fee mental health services to the community. Findings from the evaluation of the collaborative process indicate that developing trust, respect, and full understanding of another's viewpoint is essential to a collaborative relationship.

Keywords: church-psychology collaboration, action research

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Chapter One:

Introduction to the Study

Faith communities have always been a part of the human experience. Through faith communities, people have sought to provide spiritual and emotional healing. Today, churches form organizations and programs to directly meet the needs of the surrounding communities. Psychology, as a field, has also sought to bring care and emotional healing for those in distress. Historically, there has been a rift between psychology and the Church. However, leaders in the field of psychology are expanding their views to incorporate the spiritual side of the human experience and those within the Church are expanding their views to incorporate psychological principles (Shafranske, 1996; McRay, McMinn, Wrightsman, Burnett, & Ho, 2001). The development of these two fields offers an expansion of opportunities to provide holistic care to individuals and families.

The aim of this study is to collaborate with a non-denominational church, International Christian Center (ICC), located in Renton, WA, to develop an action plan for meeting the needs of the local community. The intent is to offer assistance through psychological research methods to develop this plan and add to the literature on conducting action-oriented research within the context of a faith community. Action research is the methodological approach to this study. Putman and Dueck (2011) noted that action research is a collaborative process designed to bring about mutual benefits for participants and the researcher. These authors also state that this process is designed to empower participants to bring about a desired change through identifying, describing, and establishing a plan to meet the needs of the community.

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In this chapter, an overview and history of the interactions between the Church and psychology as well as the role of each in providing care within communities is provided. Topics pertaining to collaborative intentions and current literature on collaborative efforts between the two domains are also reviewed. The significance of the study, research questions, limitations, and assumptions are identified.

Literature Review

Church and soul care. For centuries, religious communities throughout the world have fostered healing through engaging with the psychological, emotional, social, and spiritual needs of individuals and families (McMinn, Meek, Canning, & Pozzi, 2001; Drayton-Brooks & White, 2004; Kloos, Horneffer, Moore, 1995; and Dominguez & McMinn, 2003). Clergy of various faiths have had a historical mission of “soul care” (McRay et al., 2001; McMinn & Dominguez, 2003), which requires psychological understanding and facilitating treatment much like current psychotherapies today (Chaddock & McMinn, 1999). Pastoral care and outreach services have been a source of hope, encouragement, and meaning for communities long before formal psychological services had even become available (McMinn et al., 2001) and many people report a desire and preference to seek help from pastoral staff before professional mental health specialists (McRay et al., 2001; Weaver et al., 1997; McMinn, 1999; Chaddock & McMinn, 1999; Kloos et al., 1995). Pargament et al. (1991) reported that individuals seeking care found less stigma turning towards a congregation for help than seeking professional help. Religious settings are often a place where anyone in the community is welcomed and accepted (DeKraai, Bulling, Shank, & Tomkins, 2011) and are offered

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hope (Pargament et al., 1991), spiritual guidance, support, and comfort (Dominguez & McMinn, 2003).

Clergy have been described as working on the “front lines” of mental health (Lish, Fitzsimmons, McMinn, & Root, 2003; Galloway, 2003; McMinn, Chaddock, Edwards, Lim, & Campbell, 1998; Kloo et al., 1995) and are usually the first responders during times of community or individual crisis (Weaver et al., 1997; Everly, 2000; McMinn et al., 1998; Kloos et al., 1995). Many people turn toward religious congregations first because it is already a familiar, accessible, and trusted system of care (Weaver et al., 1997). In many cases, clergy have access to individuals and families that other mental health professionals simply do not (Weaver et al., 1997; Bornsheuer, Henriksen, & Irby, 2012). Weaver et al. (1997) noted in particular that Mexican Americans are twice as likely to go to a faith community for help than to another mental health professional. These authors also identified that African Americans are more likely to receive help from a pastor, as African American pastors have been known to reach out into their surrounding communities more often than non-African American pastors.

Faith communities offer a place where people can find inclusion, friendship, and intimacy (Drayton-Brooks & White, 2004; Pargament et al., 1991), as people are able to connect through authentically relating with other members and church staff (Crabb, 2003). Often, this connection and community environment is what fosters true healing (Crabb, 2003; Blande, 2003; Dominguez & McMinn, 2003) and allows an individual to expand to the inclusion of something greater than oneself (Weaver et al., 1997). Authors Dominguez and McMinn (2003) argued that these communities are a resource for psychological, spiritual, and social health that cannot be cultivated in the context of an

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individual therapy room. Kloos et al. (1995) identified religious communities as “natural support systems” (p. 276) as there is a sense of shared concern and caretaking for its members and local community. These authors also suggested that next to the family system, religious communities are universal in groups that provide ongoing support.

Faith communities also invite people to explore personal meaning and purpose (Pargament et al. 1991) and help individuals discover their identity through close relationships, shared beliefs, and church activities (Kloos et al., 1995). Coping skills are enhanced as people learn through the community how to deal with adversity and the stress of life (Budd, 1999). Researchers have found that religious coping skills, such as prayer, meditation, reading scripture, and consulting with church leaders, assist in better adjustment for individuals facing distress (Bornsheuer et al., 2012). Overall, there is growing evidence that suggests that there are physical and mental health benefits to those who are a part of religious communities (Drayton-Brooks & White, 2004; Budd, 1999). Researchers have noted that people involved in faith communities have, overall, more self-competence, greater sense of identity, and personal wellbeing (Pargament et al., 1991). These individuals also experience less anxiety, depression and substance use, better life-satisfaction, stronger resiliency, and better adjustment with marital stress than those who are not a part of a religious community (Plante, 1999). Kloos et al. (1995) reported that specifically those who participate in giving, as well as receiving care, experience greater psychological benefits.

Due to the healing aspects of faith communities, church leaders have sought to expand their care through specific outreach opportunities. Though not always in traditional settings, church leaders have intentionally provided health services to local

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communities throughout the United States (DeKraai et al., 2011; Drayton-Brooks & White, 2004). DeKraai et al. (2011) noted that many religious groups have focused intentional care for “orphans, unmarried mothers, the elderly, persons with disabilities, and those who are ill, homeless, or lacked resources” (p. 255). These authors also noted that “1 in 5 congregations report providing cash assistance, food assistance, hospital/nursing facilities, counseling hotlines, elderly housing and other senior services, prison services, child care, substance abuse services, tutoring, health education, and employment services” (p. 255). Churches are also starting to focus their efforts on offering specific mental health services for their communities (Bornsheuer et al., 2012). Various methods of mental health care are offered through counseling ministries with professional counseling services, pastoral counseling, lay counseling, and through support groups (Spriggs & Slotter, 2003; Bornsheuer et al., 2012).

McMinn et al. (1998) and DeKraai et al. (2011) noted the crucial role that congregations’ play in helping people receive mental health care. Because clergy professionals are often the first responders in times of crises, they may end up referring individuals for professional care if necessary (Bornsheuer et al., 2012). However, this does not always occur as Lish et al. (2003) noted that clergy refer only 25% of potential counseling clients for professional care. Congregations have an influential role in assisting people with care and have been described as the “sleeping giant” (p. 565) of mental health treatment and are typically the “gatekeepers” (p. 569) to the professional world (McMinn et al., 1998). Kloos et al. (1995) and Pargament et al. (1991) noted that faith communities serve as mediators between people receiving informal and professional care. DeKraai et al. (2011) noted that both faith and secular communities are often

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unaware of the important role congregations could have. These authors suggested that faith organizations “be included along with secular service providers, public and private funding agencies, [and] support systems...” (p.256) as they could be innovators in creating new coalitions and social change.

Although, faith communities are in a prime position to directly influence the mental health care of their communities, church leaders do not always have adequate time and training to take on all the struggles and stresses of the congregation (Budd, 1999) and many of the mental health needs can become overwhelming (McMinn et al., 1998). Many churches are also operating with limited financial resources and insufficient physical facilities (DeKraai et al., 2011; Galloway, 2003).

Another strain on the care system from congregations is the stigma that pastors face when they have their own mental health struggles. Church leaders carry a great burden and often need their own care. Currently, there is not a good system in place for clergy to receive mental health assistance (Bornsheuer et al., 2012). Religious congregations desire to help their communities and to provide healing services. With the right resources and assistance, these communities could have an even larger impact on the world of social care today.

Psychology and religion. Professional psychology is the study of the soul or psyche (McMinn & Dominguez, 2003), and developed out of a desire to provide emotional and mental care to those with great internal distress. Pioneers of the field, such as James, Jung, and Allport investigated the spiritual needs and identity of self (Chaddock & McMinn, 1999). Others, such as Freud, Ellis, and Skinner, have reduced the importance of spirituality and have discussed matters of faith through a negative lens

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(Plante, 1999). Overall, professional psychology today has been greatly influenced by the modern, American, individualized, anti-religious, medical model of science (Putman & Dueck, 2011; McMinn & Dominguez, 2003; Shafranske & Malony, 1990). As modern medicine became more prominent, it began to take the place and role of religion (Chaddock & McMinn, 1999). Plante (1999) identified that there has been an attitude among many in the field (and other scientific disciplines) that “no intelligent, thoughtful, modern, and scientifically minded person could ever believe in God or be religious in any way” (p. 541). Although the focus of psychology and religion intersect in certain areas such as soul care, there are epistemological differences (Chaddock & McMinn, 1999) that have created a tension between the two domains (Plante, 2003; Todd 2011; Plante, 1999).

Faith has been identified as important to most Americans; yet, most psychologists in America do not find faith important or participate in organized religion (Shafranske & Malony, 1990; Pargament et al., 1991). Researchers have concluded that “96% of Americans believe in God and 75% of the American population feels that religious faith is a very important part of their life, [while only] 33% of psychologists feel that faith is important in their own lives” (Plante, 1999, p. 541). Many psychologists hold specific biases and stereotypes against religion (Plante, 2003; Pargament et al., 1991) just as those of religious institutions have held anti-psychology views (McMinn & Dominguez, 2003) and have a history of mistrust of the field (Pargament et al., 1991). Historically, professional psychology and religious communities have kept their distance with a “passive indifference” (Plante, 1999, p. 541). Shafranske and Malonly (1990) stated that though psychologists study through a medical model lens, they function more like clergy when providing care. Plante (1999) argued that both clergy and psychologists are

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interested in providing similar emotional and behavioral care through counseling yet do so without consulting each other.

In recent years, professionals in psychology have shifted their stance and are currently becoming more accepting and open to aspects of spirituality, religious identification, and cultural diversity (McMinn & Dominguez, 2003; Plante, 2003; Kress & Elias, 2000; Budd, 1999; Shafranske, 1996). Those within the field are beginning to expand their knowledge and acceptance of the religious and spiritual experiences that occur in an individual's life (Shafranske, 1996; Shafranske & Malony, 1990). The spiritual dimension of an individual is a relevant part of the human experience and therefore is an appropriate exploration of psychology (Shafranske & Malony, 1990). Many authors suggest that one's faith or "spiritual self" is the core of one's identity (Kress & Elias, 2000). To disregard religion would be a disservice to the well being of each person and a disservice to the field of psychology.

Although, professionals in psychology have become more open to the religious and spiritual aspects of a person, there has been a long-standing debate as to whether those with psychology and theology backgrounds can work together to offer care to the community (Budd, 1999). Before the twenty-first century, psychologists mostly ignored the prospect of working alongside clergy (McMinn & Dominguez, 2003). However, as attitudes shift and acceptance grows, new perspectives and respect have created an increasing interest in collaboration (Edwards, 2003; Plante, 2003; Chaddock & McMinn, 1999). Working and partnering with religious groups is an emerging area of research for psychologists and one area that many say is important in order to meet the emotional and spiritual needs of the community (McMinn & Dominguez, 2003).

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Clergy attitudes of collaboration. Several studies revealed that clergy are very interested in potentially collaborating with mental health specialists (Lish et al., 2003; McRay et al., 2001; Plante 1999; Weaver et al., 1997; Kloos et al., 1995). Clergy often have a strong desire to improve the work they are already doing in their communities and this becomes a strong motivator for collaboration (McMinn et al., 1998). One study, in particular, showed that collaboration was more of an interest for clergy who were focused on outreach services in their communities (Kloos et al., 1995). Weaver et al. (1997) surveyed a group of pastors and found that 70%-90% desired training in mental health issues and many were already seeking guidance on their own by reading books authored by Christian psychologists (McRay et al., 2001). Others were simply interested in having a psychologist as a resource person to consult with (Lish et al., 2003; Plante, 1999). Yet, it is important to note that not all pastors desire to participate in some form of collaboration (McRay et al., 2001; Kloos et al., 1995).

Much of this disinterest may reflect the tension and differences between the two domains. Some pastors noted that they see psychological interventions interfering with spiritual ones (Edwards et al., 1999). McMinn et al. (1998) noted that theological principles were considered more important among clergy than psychologists. Most pastors are not willing to accept psychological theories over theological explanations and find spiritual truths to be more powerful and healing than psychotherapy interventions (McRay et al., 2001).

Often, clergy may be interested in collaborative efforts but are simply unaware of the multiple ways psychologists can offer assistance. McRay et al. (2001) noted that one survey indicated that pastors had little interest in “psychological assessment, consultation,

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program evaluation, community psychology, or organizational and system assessment” (p. 103) which may reflect that many pastors only identify psychologists in a counseling role. Kloos et al. (1995) found that many pastors were open to shorter-term collaboration that reflects more of a consultative relationship. Yet, still others desired a family-like merging of the two fields that would be closer to true collaboration. Many Catholic priests identified interest in psychological evaluations for clergy applicants specifically identifying “personality, substance abuse, and/or sexual disorders” (Plante, 1999, p. 543). Lish et al. (2003) found clergy were mostly interested in referrals, consulting, teaching, and providing workshops and seminars. McRay et al. (2001) found that Evangelical pastors were most interested in training for counseling skills, learning marital and family interventions, receiving education on working with challenging and angry people, understanding personality perspectives within the church, and identifying their own self-care and emotional needs.

Of those who were surveyed, clergy interested in a potential working relationship with a psychologist expressed the importance of sharing similar beliefs and spiritual values (Plante, 1999; McMinn et al., 1998). Many Catholic priests, who were strongly interested in collaboration, desired someone who understood and was sensitive toward specific Catholic issues. Several priests reported negative experiences with professionals who were unaware or opposed to particular religious teachings (Plante, 1999). Other clergy expressed the same concern and feared that mental health professionals would disregard their beliefs and psychopathologize their spiritual experiences (Kloos et al., 1995). McMinn et al., (1998) found that small and conservative churches, as opposed to large and more liberal churches, believed it to be more risky to collaborate with

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professionals outside of the church. Many pastors may decline collaborative efforts due to not knowing whom they can trust (Bland, 2003).

Effective elements for collaboration. Building trust is the foundation of collaboration (Kloos et al., 1995). Kloos et al. (1995) found that trust was more likely to develop when there was already some form of relationship and perceived commonality between the psychologist and the faith community. Overall, Kloos et al. (1995) identified that when trust can be established and a desire for collaboration exist, working relationships between clergy and psychologists can greatly enhance the work of churches within and outside the faith community. Due to the differing belief systems and origins of the two domains, sharing values is considered a very important aspect to building trust (McMinn et al., 1998). Sharing values has been found to be important to both psychologists and clergy for collaboration (Todd, 2011; Lish et al; 2003; McMinn 2001; Chaddock & McMinn; 1999), but is considered more important by clergy (Benes et al., 2000). Many researchers feel that psychologists need to understand and respect the theological concepts, religious values, worldviews, and traditions of the faith community with whom they wish to work (Lish et al., 2003; Plante, 2003; McRay, 2001; McMinn et al., 2001; Kress & Elias, 2000; McMinn et al., 1998). Chaddock and McMinn (1999) noted that many clergy want more than a basic understanding and respect of religious values and want to collaborate with psychologists who share their same faith. However, others stated that understanding and respecting values is enough (Plante, 1999).

Communication is another important element to collaboration. In order to communicate effectively, it is important that clergy and psychologists share a common language. By understanding and learning the spiritual concepts of the church,

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psychologists can build trust, share values, and communicate effectively (Plante, 2003; Lish et al., 2003; McRay, 2001; Plante, 1999). Some find it helpful for psychologists to have some religious teaching in theology so that faith perspectives are considered as well as psychological ones (Edwards, 2003). An attitude of being a learner as well as a consultant is beneficial for psychologists when collaborating with churches. Constant communication and dialogue between those involved in collaborative relationships is needed (McRay, 2001) as well as to keep respective views of varying perspectives (McMinn et al., 1998).

Clergy and psychologist collaboration also demands a mutual respect and valuing of both fields and treatment as co-professionals (Edwards, 2003; Bland, 2003; McRay, 2001; Benes et al., 2000; Edwards, 1999). Successful collaborators seek to identify and exchange information from each other. Involving church members in the collaborative process can also be very effective for the entire community (Kloos et al., 1995). Researchers also found that clergy were more likely to work with psychologists if there was a pre-existing relationship with the university or school in which the psychologist studied (McMinn et al, 1998). Academic psychology has also shown to create new avenues of working together for clergy and psychologists (Weaver et al., 1997).

Many authors make several recommendations for psychologists seeking to collaborate with congregations. Among these, Plante (2003 & 1999) suggested that psychologists look outside of their traditional roles and find ways to support the church with their unique skill set. Psychologists may also need to alter their language at times. McRay (2001) noted that utilizing diagnostic criteria would not suffice for some clergy who like to address underlying or spiritual aspects of symptoms or problems. Budd

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(1999) who has successfully collaborated with chaplains in the military made the following recommendations:

- Get to know the local clergy.
- Appreciate the role of religious faith and community care.
- Seek continuing education on the role of religious faith in people's lives.
- Keep in touch and communicate.
- Be sensitive and value clergy's professional work as counselors.
- Always use a respectful tone towards religion when meeting with clients and during workshops and seminars.
- Facilitate a bi-directional relationship (p. 565).

Collaboration. Professional psychology has increased collaborative efforts within various fields (Edwards et al., 1999), such as medicine, social work, education, and criminal justice (McMinn et al., 1998; Weaver et al., 1997). However, little collaboration has occurred between psychologists and clergy (McRay et al., 2001; Benes et al., 2000; Chaddock & McMinn, 1999; McMinn et al., 1998; Weaver et al., 1997). Collaborating and integrating across fields is important to offer holistic care as people with mental health issues typically struggle with various health challenges or attaining basic needs (DeKraai, 2011). DeKraai argued that many health professionals target treatment for specific problems while faith communities can foster healing and recovery. Collaborative endeavors have begun to emerge between psychologists and clergy in recent years (McRay, 2001). The attitude shift in psychology towards becoming more open to aspects of faith has created new possibilities for collaboration (McMinn et al., 1998) and many predict that the two professions will continue to establish more ways of working together

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than they have in the past (McMinn et al., 2001). Weaver et al. (1997) identified that “work with religious organizations may represent one of the last great taboos for professional psychology” (p. 507).

As previously stated, churches are often the gatekeepers to mental health and collaborating with church organizations can be very beneficial to reaching a greater need within society (McMinn et al., 1998). The healthy benefits of religious participation also appeal to many psychologists when considering collaborative relationships (Budd, 1999). As the field recognizes the importance of spirituality, acknowledging and utilizing religious resources is one way that psychologists can expand the profession and establish a greater impact (McMinn et al., 1998). Collaboration allows for an expansion of psychological understanding and offers new and innovative ways to provide services of care in natural settings and communities (McMinn et al., 1998; Kloos et al., 1995). It especially opens avenues of care to underserved and oppressed populations (Galloway, 2003). Collaborating with congregations can empower churches and assist in identifying the many hidden needs of the community (Galloway, 2003).

The role that psychology can play within the church has not always been clear. Many pastors have communicated that their understanding of collaboration involves making referrals to psychologists or having them facilitate support groups (Lish et al., 2003; McMinn et al., 1998). However, one-way referrals to psychologists are not true collaboration, only provide benefits to the psychologist, and create a separation between both professions (McMinn et al., 1998). When psychologists do not reciprocate referrals, clergy often feel the relationship is distorted (McRay et al., 2001). When clergy refer to psychologists, they are typically “turning over care” (p. 567) whereas, when

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psychologists refer clients to clergy, it tends to be more collaborative care with both professionals involved in the treatment (McMinn et al, 1998). It is important to intentionally identify ways that clergy can contribute to psychologists for it to be fully collaborative (McMinn et al., 1998) and what church leaders have to offer is often overlooked. Pastors have a refined expertise and skill set that can assist psychologists. Pastors are especially accustomed to dealing with personal matters of “resolution of guilt, finding meaning in life, dealing with death and loss, the practical and healing role of forgiveness, and the central role of commitment in relationships” (Budd, 1999, p. 556). Approaching these topics together, religious and psychological communities can establish means to mutually create personal change and better adjustment among community members with mental health needs (McMinn et al., 1998). Bland (2003) argued that to integrate the disciplines of psychology and theology elucidates elements of truth that are more enriching than either discipline can discover alone. In doing so, more holistic care in spiritual and psychological needs of individuals and larger communities can be addressed (Bland, 2003; Benes et al., 2000). True collaboration involves the assumption that individuals need multiple types of care for healing (Bland, 2003).

Realistically, psychologists have a lot more to offer than traditional therapy and may need to re-think the services they provide (Lish et al., 2003; Edwards et al., 1999; Benes et al., 2000). Psychologists are finding new ways to collaborate with church leaders (Lish et al., 2003; McRay et al., 2001) and when pastors are provided with more options, many have expressed a great interest (McMinn et al., 1998). Furthermore, collaboration may provide a way to partner together in projects for the community (McMinn et al., 1998). While collaboration between churches and psychologists is

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needed in the public sector, there is also a great need and opportunity for such collaboration within faith communities. Many psychologists of the Christian faith are identifying faith communities as “a locus of care” and are therefore transforming and utilizing psychological methods to work within a church context (McRay et al., 2001). Churches provide community resources that can be used to provide support for those with psychological training and psychologists possess the ability to view larger communities through a psychological lens, thus assisting pastors in identifying needs within their communities that they may not understand or anticipate (Pargament et al., 1991) and therefore many psychologists are beginning to recognize the value in partnering with churches to offer assistance. In order to establish opportunity for collaboration, psychologists must move away from an expert role and move toward learning how to support clergy in their efforts of treatment and care (McRay et al., 2001).

Multiple authors have suggested ways that psychologists can offer skills outside of the traditional referral role. These include facilitating workshops, training seminars (McMinn et al., 2001), providing education on help seeking behavior, suicide awareness training and interventions, grief education and support (Budd, 1999), assessments and screening for clergy applicants (McMinn et al., 2001; Plante, 1999), consultation about church dynamics, establishing policies (Plante, 1999), crisis intervention training (Budd, 1999; Weaver et al., 1997), community needs assessments, developing specific interventions, program evaluation and developments, teaching preventive mental health to lay counselors (Kloos et al., 1995), referring to clergy for spiritual perspectives and treatment, establishing lay and peer counseling programs (McMinn et al., 1998), partnering to establish community projects, co-therapy (Edwards, 2003), training inner-

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city pastors on counseling skills (Galloway, 2003), and teaching self-care strategies and ways to combat compassion fatigue to pastoral staff (Edwards, 1999). Psychologists have specific training in a wide range of areas including education and research. Religious communities could benefit greatly from incorporating what psychologists have to offer (Weaver et al., 1997).

It is imperative that psychologists recognize that collaborative efforts engage both parties in the process and all participants share in the benefits (Kloos et al., 1995). When establishing how one can offer psychological services, one must first identify what services are appealing to the church (Lish et al., 2003) and consequently balance the expressed needs of the church with those identified by the assisting psychologist (Kloos et al., 1995). With collaboration, the role is to utilize unique psychological skills in order to assist church leadership in problem solving, regarding both issues of concern identified by church leadership and those identified based upon the experience of the psychologist (Bland, 2003).

Collaboration Research. Specific research on church and psychology collaboration has been conducted, although not extensively. Pargament et al. (1991) developed a program for psychologists to utilize and assist in church programming. These developers noted that the Congregation Development Program (CDP) was created as a data based consultation system to identify the strengths and weaknesses of the church. This program allowed psychologists to utilize their unique skills and provide assistance in helping the church organize and plan for the future.

McMinn et al. (2001) out of Wheaton College described the development of the Center for Church-Psychology Collaboration (CCPC). CCPC is a part of a doctoral

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program focused on teaching and training students how to conduct research and utilize psychological skills within the church. The mission statement of CCPC is “Psychology serving the Church” (p. 326) and one avenue that this is achieved is through the Multimethod Church Assessment Process (MCAP). Dominguez and McMinn (2003) noted that the MCAP manualized research process is utilized as a collaborative model to work with clergy and identify the specific needs of the congregation. This model focuses on the collaborative relationship between clergy and psychologists who are trained in research methods and consultation. The purpose is to work together to answer specific questions in the church or identify programs to develop or alter. There are three main premises of the MCAP model. First, it is designed to utilize multiple methods to answer questions. Second, it is church-based, meaning that it is focused on what the church desires to have researched with full partnership throughout the process. Third, it is based on assessing the problem. The psychologist should have a proper understanding of the question being asked, as well as, be trained in various assessment procedures. The MCAP involves three stages. First, through relationship building and observation, specific questions are generated. The second phase involves using various research methods to collect information. The third phase involves writing reports and evaluating methods, and providing feedback. During this phase, additional questions may arise and are investigated. This approach is one way that psychologists can utilize research knowledge to collaborate with clergy. The MCAP also places great focus on church leadership as experts with the attitude that psychologists are there to be supportive in their endeavors. This process is very flexible and helps to identify the specific needs of the church.

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However, this also means that it utilizes a lack of standardized instruments and does not have a specific time frame to work within leaving the process open-ended.

Benes et al. (2000) identified a system of care model that psychologists can utilize when collaborating with the Church. Benes et al. (2000) described two models that included direct services and indirect services. Indirect services were focused on meeting the needs of the community in a broad manner and typically involved consulting and referring back and forth with clergy members who then, in turn, provided treatment to church members. In the direct service delivery model, the clergy refer individuals, couples, or families to a psychologist for direct treatment. Both indirect and direct service models included a range of services from mailings to training workshops (indirect) to 24 hour paging systems, assessments, or counseling services (direct). The challenges that arose during these endeavors included gaining financial support for services and building trust with clergy to form an initial partnership.

Spriggs and Slotter (2003) reviewed and discussed the Spring Arbor Free Methodist Church (SAFMC) and its efforts to collaborate with psychology by opening a position for a “Director of Counseling Ministries” on staff. Spriggs, who has a doctorate in clinical psychology, filled this role. The authors noted how uncommon it is for a psychologist to be hired as a staff member at a church. The role included providing counseling, program development and evaluation, needs assessments, training, and educating staff and members. Spriggs and Slotter (2003) noted that this role was formed not only to assist the church leadership but also to alleviate the Senior Pastor of certain responsibilities in order to focus on others. These authors described the importance of educating the church community on specific needs and gaining support for its mission.

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Through individual, couple, and group therapy, the areas addressed in the counseling ministry included “marital problems, major depression, bipolar disorder, alcohol abuse, and borderline personality disorder” (p. 324). Spriggs was also trained in MCAP and was able to utilize data based research to design church programs and collaborate with other church leadership. Spriggs stated that he met with other leaders regularly to discuss the emotional and relational needs of the community in order to design lay counseling support systems. Some of the challenges that Spriggs identified included the issues surrounding multiple roles, confidentiality, and a higher interest in counseling services than resources allotted for.

Similarly, Galloway (2003) identified three programs that focus on collaboration efforts between psychology and the church. The main focus of these programs was to reach underserved populations. Their efforts focused on training and equipping pastors and health representatives of urban and African American churches in basic counseling skills. Galloway (2003) noted that there was also a sexual assault prevention program that was established through the church. Galloway (2003) placed focus on the churches’ expressed needs and tailored strategies accordingly. He also sought to stay in constant dialogue to ensure the efficacy of the chosen methods. Galloway (2003) stated that there was an “obvious synergy” (p. 344) that developed between the psychologists and church staff, as they were able to offer practical information that assisted clergy in reaching their communities. Galloway (2003) noted the exceptional care that churches offered after receiving training. Galloway (2003) also noted the amount of trust that was established with clergy. Clergy also started requesting their own counseling needs and stated that they had no one else to turn to in times of personal distress.

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Significance of the Study

Many church organizations are actively involved in community care and research has shown there is an increased interest among clergy to collaborate with psychologists. However, research focused explicitly on church and psychology collaboration is sparse. Specifically, action-oriented research by psychologists of the Christian faith is lacking in the scientific literature with only a handful of studies (Worthington, Miller, & Talley, 2011).

Worthington et al. (2011) discussed the important implications of conducting action-oriented research. These authors suggested that more information is needed regarding guidelines to doing helpful action research, understanding the difficulties involved in this type of research, and a need to provide models for mistakes and successes. Action-oriented research to collaborate with churches is “meaningful and important research that can help communities and inform science” (p. 220).

Research Questions

As the researcher, my principle research questions are:

1. What outreach and psychological services does International Christian Center wish to provide the surrounding community of Renton, WA?
2. What outreach and psychological services are being offered to the community of Renton, WA from other local Christian churches?
3. What services would Christian churches like to provide if the necessary resources were available?

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4. How can this information be applied to International Christian Center to create an action plan to further the church's assistance to the surrounding community?
5. What are the benefits and drawbacks of church-psychology collaboration and what methods streamline or create challenges within the collaborative process?

Limitations and Assumptions

Limitations. One limitation of this study is that there is only one case, the faith community of ICC that I focused on for investigation and building an action plan. Therefore, the findings are specific for this population and cannot be generalized to the public. Another limitation addresses the nature of action research. The sources of evidence are tailored to address the specific questions of ICC and therefore a lack of standardized instruments was utilized. However, because the focus is on the specific outcome needs for ICC, tailored instruments were the most valid. A third limitation is in regards to my potential bias as the researcher. Because I have been involved with ICC for six years, I may have had preconceived ideas about the questions and desires of the lead pastor. At the same time, my relationship with the pastor has established trust that is foundational for collaborative work. A fourth limitation to this study is the multiple roles that occurred due to my participation in church activities while also serving the role of researcher. I am often given responsibility to lead programs (e.g. a homeless outreach program). There may be challenges surrounding the participatory nature of this study due to the fact that Pastor Ong, lead pastor of ICC has handed off responsibility to me in the past. Lastly, the length of time for this study will be a limitation for this study. This study

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will end at the finalization of the action plan. Action research typically has an open-ended time frame that entails evaluating, revising, and observing outcomes of the action plan. However, the purpose of this study will be to collaborate in the development of the plan as well as to evaluate the collaborative process.

Assumptions. The main assumption of this study is that the pastor of ICC is an expert in his field and has been providing care to various local communities he has been a part of. Therefore, an attitude of respect, consideration, and humility will be preserved during this research process. Another assumption is that, although findings will be specific to ICC, outcomes may assist others when conducting action research within a faith community. These outcomes will outline positive processes as well as challenges that arise. Lastly, an assumption of this study is that the pastor at ICC is able to move forward with the action plan, revise it, or disregard it based on his own perception of need.

Summary

Chapter one began with an introduction to this study and topic. The merging of the Church and psychology is beginning to occur as professionals in both fields are learning to expand their views on spiritual aspects and psychological principles (Shafranske, 1996; McRay et al., 2001). A historical review of the church providing care to communities came next. A history of psychology and spirituality was also reviewed. Clergy attitudes toward collaboration and effective elements needed for successful collaboration were identified. Research is sparse on collaborative efforts between psychology and the Church; however, the current research that has been conducted was reviewed. Next, the significance of the study and the initial research questions were

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explained. Finally, the limitations and assumptions of the study were discussed. Chapter two follows with a description of the methodology used for this study.

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Chapter Two:

Research Design and Methodology

The research design and methodology for this study is outlined in chapter two. First, the significance of philosophical worldviews will be discussed as well as the specific worldview that influences this study. Next, the purpose of this study will be explored and the research questions and participants will be specified. The qualitative method and strategy of inquiry is outlined, as well as the data collection and procedures, and data analysis process and procedures. Additionally, my credibility as the researcher and the validity and reliability of this study will be established. Lastly, the protection of human subjects will be discussed.

Philosophical Worldview

Qualitative researchers hold beliefs that direct and shape their research while serving as a lens through which findings are interpreted (Denzin & Lincoln, 2005; Creswell, 2009). These beliefs are combined by ethics, ontology, epistemology, and methodology. Creswell (2009) noted that together, these sets of beliefs form a paradigm or philosophical worldview that ultimately influences and guides the direction of the researcher. Worldviews and paradigms reflect the lens, assumptions, and biases in which the researcher holds and believes about the world. It is important to identify these worldviews as they reflect how and why research is being conducted.

Creswell (2009) described four main philosophical worldviews: postpositivism, social constructivism, advocacy and participatory, and pragmatism. Researchers that hold an advocacy and participatory worldview differ from researchers with a postpositivism and social constructivism worldview by creating an avenue for change. Utilizing an

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advocacy and participatory worldview goes beyond discovering participant meaning and involves the participants, in a collaborative fashion, so as to address a specific social issue and advocate for change. An advocacy and participatory worldview draws from the perspective that social justice needs to be addressed in order to help the marginalized in society. The intent of this type of research is to bring about some form of freedom and political agenda and focuses on the overall needs of the participants.

Patton (2002) describes a less common worldview: Appreciative Inquiry. Appreciative Inquiry is a theory that stresses using positivity in order to find solutions to problems. Through this lens, the researcher focuses on asking questions that reflect the “creativity and life-giving events” of the organization (p. 181).

As the researcher, an advocacy and participatory worldview is the underlying influence of this study. I explored and collaborated with Pastor Ong, the lead pastor at International Christian Center (ICC) in order to create a plan for increasing assistance and care. The focus was to understand the needs that Pastor Ong would like to provide services for; therefore an advocacy and participatory lens shaped and directed this research. Appreciative Inquiry was also an important aspect of this research design. My attitude, as the researcher, demonstrated care and consideration toward ICC, as I focused on the expressed needs rather than addressing outside concerns with negativity. My goal was for Pastor Ong to feel supported in exploring church needs and desire to actively collaborate together to discover new avenues for change.

Purpose Overview

The purpose of this study was to collaborate with Pastor Ong of ICC, a non-denominational Christian church located in Renton, WA, and to create an action plan for

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outreach services in the manner and direction of his choosing. This action plan was comprised to create new avenues to provide services to the surrounding community. The focus of this study was to explore avenues that Christian churches, located in Renton, are currently utilizing to provide services; and given that information, to help ICC determine its vision for outreach services within the church and to the surrounding community, utilizing the skill sets within its congregation and staff, assisted by my research and psychology-related assets. After establishing Pastor Ong's specific desires for ICC and reaching the community, it was necessary to examine what resources are lacking to provide this desired help.

Research Questions

As the researcher, my principle research questions are:

1. What outreach and psychological services does ICC wish to provide the surrounding community of Renton, WA?
2. What outreach and psychological services are being offered to the community of Renton, WA from other local Christian churches?
3. What services would Christian churches like to provide if the necessary resources were available?
4. How can this information be applied to ICC to create an action plan to further the church's assistance to the surrounding community?
5. What are the benefits and drawbacks of church-psychology collaboration and what methods streamline or create challenges within the collaborative process?

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Population and Sample

Pastor Ong at ICC identified and expressed a need to further serve the local community of Renton, WA (D. Ong, personal communication, June 13, 2013). This pastor leads a small (approximately 85 members) international church in Renton. Pastor Ong has many years of experience as a lead pastor in various churches around the world: primarily in African and Asian countries. He has been the lead pastor at ICC for the past six years. ICC was the primary case for this study.

In addition to Pastor Ong, leaders, directors, and pastors of Christian churches located within the city limits of Renton were participants' for interviews and a focus group. Participants were chosen who were already actively providing care for individual and familial needs in the surrounding community. Six pastors/ministers participated in individual interviews and/or the focus group. Two of the six pastors/ministers were female. Church denominations included Catholic, Baptist, Lutheran, and Methodist. The churches also ranged in size from 25 members to over 1000. Two church staff members, in non-pastoral roles, were selected to participate in informal interview sessions throughout the process as well.

Methodology

Denzin and Lincoln (2005) identified that qualitative research methodology places the researcher directly in a real world experience. The researcher seeks to learn or understand a particular topic or problem solve for a current situation. The researcher uses various interpretive tools in or order to reconstruct a real world experience. These tools may be field notes, recordings, memos, interviews, conversations, and photographs. These multiple interpretive tools are utilized in order to gain the fullest understanding

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possible of a particular phenomenon or meaning that individuals hold. Creswell (2009) noted that qualitative research is emergent in design, meaning that the plan can change throughout the process.

I utilized action research as my strategy of inquiry. Stringer (1999) noted that action research is a collaborative process between participants to generate change or positive outcome in their work or community lives. My role of the researcher in Action research was to be a facilitator for the participants in order to help establish an atmosphere of collaboration and ownership.

McIntyre (2008) outlined a basic strategy routine for action research. In essence, the routine consists of three elements: exploration, reflection, and action. Stringer (1999) stated that during the exploration phase, the researcher gathers data and then constructs the situation by defining and describing the information. During the reflection phase, the researcher facilitates exploration for how things are as well as analyzes what is happening. The action phase includes devising and implementing a plan and then evaluating the outcome. This phase also includes revising the plan, if necessary. McIntyre (2008) noted that the direction and outcome of action research differ depending on the desires of the participants. Furthermore, he asserted that participants are the decision makers into deciding what action should take place. Through the process of asking questions, examining the current situation, and exploring options and action possibilities, the participants determine where the action research will go next.

In sum, as the researcher, I utilized a qualitative research methodology in order to investigate a real world problem. I also used an action research strategy of inquiry in order to collaborate with Pastor Ong of ICC and facilitate implementation for change. For

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the purposes of this study and due to the ongoing revising nature of action research, the action phase ended at the point of devising the action plan. At this point, Pastor Ong has the freedom to move forward with the plan or make necessary changes.

Data Collection & Procedures. Six sources of evidence were utilized in this study. The six sources were: (a) documents, (b) standard open-ended interviews, (c) focus group, (d) individual meeting, (e) surveys, and a (f) researcher log.

Documents. During phase one, I began by examining public websites. Organizations often have public descriptions of services they offer and to whom they offer. An online search was conducted to identify all churches located in the city of Renton. An updated, June 2014, Renton Community Needs Assessment was also examined to investigate the community's current needs.

Standard open-ended interviews. I utilized standard open-ended interview formats with pastors and leaders of participating church organizations. The initial interview took place with Pastor Ong in order to thoroughly understand his needs and desires for investigation and action planning. I met with Pastor Ong and his wife, Connie, for two hours. We discussed outreach developments that they have been a part of in the past, as well as, what their current desires are for the development of outreach services for the community of Renton (See Appendix A for primary participant interview guide). After gaining a full perspective of Pastor Ong's desires for research, interviews took place with the other church leader participants. The purpose of these interviews was to explore information about each church's helping programs and restrictions. The interview process served as exploratory data collection in order to reflect on the organization's outreach processes. Interviews took place at each participant's office or at a joint meeting

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place. Each interview ranged from 20 to 60 minutes depending on how much each participant wanted to share. I conducted five interviews with leaders and/or pastors of local church organizations (See Appendix B for interview guide). I also conducted informal interviews with laypersons from two participating churches in order to gain alternate perspectives on church community involvement. These informal interviews lasted from five to 20 minutes, again differing on how much information each individual provided.

Focus group. During the reflection phase of this study, I conducted a focus group with four pastors and leaders in order to reflect, analyze, and discuss the issues that were presented during the individual interviews with leaders and laypersons. I developed a focus group guide (See Appendix C) that reflected themes and issues that arose during the individual interviews. The focus group was held at ICC and lunch was provided for all participants. The focus group lasted for one and a half hours.

Individual meeting. I met with Pastor Ong to discuss the data that had been collected through documents, interviews, and the focus group, in order to develop an action plan. I assisted in sharing all information gathered throughout the research process. Collaboratively, Pastor Ong and I developed an action plan tailored to the vision of ICC and to the current needs of the Renton community.

Survey. After the initial interview, a likert-scale survey was mailed to Pastor Ong and his wife, evaluating their perceptions about the collaborative process (See Appendix D). After the action plan was developed, the same likert-scale survey was sent to the Ong's along with an open-ended written survey regarding the successes and challenges that occurred through the collaborative process. As the researcher, I also participated in

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filling out these surveys to evaluate the collaborative nature from my experience and perspective.

Researcher Log. Throughout the process I kept a researcher log to note my observations in communication, challenges, and successes of the research and collaborative process (See Appendix E). I made observations in various capacities. I logged my experience exploring documents, after the initial interview and after each individual interview. I also attended a monthly meeting held by various churches (Renton Ecumenical Association of Churches- REACH) within Renton who are actively involved with the community and I recorded my observations and experiences there. I also made note of my experience after the focus group and after my final meeting to develop the action plan.

Data Analysis Process & Procedures. There were two separate analysis processes for the data collected. The first analysis covered the first four sources of data: documents, standard open-ended interviews, a focus group, and the informal meeting to discover findings related to the development of the action plan. The second analysis process included findings from the surveys and researcher log in order to evaluate the collaborative process.

The first data analysis was done in segments throughout the process of each phase of research. During phase one, I began by examining public websites. An online search was conducted to identify all churches located in the city of Renton. A spreadsheet was developed in order to organize all churches listed, contact information, and a description of the outreach services provided. I also specified if any counseling or psychological services were offered. Through identifying services that churches offer, I then used this

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information to select participants. An updated, June 2014, Renton Community Needs Assessment was also examined to investigate the community's current needs. I reviewed this assessment multiple times in various capacities. I first attended an official presentation of the assessment and then reviewed it on my own to identify the specific and most prominent needs within the Renton community today. A list of these needs was compiled in order to present to Pastor Ong.

Next, each interview was audio recorded and transcribed. I read through each interview several times. I began by making notes about the general sense and tone of each interview. I then went through each interview and divided the information into pre-determined categories based upon the questions that were asked. These categories included the churches' *involvement*: role and services provided, the *outcomes*: challenges and successes, the *needs identified*: within the church and within the community, and *desired or needed resources*. I then read through each interview again and identified themes and categories that emerged. After formulating themes and main ideas, I constructed a report that grouped together the pre-determined categories and underlying themes. This report, as well as the transcription, was given to my research assistant to verify the information. I also did member checks by sending my analysis to interviewed participants in order to gain feedback and verify accuracy. Marshall and Rossman (2011) suggested doing member checks as a way to confirm findings with the participants and change any information that is not represented accurately. One participant requested a change and I altered the data accordingly.

The intent of the focus group was to reflect on the issues and themes that arose during the individual interviews. The focus group was audio-recorded and transcribed.

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Similar to the interview process, I read through the focus group transcription several times and made notes about the general sense and tone of the process. I then went through the transcription and identified emerging themes and main ideas that were voiced as a group.

After which, I combined all of the data analysis (documents, interviews, and the focus group) and presented this information to Pastor Ong. We met one time to review all the data. We then discussed important elements of the research that was found and specified an action plan for the future of ICC.

The second data analysis process included comparing scores from within and between each likert-scale survey that Pastor Ong, Connie Ong, and I filled out at the beginning of the exploration phase and at the end of the action phase. Meaning was drawn from the value differences from the different scale components. Data analysis also included identifying main ideas from the open-ended written portion of the surveys and the researcher log.

Credibility, Validity, and Reliability. The credibility of myself as the researcher is that I am a graduate student in a doctoral counseling psychology program at Northwest University. Additionally, I have a foundation in theology as I have taken many core Bible classes during my undergraduate coursework which assisted in sharing a common spiritual language. The pre-existing and trusting relationship I have with Pastor Ong also served in the collaborative process. I also have counseled women and children at a Christian faith-based shelter, which is a psychology-church collaborative environment. As noted earlier, Creswell (2009) identified that the researcher brings their own biases and understanding to research interpretations. Therefore, it is important to note my

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involvement as a member of ICC and I have been cognizant of any preconceived ideas about the questions and desires of the participant.

Qualitative research is naturally high in external validity as it is conducted in a naturalistic environment identifying real-world problems (Creswell, 2009). Marshall and Rossman (2006) described validity in qualitative research as a systematic method of steps that the researcher intentionally takes throughout the research process in order to maintain its truthfulness and accuracy of data. The primary step that I took to establish validity in this research study was to do member checks. Through this step, I sought to create catalytic validity, which is the process of revealing findings to participants in order to show their reality and ignite the motion for change or transformation (Marshall & Rossman, 2011).

It can be difficult to attain high reliability in qualitative research as the design is not done in a controlled setting and therefore is not easily replicated. However, in order to ensure the highest reliability possible, a second coder was designated in order to attain accuracy. I also used a researcher log to note the progress and keep record of what takes place throughout the process.

Protection of Human Subjects. The Institutional Review Board (IRB) approved this study and consideration was given for the protection of all participants in this study. Throughout the data collection process, all materials were kept in a locked box to ensure privacy and confidentiality. All participants signed a consent form (See Appendix D) and it was explained to them that their participation was voluntary. Participants were informed of their options to discontinue at any point and their right to choose not to answer specific questions.

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Summary

In the beginning of chapter two, a discussion of philosophical worldviews and the purpose of this study were given. Next, the research questions and the identification of the population and sample were included. An outline of the qualitative method and strategy of inquiry was provided, as well as an outline of the data collection and procedures and data analysis process and procedures. Lastly, my credibility as the researcher and the ways I increased validity and reliability of this study, as well as the protection human subjects were discussed.

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Chapter Three:

Findings

The findings that have been gathered from the results of the data collection and analysis are outlined in chapter three. Findings are presented in the manner in which they were originally collected: beginning with the exploration phase, the reflection phase, and then the action phase. After which, findings from the overall collaborative process are described.

Exploration Phase

Initial Interview. The initial interview took place with Pastor Ong and his wife Connie. The intent of this interview was to explore and understand the Ong's experience with past community service programs and gain a full perspective on programs to develop in the future. During this interview, the Ong's identified several past community outreach programs that they have established or been involved with in some capacity.

These programs originated primarily in Japan and Ghana and are as follows:

- Developed a support program for kids with Down syndrome
- Supported business owners through the provision of micro-loans and free training
- Started a library in Ghana
- Started schools for different villages in Ghana
- Assisted in farming projects by providing seeds for local farmers
- Started an orphanage
- Helped finance a grassroots medical program
- Developed a human trafficking ministry

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Though, the Ong's took part in each one of these outreach programs, they described their primary role for most of these services to be that of a supporter, encourager, networker, and financial provider. Their role supported others who had the passion to embark on each specific outreach program. They often identified needs within the community and supported others to develop each specific program. Pastor Ong stated:

When a person comes to me and says 'I have a vision to reach out to the poor kids on the street' ... [we say] 'We will be behind you to support you. Tell me what you want and what God wants you to do.' But we expect the person to run it. The failure and success of the project depends a lot on the person. If the person gets discouraged, that's where we come in to encourage the person. If the person has needs, we come in to try and meet their needs. But it's still up to the person to run with it. If the persons are willing to run with that, we always see success. It's got a lot to do with the person that's running the vision or that project" (D. Ong, personal communication, August 11th, 2014).

They made contact and networked with others who they thought would be helpful to the process and assisted in finding financial backing. When asked about the success of these programs, they noted that each program is still running and has been very successful. They stated that when they have the right team together and a committee formed for oversight, the programs are sustainable. When asked about the challenges they experienced, they listed a variety of obstacles which included: lacking full commitment from individuals to maintain the programs (issues of discouragement, opposition, personal problems, and personal expense interference), corruption, sustaining volunteers,

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needing proper management and oversight, and division between goals and vision for the programs among different individuals. Connie identified the need to work with

people with the same mind—not just saying they have the same mind but to really have the same mind. We’ve had a lot of projects fail because of that—people jumping on board because they’re excited, and then later finding out that they were on a different page” (C. Ong, personal communication, August 11th, 2014).

Currently, the Ong’s identified a great need for counseling within ICC and the Renton community. Since arriving in the United States, the Ong’s have become increasingly aware of mental health and emotional problems among the general public and among those they serve. They identified a need for both professional and lay counseling. Their role as pastors includes meeting with church members for counseling. However, they state that it is too much for them to handle alone. They also recognized that there are church members who need more than spiritual counseling, which is all that they can offer. Pastor Ong identified that,

We have a lot of people that come with various mental or emotional problems. We are trying to pray with them, listen to them, and kind of encourage them to not give up. Sometimes, we feel like there are too many. We don’t have time to deal with them. We sometimes get other people in the church to try to help. This is one area that I think needs a lot of help. In that area, for example, it’s kind of difficult to just ask anybody.

The Ong’s noted feeling most comfortable meeting with individuals to listen, talk, and pray. They also enjoy providing premarital counseling. They do not feel comfortable

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counseling people who have severe mental health problems or counseling individuals who, as they describe, “appear to want attention more than assistance” (D. Ong, personal communication, August 11, 2014). The Ong’s identified several other needs within the local community, as they are often approached with requests, of financial assistance, medical needs, educational needs, and material needs. The Ong’s willingly attend to these needs when the appropriate resources are available. When asked about future programs, Pastor Ong stated that,

We would like to see a service provided not just in a church, but in the community where they can receive professional counseling from volunteers in and outside from the church. They come in, and we can trust them. We want a way to help people and to reach out to the community... Secondly, it’s to train people in the church where they can become lay counselors that can take care of some of the problems we have... we see more people needing emotional, mental, and spiritual help... It’s kind of a twofold thing. One is to provide professional help through volunteers for people in the church and outside the church, especially in the community that we can reach out. Secondly, it’s to train up laypeople in the church that can provide minimum counseling to the people in the church (D. Ong, personal communication, August 11th, 2014).

The Ong’s stated that they would like to have holistic programs to meet the multiple and complex needs that they are approached with. When asked about other program, Connie stated,

Aside from counseling of course... we would like to be able to see a place where we could give actual food. That’s a big thing. I envision a regular shopping center

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that they could walk through with their cards—like a commissary type thing. Be able to get blankets. If they're really in need to know they had a place that they could go and get things—if it could happen, it would be nice (C. Ong, personal communication, August 11th, 2014).

Ideally, they would like to establish programs that, as Connie explained, meet the needs of the “soul [mind], body, and spirit” (C. Ong, personal communication, August 11th, 2014). The Ong's expressed a list of potential ideas that included the following:

- Provide professional counseling from volunteers for the Renton community
- Provide lay counseling to church members
- Provide a shopping center (commissary type) to offer food, blankets, and other resources to people in need
- Provide tutoring and educational services
- Provide healing rooms where people can go for spiritual connection

The Ong's identified several resources that are needed in order to establish these programs. These include the following:

- Having the right people to be equipped as volunteers
- Appropriate facilities
- Financial backing
- Multi-church collaboration
- Establishment of a separate non-profit organization

Documents. After doing an online search and reviewing public websites, 28 out of 69 churches, identified in Renton, listed outreach programs that they either started or support in some way. The types of programs include: after school programs (tutoring,

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sports, and activities), homeless ministries, meal programs, food and clothing banks, housing (shelters and building homes), holiday programs (events, meals, and gift programs), counseling (lay, professional, and support groups), nursing home ministries, jail ministries, pre-schools, providing English second language classes (ESL), pregnancy programs, and supporting larger organizations such as World Vision, Union Gospel Mission, Habitat for Humanity, and Renton Area Youth and Family Services (RAYs). Three of these churches listed connection with an organization titled Renton Ecumenical Association of Churches (REACH). After further investigation, REACH is a community of local churches (34 altogether), open to all denominations, who come together to advocate and meet the local needs of the Renton community. This program established 40 years ago is strongly connected to the city of Renton today.

I had the opportunity to attend a REACH meeting at which the group reviewed and discussed a current June 2014 Community Needs Assessment for Human Services and Housing that was conducted by the City of Renton. After listening to the presentation and reviewing this document, there are 13 needs found across five categories:

1. Economic Opportunity
 - Support for adults who face barriers to employment.
 - Access to living-wage jobs and career advancement.
2. Basic Needs for Families
 - Improved access to food.
 - Day and night shelters for homeless families that offer a range of services.

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- Increased services to help prevent homelessness and to help families stay in their homes.
3. Health and Wellness
 - Better access to health and dental care for low-income residents.
 - Early childhood screenings and parenting support.
 - More mental health and substance abuse services.
 4. Available, Quality Housing
 - More rental units for very low-income households.
 - More safe, energy efficient, and healthy housing low and moderate-income households.
 5. Neighborhood Opportunity
 - Improved mobility and transportation options.
 - More high quality, out-of-school time opportunities for youth.
 - Increased access to affordable, quality, early childhood education (p. a & b).

This community needs assessment was constructed in order to identify the current needs of the community and plan for ways to meet these needs in the upcoming future. One purpose is for the city to collaborate with community organizations to help build strategies and find ways to deliver some of these needed services. It was presented at a REACH meeting in order to partner and gain support from the local church community.

Interviews. These findings reflect a total of seven interviews with pastors, ministers, and administrative assistants about the services they provide through their church. After going through each interview, the information was divided into pre-

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determined categories based upon the questions that were asked. These categories included the churches' *involvement*, the *outcomes*, the *needs identified*, and *desired or needed resources*. Various themes emerged that did not fit within the pre-determined categories. All responses are generated in the tables below, with the emergent themes following.

Involvement. Participants identified their roles and the services that are offered through his or her church. The identified roles that emerged throughout the interview process and the services provided are listed below.

Table 1
<i>Roles</i>
Collaborative (With other churches, programs, and larger organizations)
Supportive (Programs, volunteers, and families)
Spiritual Guide
Dutiful ("Christian Mandate", "Social Contract," and "Justice Focused Purpose")
Counselor (Listener, pre-marital counselor, acting as a "triage nurse" in response to crises)
Knowing Limits (In role of counselor)
Advocate
Coordinating Services & Directing to Resources
Developer of Outside Community and Being Neighborly
Liability Role (In regards to homeless sleeping on church grounds)
Teaching Social Justice

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Table 2
<i>Services Provided</i>
Food & Clothing Banks
Housing/Shelters
Homeless Ministries
After School Programs
Meal Programs (Weekly dinners and breakfast for kids and families)
Seasonal Ministries for Community (Christmas dinners, giving trees, carnivals, backpacks & school supplies)
Pregnancy & Single Mother Support
Fundraisers
Financial/Monetary Help
Counseling (Spiritual counseling, pre-marital counseling, lay counseling, paid professional counselor on staff, support groups, financial counseling)
Low Cost Pre-School
ESL and Pre-ESL Classes
Medical Rentals and Supplies
Hospital Ministries
Blood Drives

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Outcomes. Participants described the successful and challenging experiences they have had through the services they provide and these are listed below.

Table 3	
<i>Outcomes</i>	
<u>Successes</u>	<u>Challenges</u>
Program Sustainability	Financial Costs
Provide Immediate Service	Lack of Long Term Effectiveness
Provide Food for a lot of People	Feelings of Being Taken Advantage Of
Provide Space for Groups	Sustaining & Recruiting Volunteers
Build Lasting Relationships	Teaching Advocacy to Church Members (Teaching & understanding about justice and societal changes)
Having Good and Strong Volunteers (Member ownership of programs, talented)	
Wealthier Church Can Offer More	
Planning Ahead, Training, and Specific Time Frames Outlined for Volunteers	

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Needs. Participants identified the needs or problems they recognize within their church communities as well as within the outside community. While the data below demonstrates overlapping needs as shown in the two columns, the spatial arrangement does not suggest a corollary relationship between the items in horizontally aligned cells. These needs are listed below.

Table 4	
<i>Needs</i>	
<u>Within the Church</u>	<u>Within the Community</u>
Financial Assistance	Financial Assistance
Prayer & Need to Grow Spiritually	Affordable Housing
Counseling & Mental Health Assistance	Poverty, Hunger, Basic Needs, Baby Formula, Diapers, etc.
Volunteers & Service Hours	Treated with Dignity
Alcoholism	Transportation
Domestic Violence (Issues of power and control)	Interpretation
Significance and Purpose	Isolation & Loneliness
Lack of Time	Breakdown of Family Relationships
Personal Health Problems	Homelessness
Sense of Community	Racial Divide

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Desired Resources. Participants identified support and resources that would be beneficial for them to continue providing current services and these are listed below.

Table 5
<i>Desired Resources</i>
Referral Network (Within own denomination, within King County for counselors and other programs)
Trained Individuals (To address: racial reconciliation, spirit of poverty, systemic issues)
Financial Resources
Volunteers (committed to long term service) And Support for Volunteers to Prevent Burnout
Recruiting and Training Programs
Ongoing Formation Piece-Understanding Justice and Purpose to Serving
Collaboration (Partner with larger organizations)
Government Involvement & Support
Food Supply

Underlying Themes. Various themes emerged from the interviews with each participant. One of the main themes was (1) *awareness* of the deep structure systemic issues. Four out of the five pastors interviewed reported larger issues of race, poverty, living wage, cultural identities, and domestic problems that are contributing to the needs identified in the community and within the church today. One participant noted,

Poverty is a really big one [need in community]. Though we don't see it a whole lot visibly...not that they are all going hungry, but there are a few meals that

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they're not having...poverty and hunger. On the other side of things, I think there's some racial stuff that is [contributing] ...there's not a whole understanding of each other (Participant 7, personal communication, October 21st, 2014).

Another participant mentioned,

I was surprised in our small congregation how many issues around alcoholism in the family or clinical mental health issues, like bipolar disorder. Also—I wouldn't call it full on domestic violence, but definitely power issues in relationships... We have 24 households in our congregation, and eight of those—so a full one-third of the congregation—have very active issues going on in their homes (Participant 3, personal communication, October 7th, 2014).

Another theme that emerged was the expression of great (2) *compassion* and treating people with dignity and respect regardless of their circumstances, not only for their church members, but very specifically, for the community. One participant noted, in particular, that people often just “need to be treated like a human...I at least try and sit down and talk with them, even if I can't give them what they want or what they're looking for” (Participant 4, personal communication, October 28th, 2014). Another participant stated,

I'm okay with saying yes to that guy today and no to him tomorrow, not now. The other thing is when you do that; you do it respectfully where the person is still treated like a human being with dignity. To wax something theological—for me to be the Christ to that individual in conveying God's love to that individual is one thing. But the other thing that I think goes a step beyond is to see the Christ in that individual because what that does—conveys dignity. That's what a lot of

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people in that unfortunate situation lack or has been taken away from them. If that's what we can do—even in saying ‘No, I would love to help you, but I can't’—we do it in a dignified manner” (Participant 6, personal communication, October 28th, 2014).

Another theme that emerged was (3) *the understanding of the practical and wide range of needs* that exist. Throughout these interviews, pastors spoke of needs that went beyond the most basic needs of food and shelter. They specifically tailored outreach programs to meet very specific and practical needs. For example, one church rents out medical supplies such as walkers and bath seats, another makes baby layettes to give to public health nurses to distribute. This church also has a program called “Bah-Humbug” where they reach out and offer support during the holidays with the awareness that this is often a time filled with grief and loss for many. This participant stated, “Christmas time for a lot of people is not an easy time because of a lot of hardship, maybe deaths, that sort of thing. There's a lot of depression going on” (Participant 6, personal communication, October 28th, 2014). Another theme was (4) *trust*. The participant who identified domestic issues and alcoholism as being large problems within their church families also spoke of spending time at the hospital with a couple after the husband had a manic episode. This participant stated,

He was involuntarily committed... with this man; I would go meet with him at the hospital and check in with his wife and see if there were needs. In that particular instance, there were issues around—in his manic episodes, he spent a lot of money. I was checking in to see if they had enough money for rent that month (Participant 3, personal communication, October 7th, 2014).

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These are sensitive and, often, private matters that were entrusted to this pastor. This pastor also showed a great amount of trust with the outside community and showed a desire and openness to collaborate, not only with differing denominations through REACH, but also various community and professional programs and resources. This participant noted,

It's a challenge to know if the little bit that we're able to do is really the best use of our resources. So we are looking to partner with larger organizations that either have staff or have an established program that we can help plug people into and provide our smaller financial resources for a larger impact (Participant 3, personal communication, October 7th, 2014).

In contrast, another theme that emerged was, (5) *distrust*: distrust of the professional community and distrust of those seeking help. For example, one participant seemed hesitant to speak about issues in the church and within the community. There appeared to be distrust of the researcher and also distrust of anyone not specifically from the same denomination. He expressed only trusting and referring within the denomination for assistance. He also expressed distrust of those seeking help and had a surface level understanding of the problems that are seen in the community today stating that "a lot of folks are not interested [in help]. They're living the life they want to live" (Participant 5, personal communication, October 14th, 2014). This participant seemed to hold an underlying negative belief system about people in need and ambivalence about offering help and receiving assistance to provide more care to the community. With regards to the homeless community, this participant expressed, "they don't want to go anywhere.

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They're just happy... [however] I haven't had this conversation with a street person” (Participant 5, personal communication, October 14th, 2014).

Reflection Phase

Focus group. The focus group was established in order to reflect upon issues that were raised during the exploration phase. Four pastors, including Pastor Ong, participated in this focus group. The group began by discussing why it is important for the Church to be involved in the community. A main idea that was expressed by several participants was a desire to be like Christ. One participant stated that it is “what Jesus did [and] it's crucial if we want to be like Christ” (Focus Group, Member 2, December 9th, 2014). Some of the participants saw the community as separate from the Church and reaching out as a way to “bring Christ and bring love to the community;” (Focus Group, Member 1, December 9th, 2014) whereas, others expressed a felt connection to the community. For example, one participant stated that,

...it's where we are, it's where we live, it's where we move about. So if we're calling—if part of what Christianity is doing is calling people to wholeness... then we have to do it everywhere. Not just within a church building, but in the community. The community becomes the place then where we are calling others into this life of wholeness and completeness (Focus Group, Member 3, December 9th, 2014).

Another participant concluded that it is not just important for bringing Christ into the community, but it is also important for those within the church, stating “it is a life-giving relationship on both ends—both for those who aren't participating in our church and those who are—we need each other” (Focus Group, Member 4, December 9th, 2014).

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The role of the Church and fighting systemic injustice within the community was discussed next. Some viewed systemic injustice as social sin that gets in the way of personal salvation as well as the salvation of others. One participant noted that Jesus had a preferential option for the poor and, therefore, the church should model that option as well. This same participant struggled with the idea of fighting social injustice without the Gospel, stating that “Jesus came to set the oppressed free but I can’t do it without Christ, if I leave the Gospel out of it, then I’m social services” (Focus Group, Member 2, December 9th, 2014). Another participant shared that we are good at building boundaries between people and that, as Christians, it is “our mandate and primary function to blast through [those boundaries] and make neighbors with everyone” (Focus Group, Member 3, December 9th, 2014). There was a consensus among the group that often pastors or those offering assistance have to meet an individual’s basic need before they can offer spiritual help. One participant expressed that “Christ healed people first and therefore so should we” (Focus Group, Member 4, December 9th, 2014).

When asked about some of the ways the Church can meet needs within the community of Renton, the group discussed a variety of practical ways. One participant spoke about the involvement their church has in teaching Pre-ESL and ESL classes to the local Somali community. Another participant discussed gardening on Church property so that locals, who receive food stamps, can supplement their food allotment with fruits and vegetables. Other ideas included tutoring, counseling, marital counseling, financial counseling, hospital ministries, and food banks. One participant discussed the need and desire to offer holistic care—offering spiritual, psychological, and physical care. This participant voiced, “I am seeing... a lot of psychological issues, and finding that... their

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marriage, the psychological and the physical need, and the spiritual need are often together” (Focus Group, Member 4, December 9th, 2014).

The group then discussed how trained professionals might offer their services to Church communities. One participant noted that case management is a large need and that a lot of people need an advocate, someone who understands the system, and can walk them through the process. Others stated that having access to an up to date database of resources would be helpful. One participant stated,

we had a young girl come and she wanted to get off a drug addiction; what should we do? I don’t know. Send her somewhere. It would be great to have resources for that in the church, people that...can say I know what to do. I can walk you through” (Focus Group, Member 1, December 9th, 2014).

Another participant noted that trained professionals, in general, are needed and referring their members to professionals is welcomed, however, there is often a cost barrier that interferes with people receiving the care that they need.

There’s always the cost issue with the church. If you set somebody up to get some help and they don’t have any money, and the place you send them to charges big bucks, we don’t have funds for that. We have limited funds for that (Focus Group, Member 2, December 9th, 2014).

The group then discussed how psychologists and counselors, specifically, could assist in caring for the emotional and mental health needs of the congregation and the community. As a whole, the group discussed that counselors and psychologists would be helpful. One participant stated that “once guys like me figure out that we can’t do it, that we don’t have all the answers...we can use all the help we can get from people who are

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trained to do it” (Focus Group, Member 2, December 9th, 2014). Others stated that it would be helpful to have counselors who are open to prayer and spirituality as a part of the counseling process. Another participant expressed the need for more training and that it would be helpful to have lay counselors trained within the church. The participants also discussed that people generally only want to talk to the pastor and that they would like church members to know that it is okay to talk to someone else.

Throughout the exploration phase, the issue of volunteerism—sustaining them and keeping them from burnout, and also igniting a passion for people to want to serve long term, was consistently brought up. The focus group participants discussed ways and ideas that they have found to be helpful to recruit volunteers and address these issues. One pastor spoke of one-on-one recruitment being helpful, expressing that it takes time to understand what skills Church members are good at and matching them with services on an individual level has been successful in maintaining volunteers. Other participants discussed the value of getting people involved who have received help in the past, stating that people like to give back and it is good for them to be a part of the serving process. Another topic mentioned, was the “formation piece” (Focus Group, Member 4, December 9th, 2014) —teaching others to understand why one should care about justice and why one should serve. For many church members, volunteering often has felt more like a good deed that needs to be checked off a list, rather than a way of life. One participant stated, “I think that’s kind of what... people are looking for, that quick volunteer experience that makes them feel good, that they’ve contributed and done something” (Focus Group, Member 3, December 9th, 2014).

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The group also discussed that when faith, prayer, and spirituality is involved, it keeps people sustained for a longer time. It is when faith is deepened that service becomes more of a priority.

If you can start people going deeper in their faith then it becomes a priority. It's not a priority. It's not something they're going to schedule on their calendar unless it has deep meaning for them. It's that faith connection, that belief system that makes you want to do it and put it on the calendar (Focus Group, Member 3, December 9th, 2014).

The focus group reflected on the resources and services they would like to provide if finances and volunteers were available. One participant quickly stated housing as the number one issue that they would like to see get resolved for people in the Renton area. A main theme that consistently emerged was the idea that they wanted to provide *everything*. For example, one pastor spoke of life skills training, stating that people just need basic life skills—referring to finances, marriage, managing a household, and disciplining children—this participant identified that “people come to us at any point along life’s journey, when they can’t figure out that step or piece of it. So I want everything. I want it all” (Focus Group, Member 3, December 9th, 2014). Another participant spoke of a dream center to offer wraparound care—a place where people with different passions and skills could come together and offer services to the community. This participant wanted to set up a center that helped individuals’ transition out of prostitution, gangs, or drug addiction. Similarly, another pastor wanted to offer a safe place, for people to get out of their normal surroundings and space to find and receive

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healing. Overall, the desire to help in a multitude of ways was evident by this focus group's discussion.

Finally, when asked if there was any additional input or topics that they saw as relevant that was not discussed, the group expressed a need to collaborate more among each other. They voiced gratitude about coming together and speaking with other pastors, who they normally would not be in contact with. One participant stated,

I think this kind of gathering where I probably would never meet you all in the general course of my work; I think that's a valuable piece to help our churches ministering to the community. When we know what's going on [with other churches] then we can either find ways to supplement or partner, or just direct people around. So we're not reinventing the wheel every time we turn around (Focus Group, Member 2, December 9th, 2014).

Action Phase

The following action plan developed after meeting and collaborating with Pastor Ong and his wife Connie. Findings that were gathered during the exploration and reflection phase were presented. The action plan has multiple parts with two directions: a plan for ICC in the involvement of the church community and a plan for the involvement within the Renton community.

Action plan.

1. Develop lay-counseling ministry for church members.

Pastor Ong has identified potential lay counselors within ICC. He will reach out individually to Life Group leaders (small group leaders within the church) and discuss the possibility of becoming

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a lay counselor. Pastor Ong will also connect with programs, such as Stephens Ministry or other counseling professionals, to train these leaders on how to do lay counseling. The intent of these lay counselors will be to alleviate the majority of counseling that is done by the Ong's. They will serve as individuals to listen, pray, and partner along church members who are in need of additional relational support. These lay counselors will be trained to know the limits of their counseling abilities and will be trained on the steps to take when dealing with issues beyond their scope.

2. Connect with REACH and collaborate with supporting churches.

Pastor Ong will attend REACH meetings and seek to get involved with the organization in order to take part in their attempts to reach the community. This will also be an avenue for Pastor Ong to share about ICC's goals to contribute to the community by establishing ways to offer mental health services and seek additional support and collaboration from other churches already working to serve the community.

3. Look for a facility, non-church like building, which offers multiple private rooms for a future clinic with counseling offices.

The Ong's are looking to rent a new building space for ICC's church and congregation purposes. The plan is to find a building that is non-church like and one that can be used throughout the week to serve other purposes, such as opening a clinic that can be

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utilized during the week when church is not in process. One building has been identified as a potential place. However, the owner does not wish to rent to a church. Therefore, the Ong's plan to write up a proposal addressing how the building will be utilized. This proposal will include the results of this action plan and the clinic they hope to establish. This proposal will be shared with the owner in hopes that he will reconsider. Other potential buildings will also be considered and sought after.

4. Develop a committee to take steps to start a non-profit organization, separate from ICC.

The Ong's have identified and will connect with church members who are familiar with writing grants and establishing and working with non-profit organizations. The goal is to create a committee to oversee the direction of the non-profit. It is very important to the Ong's to secure the non-profit and not base it upon one individual or themselves so that the non-profit becomes and stays sustainable.

5. Design a training clinic site. This clinic site will be established as a counseling center for the community. Training will be provided for psychology and social work graduate students.

After the non-profit has been established and grants are coming in, one licensed psychologist and one licensed social worker will work on staff for the non-profit. These professionals will provide training and supervision for graduate students. As a result, reduced

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priced individual and group therapy, assessments, and case management services will be offered to the community.

Collaborative Process

Collaboration took place between myself the researcher, and Pastor Ong and Connie Ong. In order to develop the action plan, we collaborated together through all phases of the research process. In order to evaluate the collaborative process, two types of surveys were utilized, a likert-scale and an open-ended question survey. The likert-scale was given to the Ong's to complete before and after the research process. As the researcher, I also filled out the likert-scale survey before and after. At the end of the research process, Pastor Ong and I filled out the open-ended question survey. I also took notes in a researcher log throughout the research process. The findings are below.

Surveys and researcher log. After the initial interview, the Ong's filled out the likert scale survey which held five components: trust, sharing values, feeling respected, clearly communicating thoughts and feelings, and feeling heard and understood. The scale ranged from 1 (Strongly Disagree) to 5 (Strongly Agree). Both the Ong's rated high, either 4 or 5 (Agree or Strongly Agree) to every component. The scores of 4 were reflected on items two and four: "we share common values" and "I was able to clearly communicate my thoughts and feelings." As the researcher, I rated a 4 (Agree) on all components with the exception of item two: "we share common values" which I had identified as a 3 (Neutral). At the end of the research process, these surveys were taken again. At this point, Pastor Ong, Connie, and myself rated 5 (Strongly Agree) on all items.

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Table 6

Participant A Survey: Pre-Research

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
“This person seemed trustworthy”					5
“We share common values”				4	
“I felt respected”					5
“I was able to clearly communicate my thoughts and feelings”				4	
“I felt heard and understood”					5

Table 7

Participant B Survey: Pre-Research

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
“This person seemed trustworthy”					5
“We share common values”					5
“I felt respected”					5
“I was able to clearly communicate my thoughts and feelings”					5
“I felt heard and understood”					5

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	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
“This person seemed trustworthy”				4	
“We share common values”			3		
“I felt respected”				4	
“I was able to clearly communicate my thoughts and feelings”				4	
“I felt heard and understood”				4	

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
“This person seemed trustworthy”					5
“We share common values”					5
“I felt respected”					5
“I was able to clearly communicate my thoughts and feelings”					5
“I felt heard and understood”					5

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Table 10					
<i>Participant B Survey: Post-Research</i>					
	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
“This person seemed trustworthy”					5
“We share common values”					5
“I felt respected”					5
“I was able to clearly communicate my thoughts and feelings”					5
“I felt heard and understood”					5

Table 11					
<i>Researcher Survey: Post-Research</i>					
	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
“This person seemed trustworthy”					5
“We share common values”					5
“I felt respected”					5
“I was able to clearly communicate my thoughts and feelings”					5
“I felt heard and understood”					5

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When the research process was complete, Pastor Ong and I filled out the open-ended question survey. Pastor Ong noted that the process to collaborate with myself, as well as the other Pastors, throughout each research phase very helpful in discussing “realistic goals.” When discussing the challenges of collaboration, he noted the lack of commitment by those who had previously committed to being a part of the process. Pastor Ong feels that the action plan will work with ICC if the proper networking takes place. He is open to this form of collaboration in the future and stated that he “was able to gain tremendous insight from this collaboration” process.

Ultimately, as the researcher, I found the collaborative process beneficial as the Ong’s displayed a willingness to hear new ideas and transform findings into a plan that would work for them and for the community. Things that were challenging in this process included identifying who was to take the lead in the development of the action plan. The Ong’s were very open and receptive to the information and ideas that were gathered throughout the process and I wanted to insure that it was a plan that they constructed. In this survey, I noted that I believe this action plan will serve to meet the needs that the Ong’s wish to address. The Ong’s displayed an “unstoppable attitude” (researcher log, December 23, 2014), and desire for the community and with the right assistance and collaboration; I believe the implementation of the action plan will be successful. As the researcher, I am interested in this type of collaboration again with the Ong’s and others. I believe both parties must show an interest, be open, and must have a trusting relationship that is already established.

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Summary

In chapter three, findings from the data collection and analysis were outlined. Findings were presented in the manner it was originally collected: beginning with the exploration phase, the reflection phase, and then the action phase. The main findings included Pastor Ong's desire to provide multiple types of care to the surrounding community, with a strong focus on mental health care. After verifying the needs that are currently being met through churches in the Renton area, it was discovered that pastors are having a direct impact in a variety of practical ways to meet a large range of needs. Pastors also demonstrated a desire to obtain more resources and collaborate with trained professionals in order to offer more assistance. The organization of REACH is creating new avenues for pastors and professionals to collaborate together for the city of Renton. Pastors also demonstrated an awareness of the larger issues that people are faced with. The action plan that developed is designed to help meet a variety of needs including lay counseling for ICC, increase collaborative relationships, and provide professional counseling and social work services for the community. Lastly, findings from the overall collaborative process were discussed. A pre-existing relationship aided in the development of trust and collaboration, yet, there was still some hesitancy around sharing similar values between the researcher and Pastor Ong. Through the collaborative process, these hesitations diminished.

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Chapter Four:

Discussion

The purpose of chapter four is to discuss the interpretations of the research findings and illustrate how this data applies to the principle research questions. This includes the integration and application of findings that contribute to the action plan, the collaboration of this study, as well as future directions and further implications for collaboration with faith communities. This chapter will end with the conclusion of this study.

Question One

The first research question is “*What outreach and psychological services does ICC wish to provide the surrounding community of Renton, WA?*” The Ong’s described a variety of services that they would like to provide which include a shopping center to offer food and basic supplies, an educational center to provide tutoring, healing rooms to provide spiritual connection, and a counseling ministry to offer lay counseling to church members and professional counseling to the community. Ultimately, they described wanting to provide holistic care and treatment of each person—“soul [mind], body, and spirit” (C. Ong, personal communication, August 11, 2014). Bland (2003) argued that to have true collaboration, one must have the assumption that people need multiple types of care in order for healing to take place. The Ong’s expression and desire to offer services to treat the whole entity of a person indicates their capacity to collaborate in order to offer such services. The Ong’s expressed the counseling ministry and outreach as their primary focus for the resulting action plan. They described a desire to have professional volunteers contribute time in order to offer this service.

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Question Two

The second research question is “*What outreach and psychological services are being offered to the community of Renton, WA from other local Christian churches?*” Consistent with DeKraai et al. (2011) who found that “1 in 5 congregations report providing cash assistance, food assistance, hospital/nursing facilities, counseling hotlines, elderly housing and other senior services, prison services, child care, substance abuse services, tutoring, health education, and employment services” (p. 255), churches in Renton are providing much of the same care. By what is listed online alone, 28 out of 69 churches are providing assistance in additional ways by offering housing and shelter programs, youth programs, clothing banks, ESL classes, and pregnancy programs. The most common outreach service found was through providing meals and having established food banks. One participant, who runs a church food bank, stated that even if they run out of food, they know where to send people because so many churches offer food assistance to the community. Churches are also partnering with larger organizations such as World Vision, Union Gospel Mission, Habitat for Humanity, and RAYS, in order to have a greater impact.

Through the organization of REACH, churches are discovering new ways to serve the community. Thirty-four multi-denominational churches gather monthly and, intentionally collaborate together as well as with city officials, to provide services for community needs. One example of this church and city collaboration is a women’s shelter that was established in the basement of Renton City Hall. Through these collaborative efforts, REACH continues to find new ways to meet the local needs.

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Compared to these outreach programs, not as many psychological services are being offered. Among participants, there was a discrepancy among how they viewed the need for counseling. One participant expressed that individuals most likely only need spiritual counseling. Another stated that, though they could not provide counseling, their congregation had a huge need for it, as families are struggling with alcohol abuse and domestic issues. However, there were two participants who identified lay and professional counseling services that are offered through their church. Two of the five churches had programs established to offer lay counseling, support groups, or professional counseling to church members. In fact, one participant identified that their church hired a professional marriage and family therapist to be on staff. As Spriggs and Slotter (2003) reported, this is very uncommon for the typical church community. Though these two churches have programs in place to offer counseling to its church members, I did not identify any outreach programs in Renton that offer counseling or psychological services to the outside community.

Question Three

The third research question is “*What services would Christian churches like to provide if the necessary resources were available?*” Many participants felt that the very role of being a pastor means they are called to direct service, as it is their “Christian mandate” (Participant 3, personal communication, October 7th, 2014) and are directed to meet all sorts of needs; physical, mental, and spiritual for the community. Some saw needs and immediate assistance as a way to ultimately gain trust and then offer spiritual hope and guidance. Regardless of the lens, each pastor viewed their role by integrating their own faith to identify how to serve the community. This is evidenced by the vast

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array of services churches have traditionally developed (DeKraai et al., 2011; Drayton-Brooks & White, 2004) as well as the multiple and practical ways churches in Renton are currently offering help. It is clear that pastors want to reach out and offer multiple ways of assistance.

When asked, specifically, what they would do if they had the resources: the respondents dreamed “big.” The answers ranged from providing housing to having a full scale “dream center” where people could have a safe place to come and get treatment for a multitude of issues—such as wanting to get out of prostitution, gang involvement, drug addiction, and homelessness. Another participant requested resources to assist people in multiple life stages—assistance with marital problems, finances, educational struggles, health issues, and general aging problems. Ultimately, what these pastors wanted to provide was *everything*. Perhaps, with a faith that calls one to be like Christ—it makes sense that this is what they would strive for.

Question Four

The fourth question is “*How can this information be applied to ICC to create an action plan to further the church’s assistance to the surrounding community?*” The action plan outlined in chapter three has five components. Each component of the plan will be discussed in depth as to how the Ong’s arrived to the decision to add each part.

During our meeting, we first discussed the Renton Community Assessment and went over the 13 prominent needs that were outlined. I shared the specifics of mental health services and described the lack of care and appropriate resources within the city of Renton. As stated earlier, churches are not addressing psychological needs for the outside

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community. Therefore, the Ong's would like to expand their scope to address these critical and neglected needs.

Next, we discussed the resources that are being provided from local churches—for example, the many food banks in the area. Originally, the Ong's wanted to open up a store center that would serve as a food bank but also as a place where people could come and pick up basic supplies. After discussing what others are already successfully doing in the area, the Ong's decided to narrow their efforts to meet the emotional and mental health needs of the church and the community.

The action plan has two parts: a direction for church members and a direction for the outside community. We began the action planning with addressing the counseling needs of church members. A primary goal of the Ong's is to establish lay counseling within the church. A concern of theirs was that there are too many people who need and want to meet on a regular basis. However, Pastor Ong and Connie do not have the capacity to meet with everyone. Spriggs and Slotter (2003), as well as participants, expressed establishing counseling programs in order to alleviate the lead pastors of these very roles. I shared information on how other churches in the area are able to provide this service. Some churches have programs established to train lay counselors from the church to meet with other individuals from the congregation. Training has taken place by a group called Stephen's Ministry. This is a non-denominational group that trains lay counselors within church congregations. The primary role of the lay counselor is to listen and pray with individuals. They are also trained to know when and how to refer if someone needs more serious mental health services. Some churches also offer counseling care by setting up support groups. Mostly these groups have been established to help

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those who have experienced some sort of grief and loss. And as stated before, one church identified hiring a professional counselor on staff to work with couples and families within the congregation. Lastly, another church identified a network of therapists that utilize church office space to provide counseling. The Ong's stated that they do not have funds to hire anyone but that they do have office space that can be utilized. After discussing this information, the first step of the plan was formulized:

1. Develop lay-counseling ministry for church members.

Pastor Ong has identified potential lay counselors within ICC. He will reach out individually to Life Group leaders (small group leaders within the church) and discuss the possibility of becoming a lay counselor. Pastor Ong will also connect with programs, such as Stephens Ministry or other counseling professionals, to train these leaders on how to do lay counseling. The intent of these lay counselors will be to alleviate the majority of counseling that is done by the Ong's. They will serve as individuals to listen, pray, and partner along church members who are in need of additional relational support. These lay counselors will be trained to know the limits of their counseling abilities and will be trained on the steps to take when dealing with issues beyond their scope.

During the initial interview, the Ong's expressed interest in collaborating and working with a network of other churches in order to build partnerships and be successful in providing services to the community. However, Pastor Ong spoke of the difficulty in establishing these types of partnerships. He expressed that many churches tend to focus

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on their own projects and that it has been difficult to connect and do something larger together. After learning about REACH, the Ong's expressed a great interest in joining this organization. The second part of the plan was then established:

2. Connect with REACH and collaborate with supporting churches.

Pastor Ong will attend REACH meetings and seek to get involved with the organization in order to take part in their attempts to reach the community. This will also be an avenue for Pastor Ong to share about ICC's goals to contribute to the community by establishing ways to offer mental health services and seek additional support and collaboration from other churches already working to serve the community.

Many churches are operating with inadequate facilities (DeKraai et al., 2011 & Galloway, 2003), as is the case for ICC. In order to provide future services, the Ong's plan to find a facility that would be sufficient for the provision of these needs. Therefore, the next part of the plan is listed below:

3. Look for a facility, non-church like building, which offers multiple private rooms for a future clinic with counseling offices.

The Ong's are looking to rent a new building space for ICC's church and congregational purposes. The plan is to find a building that is non-church like and one that can be used throughout the week to serve other purposes, such as opening a clinic that can be utilized during the week when church is not in process. One building has been identified as a potential place. However, the

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owner does not wish to rent to a church. Therefore, the Ong's plan is to write up a proposal addressing how else the building will be utilized. This proposal will include the results of this action plan and the clinic they hope to establish. This proposal will be shared with the owner in hopes that he will reconsider. Other potential buildings will also be considered and sought after.

Involving church members into the process can be very beneficial and effective (Kloos et al., 1995) for collaborative efforts. The Ong's past experience has shown them that having a proper committee and oversight of programs helps ensure success and sustainability. Other participants echoed this same sentiment with regards to their outreach programs. The Ong's want to start a clinic that is outside of the church and that is specifically for the community. Therefore, we discussed the importance of starting a separate non-profit organization. The goal is to establish a committee, a non-profit, and generate funds for sustainability. The fourth part of the plan is as follows:

4. Develop a committee to take steps to start a non-profit organization, separate from ICC.

The Ong's have identified and will connect with church members who are familiar with writing grants and establishing and working with non-profit organizations. The goal is to create a committee to oversee the direction of the non-profit. It is very important to the Ong's to secure the non-profit and not base it upon one individual or themselves so that the non-profit becomes and stays sustainable.

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The Ong's originally wanted to have volunteers from the community step in to provide professional counseling. This seemed a rather difficult task. They wished to model a clinic after another successful non-profit: a medical mobile clinic that varies in locations each week. Under this clinic, they have professional volunteers that offer free dental and medical services. However, professional counseling, is by nature, a different process than seeing a medical professional. In my experience, weekly sessions with the same counselor is beneficial for almost all counseling needs. Therefore, I did not think this model would be appropriate or sustainable for opening a clinic. I shared the model of counseling I have had experience with—a training and educational clinic. Under this model, the clinic could be designed to have at least one psychologist on staff. This individual could then provide supervision and oversee graduate students who provide counseling to the community.

One main idea that emerged throughout my research was community members needing advocacy and guidance when going through the process of getting assistance, either from the state or non-profit organizations. Therefore, we decided to plan for a multi-professional clinic and have a training site for social work students as well. As noted earlier, “collaborating and integrating across fields is important to offer holistic care as people with mental health issues typically struggle with various health challenges or attaining basic needs “(DeKraai, 2011). The Ong's wish to provide holistic care by utilizing a social work professional and graduate students, so they can attend to more physical needs without establishing separate outreach programs.

5. Design a training clinical site. This clinical site will be established as a counseling center for the community.

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Training will be provided for psychology and social work graduate students. After the non-profit has been established and grants are coming in, one licensed psychologist and one licensed social worker will work on staff for the non-profit. These professionals will provide training and supervision for graduate students. As a result, reduced priced individual and group therapy, assessments, and case management services will be offered at a low cost to the community.

Ultimately, this plan is designed to be a slow process. Rather than initially starting a full clinic with a psychologist and a social worker on staff, the Ong's have decided to allow one psychologist use their office space, free of charge, and provide low-cost counseling. From there, the clinic will slowly grow as more steps are made to establish the clinic and as more resources become available.

Question Five

The final research question is "*What are the benefits and drawbacks of church-psychology collaboration and what methods streamline or create challenges within the collaborative process?*" The intended collaboration involved in this study took place between the Ong's and myself. However, elements of collaboration were integrated from interviewing and running the focus group with other pastor's and leaders. Therefore, I will discuss the individual collaborative process between the Ong's and myself as well as discuss the collaborative factors that arose with the other participants.

Initial scores on the likert-scale surveys indicate that there was a foundation of trust already established between the Ong's and myself before the research began.

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However, the scores that were lower reflected hesitancy around the question of sharing similar values. The scores were not necessarily low. I rated sharing values a 3 (Neutral) and Pastor Ong rated a 4 (Agree); however, it is important to note that these scores were a 5 (Strongly Agree) by Pastor Ong and myself at the end of the research process. This indicates that through this research process, our understanding of sharing similar values was strengthened. At the onset of this process, I made notes of feeling uncertainty during our first interview, noting that we may have different values when it comes to the process of counseling. However, my perspective shifted throughout this process, as we spoke more and I engaged with the Ong's about what they are looking for in a counseling clinic. Their understanding and values about counseling became more apparent to me and I discovered that we were viewing aspects of counseling from a similar perspective. I can only speculate how Pastor Ong's perspective strengthened around us sharing similar values.

Edwards (1999; 2003), Bland (2003), McRay (2001), and Benes et al., (2000) stated that for pastors and psychologists to truly collaborate there must be mutual respect and sharing values of both fields and of each other as co-professionals. Throughout this process, I felt this respect and value from Pastor Ong and Connie, and I sought out to convey this with them as well.

The open-ended surveys were intended to evaluate Pastor Ong's understanding of our collaborative process together, as researcher and pastor. However, due to miscommunication, he interpreted the survey as meeting and collaborating with other pastors during the time of the focus group. Though, he did identify the process of speaking with other pastors helpful in discussing "realistic goals" and gaining

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“tremendous insight.” Other pastors agreed with this notion. At the end of the focus group, it became clear that the group really enjoyed speaking and sharing resources with one another. This type of communication between pastors of differing denominations was rare for this group and they expressed gratitude and a desire to collaborate together in the future.

A benefit of collaboration between the fields of psychology and the Church is that it can strengthen already established relationships, opening new opportunities to the deepening of partnership. Another added benefit, through this research process, is that collaboration assisted in bringing people together that would not have connected otherwise. Ultimately, this led to new avenues of collaboration, among pastors of differing denominations, which can assist in greatly enhancing the amount of care to be provided. The only drawback I found through this process is that each side of the partnership may have to put their views aside, for a time, in order to truly understand the other’s viewpoint. When both parties can focus on the common goal and vision, true collaboration can take place. This was evident during my collaboration with Pastor Ong as well as among the pastors of differing denominations.

There are many ways that streamline the process of collaboration for researchers when working alongside pastors. As stated previously, Budd’s (1999) recommendations for working with clergy included:

- Get to know the local clergy.
- Appreciate the role of religious faith and community care.
- Seek continuing education on the role of religious faith in people’s lives.
- Keep in touch and communicate.

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- Be sensitive and value clergy's professional work as counselors.
- Always use a respectful tone towards religion when meeting with clients and during workshops and seminars.
- Facilitate a bi-directional relationship (p. 565).

These recommendations were beneficial and helpful when collaborating and communicating with the pastors of Renton. However, it takes an attitude of desire to collaborate from both fields in order for true collaboration to take place. Just as McRay et al., (2001) and Kloos et al. (1995) reported, not all pastors want to participate in collaboration.

Through my research, I found that many pastors do in deed want to collaborate with other professionals and with other denominations. This was evidenced by the organization of REACH and their collaborative efforts among each other of differing denominations as well as their collaborative efforts with the city of Renton. Pastors that recognized a need for advocacy for community members were also more open to collaboration with professionals outside of the church. As stated previously, collaboration tends to be more appealing to pastors that are continually providing care to the outside communities (Kloos et al., 1995) and I found this to be true in my research as well.

I had varying experiences when interviewing pastors of different denominations. Some were very eager to speak with me and share about what they are doing in the community. Most pastors were engaged with the needs of the community and willing to convey this information to me. However, I also experienced some pastors as being very closed off and skeptical as to why I was there and speaking to them. One pastor I contacted through email responded to my inquiry stating that she did not think she was a

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“good fit” for who I was looking to speak to. I found this very interesting, as her church had more services than most listed in connection to the community and provision of outreach services. Bland (2003) explained that some might turn down collaborative efforts when they do not know whom they can trust and perhaps, this was the case with this pastor. The most challenging aspect of engaging in this form of collaboration is present when the one party does not trust the other or when a shared goal and reason to collaborate is not present.

Implications for Collaborating with Faith Communities

Church congregations are a trusted and safe place for many people to seek out help. Therefore, for psychologists wanting to reach more people in need, collaborating with faith communities is a promising way to reach these people. Many researchers (Lish et al., 2003; Galloway, 2003; McMinn et al., 1998; Kloos et al., 1995) have identified that churches are on the front lines of mental health and are often the gatekeepers to those receiving appropriate care. This was confirmed by one participant, who described herself as a “triage nurse” often there in times of crisis and then needing to direct individuals to the appropriate treatment. Difficulty arises when pastors do not know where to direct people or know how psychologists can assist. Lish et al. (2003) identified that only 25% of people needing more professional care are actually referred by pastors. During this research, it was clear that different pastors had different levels of understanding about the counseling needs of their church members. In order to establish collaboration and offer assistance, it is imperative that psychologists make themselves known and have strong communication about the type of care they can assist in. McRay et al. (2001) argued that psychologists could offer more assistance to church leaders than most are aware of. This

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was also confirmed through this research process. During the focus group, participants were unaware of the multiple ways trained psychologists could offer help.

Typically, referring church members to psychologists has meant that the pastor is “turning over care” (McMinn et al., 2001, p. 567). Pastor Ong voiced frustration over professionals not coming to him for help as well. For example, he stated that he often has been counseling an individual and spending a great deal of time with them and that he may have information that could assist the psychologist. However, he never hears from them or feels as if he is treated as “just a pastor” (D. Ong, personal communication, August 11, 2014). He expressed this as being his experience most of the time.

Psychologists’ choosing to collaborate with faith communities requires a true two-way communication with mutual respect. Although, it is true that psychologists have confidentiality strains, it is important to encourage clients (who have been referred by pastors) to stay connected and seek out spiritual guidance from their church leaders.

Collaborating with faith communities will look different than working with other organizations and running a private practice. One must begin by building a relationship and trust with faith leaders. One must also be clear about the multiple services they can offer. In order to truly collaborate, it must be a two way process and not a one-way referral system. Ultimately, identifying shared goals and a shared vision and then looking at what each professional can offer with respect to what the other can do is important. In the end, it is about building relationships, with faith communities, with trust and respect.

Due to the participatory nature of this research, it was important for myself as the researcher to maintain a facilitating role allowing the participants to choose the direction of the process. There were times when this role drifted and was difficult to maintain. For

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future advocacy researchers working within faith communities, it is important to define roles from the outset of the research and to continue to do so throughout the process as needed. It is important to keep these roles clear for the participants, but also for the researcher. Although, already established and trusted relationships enhance the nature of this work, roles can easily drift in new directions. Declaring roles early and reminding participants, as well as oneself, of these roles throughout the research process will be beneficial.

Future Directions

This study shows an evaluation of needs that exist within the community of Renton, WA, as well as needs that are addressed and provided by from local faith communities. As the researcher, I did not rank the needs or list them by expressed priority. Future studies would benefit from ranking the listed needs in order to identify the highest priorities and plan for ways to address these needs.

The intent of this research was not to evaluate the collaboration among differing church communities. However, collaboration between various faith communities took place. Evaluating the process of the collaboration between churches emerged as a valuable aspect of this study, and it would be worthwhile to evaluate further in future studies.

Large systemic issues were raised during this research study, and several participants discussed the role that the church could have in serving, as an educator, regarding social justice needs. Faith communities could have a significant impact by educating their church members, going beyond the individual services in which they currently provide. This is another area that would benefit future studies.

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This type of research is a slow process due to the adequate time that it takes to form collaborative relationships. Action research, by nature is a long process, because it takes time to formulate a plan and continue to revise it as necessary. This research ended at the development of the action plan. Future research to demonstrate the ongoing process of continual collaboration would be beneficial to identify how to manage difficulties and identify strengths among psychologists and leaders of faith communities.

Conclusion

Faith communities contain an abundance of people needing help—physical, mental, and spiritual. Since faith leaders desire to provide *everything*, the task of helping becomes too difficult for one set of professionals to address alone. Psychologists have the opportunity to assist through action research and by developing systemic help on a more complete scale than faith communities can achieve alone. Action research provides a practical avenue to address the specific needs of communities and tailor programs and assistance provided by church members and leaders.

The task of action research and collaboration with faith communities takes intentional effort from both professionals in order to establish trust and work on mutual goals. However, it is a task worth taking on. My late brother, who had severe mental illness, continually sought out churches in order to find help. He was welcomed and cared for by many faith leaders; however, in the end he was never given the proper treatment that he needed. It is time that psychologists step into the lives and communities of people who desperately need help and transform the way assistance is offered. By establishing relationships with faith communities, and building on collaborative efforts—we can start to meet people where they are and offer our skills and the services they desperately need.

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Appendix A:
ICC Initial Open-Ended Interview Guide

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CHURCH AND PSYCHOLOGY COLLABORATION:
DEVELOPING AN ACTION PLAN FOR INTERNATIONAL CHRISTIAN CENTER
Carmen D. Lasby

ICC Initial Open-Ended Interview Guide

The questions below represent an open-ended interview guide in order to discover what needs the primary participant wants to address through this research process. Due to the collaborative nature of the study, questions may be adjusted depending on the direction of the interview.

Name:

Length of Time in Lead Pastoral Role:

History of Expertise and Knowledge

1. *What community outreach services have you participated in previous to ICC?*
2. *What was your experience with these services?*
3. *What was successful about these services?*
4. *What was not successful about these services?*

Common Problems Addressed

5. *What are the most common issues within the church that you are approached with?*
6. *What are the most common issues outside of the church that you are approached with?*
7. *Of these issues, what do you feel most comfortable providing care?*
8. *Of these issues, what do you not feel comfortable with providing care?*

Desire for Plan

9. *What needs do you see in the community?*
10. *What programs do you want to establish for outreach in Renton?*
11. *What support would assist you in developing these outreach programs?*

Appendix B

Church Leaders Open-Ended Interview Guide

CHURCH AND PSYCHOLOGY COLLABORATION

CHURCH AND PSYCHOLOGY COLLABORATION:
DEVELOPING AN ACTION PLAN FOR INTERNATIONAL CHRISTIAN CENTER
Carmen D. Lasby**Church Leaders Open-Ended Interview Guide**

The questions below represent an open-ended interview guide in order to discover what outreach services are being provided by other churches in Renton, WA. These questions also serve to thoroughly understand the challenges and successes of these programs, as well as to identify potential programs.

Name:

Length of Time in Church Leadership Role:

Current Community Care Involvement:

- 1. What community outreach services does your church provide?*
- 2. What has been successful about these services?*
- 3. What has been the most challenging about providing these services?*

Common Problems Addressed

- 4. What are the most common issues within the church that you are approached with?*
- 5. What are the most common issues outside of the church that you are approached with?*
- 6. Of these issues, what do you feel most comfortable providing care?*
- 7. Of these issues, what do you not feel comfortable with providing care?*

Understanding Perceived Needs

- 8. What needs do you see in the community?*
- 9. What resources are needed to provide for these needs?*
- 10. If you could receive support and assistance to provide in these areas, what would they be?*

Appendix C
Focus Group Guide

CHURCH AND PSYCHOLOGY COLLABORATION

CHURCH AND PSYCHOLOGY COLLABORATION: DEVELOPING AN ACTION PLAN FOR INTERNATIONAL CHRISTIAN CENTER Carmen D. Lasby

Focus Group Guide

The questions below developed out of specific topics that arose during the individual interviews. The goal of the focus group was to reflect upon these issues and topics.

1. Why is it important for the Church to be involved in the community?
2. During my interviews with each of you, several of you commented on the systemic issues specifically in Renton-poverty, racial division, isolation, etc. that lead to other issues such as homelessness, drug abuse, domestic violence, and a breakdown of family relationships. What role does the Church have to fight systemic injustice in this community?
3. What needs exist in the Church community for trained professionals who can offer their services? What about specifically for psychologists?
4. Given the busy lifestyle of people in the Northwest, what is key in creating a desire for people to give of their time?
5. What services would you like to provide, as a church, if the necessary resources were available?

Appendix D
Collaboration Survey

CHURCH AND PSYCHOLOGY COLLABORATION

CHURCH AND PSYCHOLOGY COLLABORATION:
DEVELOPING AN ACTION PLAN FOR INTERNATIONAL CHRISTIAN CENTER
Carmen D. Lasby

Collaboration Survey

Please select the number below that best describes your interaction with the researcher (or participant) and how you felt about the collaborative process.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
“This person seemed trustworthy”	1	2	3	4	5
“We share common values”	1	2	3	4	5
“I felt respected”	1	2	3	4	5
“I was able to clearly communicate my thoughts and feelings”	1	2	3	4	5
“I felt heard and understood”	1	2	3	4	5

CHURCH AND PSYCHOLOGY COLLABORATION

CHURCH AND PSYCHOLOGY COLLABORATION:
DEVELOPING AN ACTION PLAN FOR INTERNATIONAL CHRISTIAN CENTER
Carmen D. Lasby**Collaboration Survey**

This portion of the survey is intended for Pastor Ong and the researcher to fill out after the action plan has been developed.

1. *During this process, what aspects of the collaboration did you find most helpful or beneficial? Please Explain.*

2. *During this process, what aspects of the collaboration did you find least helpful, distracting, or challenging? Please Explain.*

3. *Do you feel that the action plan developed will work to suit the needs of ICC?*

Why or why not?

4. *Are you open to this form of collaboration again in the future?*

Why or why not?

Appendix E
Researcher Log

CHURCH AND PSYCHOLOGY COLLABORATION

CHURCH AND PSYCHOLOGY COLLABORATION:
DEVELOPING AN ACTION PLAN FOR INTERNATIONAL CHRISTIAN CENTER
Carmen D. Lasby

Researcher Log

	Documents	Interviews	Focus Group	Individual Meetings
Observations				
Communication				
Challenges				
Progress				

Appendix F
Informed Consent

CHURCH AND PSYCHOLOGY COLLABORATION

CHURCH AND PSYCHOLOGY COLLABORATION:
DEVELOPING AN ACTION PLAN FOR INTERNATIONAL CHRISTIAN CENTER
Consent Form for Primary Participant
Northwest University
Carmen D. Lasby, M.A.

You are invited to participate in a research study conducted by Carmen D. Lasby, doctoral candidate for Northwest University. The purpose of this study is to collaborate and develop an action plan for International Christian Center.

If you agree to participate in the study you will be:

- **Participating in 1 interview**
- **Participating in 1-3 meetings**

(The purpose of the interview is to understand what needs you, the participant, see in the community and want to address. The purpose of the meetings is to discuss all information gathered and to develop an action plan for ICC.)

There are minimal risks associated with participation. Some people are uncomfortable answering personal questions. Some people are uncomfortable speaking in groups. You may choose not to participate in this research study. The benefit of taking part in this study is that you will receive support and assistance through research methodologies to develop a personalized action plan for your community.

Due to the public nature of International Christian Center and your involvement, anonymity is not possible. All names will be redacted from presented data to ensure confidentiality. At anytime in the process, it is your right to ask the researcher to remove any material from the inclusion in the report of the study.

Participation in this study is voluntary. You may choose not to participate in this study at any time. You may refuse to answer any questions asked. By signing this consent form you are agreeing to participate in this study as outlined in this form. You will be provided a copy of this consent form for your records.

The results from this study will be presented to professors at Northwest University, fellow students, and potentially other pastors. There will be no identifying information included in the presentations in order to protect your confidentiality. All data will be securely kept in a locked box, only accessed by the researcher.

If you have any questions about this study, contact *Carmen D. Lasby (425) 780-3216*. If you have further questions, please contact my dissertation committee member Becky Sherman, Ph.D. at (425) 889-7814.

Carmen D. Lasby, M.A.
Becky Sherman, Ph.D. – Committee Member

Name: _____ Date: _____

CHURCH AND PSYCHOLOGY COLLABORATION

CHURCH AND PSYCHOLOGY COLLABORATION:
DEVELOPING AN ACTION PLAN FOR INTERNATIONAL CHRISTIAN CENTER**Consent Form for Interview Participants***Northwest University**Carmen D. Lasby, M.A.*

You are invited to participate in a research study conducted by Carmen D. Lasby, doctoral candidate for Northwest University. The purpose of this study is to collaborate and develop an action plan for International Christian Center.

If you agree to participate in the study you will be: **Participating in 1 interview.**

(The purpose of the interview is to discover what services you offer to the local community, understand the challenges and successes you experience, as well as, identify potential programs.)

There are minimal risks associated with participation. Some people are uncomfortable answering personal questions. You may choose not to participate in this research study. The benefit of taking part in this study is that you may receive insight into the current services you provide as well as services for the future.

The information you provide will be discussed with the lead pastor at International Christian Center in order to develop an action plan. All names and identifying information will be removed from presented data to ensure confidentiality. At anytime in the process, it is your right to ask the researcher to remove any material from the inclusion in the report of the study.

Participation in this study is voluntary. You may choose not to participate in this study at any time. You may refuse to answer any questions asked. By signing this consent form you are agreeing to participate in this study as outlined in this form. You will be provided a copy of this consent form for your records.

The results from this study will be presented to professors at Northwest University, fellow students, and potentially other pastors. There will be no identifying information included in the presentations in order to protect your confidentiality. All data will be securely kept in a locked box, only accessed by the researcher.

If you have any questions about this study, contact *Carmen D. Lasby (425) 780-3216*. If you have further questions, please contact my dissertation committee member Becky Sherman, Ph.D. at (425) 889-7814.

Carmen D. Lasby, M.A.

Becky Sherman, Ph.D. – Committee Member

Name: _____ Date: _____

CHURCH AND PSYCHOLOGY COLLABORATION

CHURCH AND PSYCHOLOGY COLLABORATION:
DEVELOPING AN ACTION PLAN FOR INTERNATIONAL CHRISTIAN CENTER
Consent Form for Focus Group Participants
Northwest University
Carmen D. Lasby, M.A.

You are invited to participate in a research study conducted by Carmen D. Lasby, doctoral candidate for Northwest University. The purpose of this study is to collaborate and develop an action plan for International Christian Center.

If you agree to participate in the study you will be: **Participating in a focus group.**

There are minimal risks associated with participation. Some people are uncomfortable speaking in groups. You may choose not to participate in this research study. The benefit of taking part in this study is that you may receive insight into the current services you provide as well as services for the future. You will also be provided with lunch.

Participation in this study is voluntary. You may choose not to participate in this study at any time. You may refuse to answer any questions asked. By signing this consent form you are agreeing to participate in this study as outlined in this form. You will be provided a copy of this consent form for your records.

Due to the collaborative nature of this study, anonymity cannot be assured. However, all names and identifying information will be removed from presented data to ensure confidentiality.

The results from this study will be presented to professors at Northwest University, fellow students, and potentially other pastors. There will be no identifying information included in the presentations in order to protect your confidentiality. All data will be securely kept in a locked box, only accessed by the researcher.

If you have any questions about this study, contact *Carmen D. Lasby (425) 780-3216*. If you have further questions, please contact my dissertation committee member Becky Sherman, Ph.D. at (425) 889-7814.

Carmen D. Lasby, M.A.

Becky Sherman, Ph.D. – Committee Member

Name: _____ Date: _____