

Running head: COUNSELING IN THE WORK OF PASTORS

Counseling in the Work of Assembly of God Pastors in the Pacific Northwest

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## Abstract

Research has shown that people often perceive pastors as the initial sources of help when people encounter marital, emotional, and mental health challenges. However, limited research exists on the work of counseling among pastors, particularly Assembly of God (AG) pastors. I conducted a single case multiple participant case study in order to understand counseling in the work of AG Pastors in the Pacific Northwest. To answer the guiding question of the study, “How is counseling represented in the work of AG pastors in the Pacific Northwest?” I investigated three sources of evidence: interviews with pastors, review of participants’ websites, and a survey of people who attend AG churches in the Pacific Northwest. I found, as is consistent with existing research, AG congregants go to their pastors for counseling. In addition, AG pastors consider counseling as an important part of their work; however, they drew a distinction between the counseling they provide and that of professional counselors. Pastors recognized the limitations of their training in providing counseling and were willing to refer to professional counselors, though they refer only after meeting with counselees. Furthermore, participants expressed a desire for more training in understanding basic psychopathology and more training in how to make an appropriate referral to professional counselors. While this study adds to existing research, more studies are needed in order to understand the entirety of counseling in the work of pastors.

## Dedication

I dedicate this work to my beautiful wife Michelle and our wonderful children, Calvin, Megan, and Madelyn. All I have accomplished with this work and in my journey with higher education has come by great sacrifice on your part. Thank you for your undying love, unending support, and untold patience. I love all of you more than words can express.

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## Chapter I

### Review of Literature

The role of a pastor contains many functions including preaching, teaching, and providing counsel (Johnson, 1955). However, researchers have suggested that the training pastors receive in Bible schools and seminaries is often insufficient for the counseling they provide (Worthington, Kurusu, McCullough & Sandage, 1996). In addition to limited training in the area of counseling and psychology, pastors, particularly Pentecostal pastors, have long been suspicious of the practice of psychology and its efficacy in providing relief for mental distress (Dobbins, 2000 as cited in Trice and Bjorck, 2006). In spite of limited training and distrusting attitudes toward the field of psychology, pastors provide counseling at an increasing rate as many Americans seek mental healthcare from pastors as a first line of treatment for mental and emotional distress (Weaver, 1995).

Researchers and religious scholars have investigated many aspects of pastors' participation in providing mental health services for church attenders and non-church attenders. Topics reviewed included the attitude of pastors toward psychology (Azlin, 1991; Vespie, 2010), the role of pastors as counselors (Bonnell, 1970; Dahlberg, 1960), collaboration and referral practices of pastors (Oppenheimer, Flannelly, & Weaver, 2004), and the need for training of pastors as counselors (Johnson, 1955; Weaver & Koeing, 1996.) However, there is little research on pastors' perceived need for training in the area of counseling and psychology or the training pastors have received in these areas. Additionally, there is limited researched on pastors' understanding of how the training they received prepares them for counseling opportunities they encounter in their

daily work. A review of research revealed only three studies on Assemblies of God (AG) pastors in the area of counseling and psychology (Dawson, 2011; Raudszus, 2003, Williams, 1974). Therefore, the purpose of the present study is to understand how AG pastors in the Pacific Northwest perceive their role as counselors in their communities, the training they received as counselors, pastors' perceived need for training in the area of counseling and psychology, and AG congregants' experiences with counseling provided by pastors.

To understand more clearly the role of AG pastors as counselors, the following review of literature includes a brief history and description of the organizational structure of the AG Fellowship, the requirements for licensure and ordination as an AG pastor, and the AG's position on mental health issues and counseling. In addition, there is a review of research regarding the attitude toward counseling and psychology in the Christian church, the role of pastors as counselor, which includes collaboration and referral practices, and an examination of the training of pastors in the areas of counseling and psychology.

### **The Assemblies of God Fellowship**

**History and governance.** The General Council of the Assemblies of God (1995a) described the AG as a fellowship of autonomous self-governing churches and some non-self-governing churches that ascribe to the same Statement of Fundamental Truths. The AG was established in Hot Springs Arkansas in 1914 during a Pentecostal revival that emerged from the Azusa Street Revival in Los Angeles, California. With evangelism and missions work at the core of its beliefs, the AG quickly established churches across the United States and around the world (General Council of the Assemblies of God, 1995b). While the AG is mainly comprised of local autonomous churches, the fellowship is



overseen by an executive presbytery which is elected by its membership. The membership consists of AG ministers and constituents (General Council of the Assemblies of God, 2013).

**Requirements for licensure and ordination of pastors.** To achieve licensure as a pastor from the AG, an individual must meet a number of qualifications. The basic qualifications listed in the Constitution and By-laws of the AG (General Council of the Assemblies of God, 2013) are having evidence of a call to minister, demonstrating the character of a follower of Jesus Christ, and having a working knowledge of the organizational structure and practices of the AG. In addition, individuals seeking licensure must theologically align with the Fundamental Truths of the AG and commit to support the AG fellowship. There is no formal academic degree needed to achieve licensure. However, those seeking licensure must participate in an interview with district leaders, pass a written exam, and demonstrate knowledge of the Bible by passing 72 credits of Bible and theology coursework or the equivalent (Northwest Ministry Network of the Assemblies of God, 2014). Finally, in order to be a licensed pastor in the AG, an individual must have practical ministry experience and evidence of dedicating his or her life to the work of evangelism (General Council of the Assemblies of God, 2013).

To achieve the highest level of credentialing of ordination offered by the AG, a pastor must take 20 credits of Bible and theology coursework in addition to the requirements for licensure and participate actively in ministry while maintaining a license to preach issued from the AG for two consecutive years (Northwest Ministry Network of the Assemblies of God, 2014). Furthermore, an applicant for ordination must be twenty-three years of age or older and live in the region in which they are licensed (General

Council of the Assemblies of God, 2013). The AG does not list or describe requirements for training in the areas of counseling or psychology in the educational or experiential qualifications for pastors.

**Position on mental health and counseling.** The AG does not address mental illness specifically in its official position statements; however, it does provide an official position on ministering to people with mental disabilities (General Presbytery of the Assemblies of God, 2000). In the official statement on ministering to people with mental disabilities, the primary approach pastors should take is to develop relationships and friendships while providing an opportunity for them to experience the love of God. Similarly, in the official statement on divine healing (General Presbytery of the Assemblies of God, 2010), the AG does not address mental illness, but rather views divine healing to be primarily of a physical and spiritual nature. The AG includes information regarding counseling and psychology on its website, but does not maintain an official statement paper on the topic (Commission on Doctrinal Purity & Executive Presbytery of the Assemblies of God, 2014). In the online statement regarding counseling and psychology, the AG includes emotional pain in addition to physical and spiritual distress as areas in which God may work through divine healing. While seeing God as the ultimate healer, the AG endorses counselors and doctors as possible additional agents of healing, particularly for people in acute distress suffering from severe depression and suicidal ideation. Furthermore, they describe the work of the counselor, doctor, or pastor as demonstrating compassion, providing counsel, listening, and praying for people in need. In cases where medical causes for mental illness have been ruled out, the AG supports pastoral care and dependence on the Bible as the primary form of mental health

care. Seeking help from a counselor who ascribes to a Christian faith or at the very least supports religious faith is seen as a viable alternative. Finally, they caution against seeking help from secular mental health providers that rely strictly on humanistic worldviews, attribute mental illness to religious beliefs, or utilize techniques that encourage clients to surrender control of the mind to anyone or thing except Christ.

### **Attitude Toward Counseling and Psychology Among Christians and Pastors**

To understand Christians' beliefs about mental illness, Wesselman and Graziano (2010) investigated numerous Christian denominations. They provided a detailed description of the stigma associated with mental illness in the Christian Church and reported Christians typically attributed mental illness to spiritual causes such as demonic possession, sinful lifestyle, and punishment from God. More specifically, Christians' perceived mental illness as a result of moral weakness regardless of the type of mental illness described. The researchers highlighted differences between religious groups with Catholics less likely to attribute mental illness to moral weakness than Protestant or Non-denominational groups. As a result, Christians were distrustful of treatment by non-religious or secularly trained mental health professionals.

In a similar study, Trice and Bjorck (2006) investigated the perceived cause of depression among Pentecostal Christians. They defined the counterculture nature of Pentecostal believers with regard to the values and beliefs of the secular world, and cited beliefs that affected treatment-seeking behaviors. Beliefs such as faith healing and confession of sin, along with a distrust of higher education were associated with believers not pursuing treatment from psychological professionals. Further, Pentecostal believers viewed depressed individuals who did not recover quickly as having less or practicing

less faith. In addition to a negative attitude toward mental illness, churchgoers held negative views of Christian believers with mental illness. In one study, 293 self-identified Christian believers with mental illness responded on an online survey about their experiences with mental illness as church attendees (Stanford, 2007). Up to 30% of participants sought treatment from within the church. They reported negative interactions during treatment that resulted in a reduction of their participation in church related activities and, in some cases, the participants left the Christian faith. Additionally, Stanford (2007) reported Christian women with mental illness received little support from the church and many churchgoers dismissed the prevalence and seriousness of mental illness in Christian women. Possible explanations for these results included increased acceptance of spiritual attribution of mental illness, the patriarchal culture of the church fostered less support of women, and a greater adherence to faith healing among women than in men. Stanford suggested increased collaboration with psychological professionals and more education as means to decrease negative treatment outcomes in Christian women seeking treatment within the church.

While research has revealed a negative attitude toward mental illness and counseling among Christians, some Christians do participate in psychotherapy. Belaire, Young, and Elder (2005) investigated expectations of Christian believers regarding the inclusion of religious concepts in therapy. They found conservative Christians expected religious behaviors and beliefs to be included in counseling regardless of the counselors' religious background. Moreover, Christians perceived treatment negatively if mental health providers did not include religious behaviors and beliefs in treatment sessions. Although Christians expected therapists to include religious behaviors in therapy

provided by both Christian and non-Christian counselors, they expected non-Christian counselors to demonstrate more expertise and efficacy in providing treatment (Pecnik & Epperson, 1985).

Similarly, researchers investigation of attitudes of pastors and clergy toward counseling and psychology revealed not only an interest in the connection between psychology and theology (McRay, McMinn, Wrightsman, Burnett, & Ho, 2001), but also an underlying distrust of counselors and therapists, and that pastors believed psychologists do not respect or understand their religious views (McMinn et al., 2005). While pastors perceived psychotherapy to be effective, they preferred to approach treatment of emotional and mental issues from a theological and spiritual perspective (Hook & Worthington, 2009; McRay et al., 2001; Stanford & Philpott, 2011).

### **Counseling, Referral, and Collaboration of Pastors**

As early as 1955, researchers described the role of pastors to include providing counseling (Johnson, 1955). In addition, researchers have found that pastors are perceived to be a first-line treatment option for church attenders and non-church attenders alike (Weaver, 1995; Weaver & Koenig, 1996; Worthington et al., 1996), and many people prefer pastors over other types of counseling professionals (McMinn, Staley, Webb, & Seegobin, 2010). Weaver (1995) described pastors as recognizing counseling as an important part of their work with many devoting up to twenty percent of their time to providing counseling. In a meta-analytical review of existing literature, Worthington, Kurusu, McCullough, and Sandage (1996) indicated pastors provided short-term counseling for up to 40 people per year. Additionally, individuals sought treatment from pastors for the same types of mental health issues as they would from trained mental

health professionals. However, marriage and family issues were by far the most common presenting issues for those who sought treatment from pastors (Weaver, Koeing & Larson, 1997; Worthington, Kurusu, McCullough, & Sandage, 1996). Lowe (1986) also cited depression, anxiety and guilt as presenting issues, and Abramczyk (1981) identified adjustment to life issues and feelings of alienation. Although many pastors spent time providing counseling, research indicated that pastors were unlikely to make referrals to professional counselors and hesitated to collaborate with mental health professionals. In one study, only 36% of pastors had ever made a referral to a psychological professional and 46 % had referred only one to three times in a period of one year (Lowe, 1986). Factors that contributed to an increased likelihood of pastors referring to mental health professionals included more education and experience in the area of psychology and mental health (Weaver, 1995) and the inclusion of spiritual practices in counseling (McMinn et al, 2005). Reported barriers to pastoral referral were issues surrounding lack of theological training and respect for spiritual values among psychological professionals (Oppenheimer et al., 2004), lack of follow-up and feedback from counselors regarding referred clients, lack of sufficient knowledge and expertise in making a referral among pastors, and unamicable relationships with local counseling professionals (Weaver, 1995). Out of pastors that did refer, Black pastors were most likely to do so (Taylor et al., 2000).

### **Training of Pastors as Counselors**

Although pastors are often first-line mental health providers, researchers indicated an overall lack of training for pastors in the areas of counseling and psychology. In a 1981 study by Abramczyk, two-thirds of pastors reported perceiving their seminary

training as deficient in the area of counseling and psychology. Similarly, Sperry (1987) described pastoral training as not intended to prepare pastors for the work of psychotherapy, while Williams and Kremer (1974) cited research describing pastors as unprepared, deficient in psychotherapeutic skills, and to that pastors were too directive in therapy. Weaver (1995) stated that 45% of pastors received little or no training in how to provide a referral, and over 50% had insufficient information to help parishioners transition into seeing a mental health specialist. Further, he reported pastors were ill equipped to evaluate the quality and capabilities of mental health professionals in order to provide an informed referral.

In addition to the state of training of pastors as counselors, researchers have investigated the implications of pastors serving as mental health providers. Weaver and Koenig (1996) indicated that individuals over the age of 65 looked to pastors for mental health services; however, due to lack of training, pastors were more likely than mental health professionals to underestimate and/or not recognize risks factors of suicide. In their 2008 study, Farrell and Goebert found 55% of pastors recognized their level of training as mental health providers as inadequate; however, 49% of those would provide treatment to individuals with moderate to severe mental illness. Moreover, the inability of pastors to identify and accurately assess the severity of mental illness resulted in a lack of referral for proper treatment.

### **Rational and Research Questions**

A noticeably absent vein of research is the investigation of the alignment between the role of pastors as counselors and pastors' training as counselors, their understanding for the need for training in the areas of counseling and psychology, as well as the needs

and expectations of congregants. Given the gap in current literature, the primary significance and rationale for this study is contribution to the literature where little or no research exists. In this qualitative case study, I focused on understanding how AG Pastors in the Northwest see their role as counselors, their perceived need for training in the area of counseling and psychology, and their attitude toward counseling and psychology. I also investigated the quantity and type of counseling pastors provide and how AG parishioners perceive the work of counseling performed by AG pastors.

Given the diversity of culture represented in AG churches, both domestically and internationally, the use of a single case defined by region is the most appropriate starting point to understand the work of AG pastors as counselors. While the single case study methodology may inherently limit generalizability, it will serve as a model for future research to better understand the work of pastors as counselors.

The guiding question for this study was: How is counseling represented in the work of AG pastors in the Pacific Northwest? Additional questions include the following: what counseling training do AG pastors receive? Do AG pastors perceive a need for training in the area of counseling and psychology? What are AG congregants' experiences with counseling within the church? What role does context (i.e. rural or urban) play in the work of pastors as counselors and the expressed needs of congregants for counseling?

In summary, this chapter included a review of literature in which researchers described pastors' attitude toward counseling and psychology, the work of pastors as counselors, and the training they receive in the area of counseling and psychology. In addition, I provided a description of the rationale and the research questions for this



study. In the next chapter, I describe the design and methodology of this study including my philosophical worldview, the purpose of this study, and a description of participants. In addition, I provide a description of the data collection process and procedures, an explanation of reliability and validity, as well as an explanation of my background and potential biases.

## **Chapter II**

### **Research Design and Methodology**

In this chapter, I describe the design and methodology of this study including my philosophical worldview. I also provide a detailed description of the purpose of this study and of the participants as well as a description of the data collection and analysis process and procedures. Additionally, I provide information regarding credibility, validity, and reliability, followed by an explanation of my background and potential biases.

### **Philosophical Worldview**

According to Creswell (2008), the constructionist worldview involves gaining understanding and meaning from social and historical constructs. Given that the purpose of this study is to understand the phenomenon of the role of pastors as counselors, the training pastors receive to provide counseling services, and congregants' experiences with counseling by pastors, I employed a constructivist worldview. In order to understand the phenomenon of the work of pastors as counselors, it is necessary to examine it from a variety of sources. I investigated pastors' perception of counseling training through individual interviews. I also investigated how pastors represent counseling on the web pages of the churches in which they serve, as well as surveyed AG church attenders to understand their experience with the work of pastors as counselors.

### **Purpose Overview**

As I highlighted in the review of literature, many people, both those who attend church and those who do not, look to pastors as a primary resource for counseling. Furthermore, researchers have noted pastors' lack of appropriate and specific training in the area of counseling and psychology. Additionally, there is limited research on pastors'

understanding of the role they fulfill as counselors or their need for training on the area of counseling and psychology. Therefore, the purpose of this single case multiple participant study was to gain a better understanding of the role of Assembly of God pastors as counselors in their communities and churches from a variety of perspectives and sources.

### **Research Questions**

The guiding question for this study was: How is counseling represented in the work of AG pastors in the Pacific Northwest? Additional questions included the following: What counseling training do AG pastors receive? Do AG pastors perceive a need for training in the area of counseling and psychology? What are AG congregants' experiences with counseling within the church? What role does context (i.e. rural or urban) play in the work of pastors as counselor and the expressed needs of congregants for counseling?

### **Participants**

I invited pastors from churches in both urban and rural areas in small, medium, and large churches to participate in the study. Participants were recruited by email invitation (see Appendix A) and networking with the Dean of the College of Ministry at Northwest University. I established contact with participants recruited with an email invitation by using a directory of churches listed on the Assemblies of God website (General Counsel of the Assemblies of God, 2014). Participants contacted through the Dean of Ministry at Northwest University received an email from the dean endorsing the project and encouraging participation, followed by an invitation email from the researcher. I followed up by email and phone as necessary. Seven pastors agreed to participate in the study. Participants came from following church size and regions:

- 1 Medium Rural Church (100 – 400 Attendees)
- 2 Medium Urban Churches (100 – 400 Attendees)
- 2 Large Rural Churches (400 + Attendees)
- 2 Large Urban Churches (400 + Attendees)

No pastors from small churches responded to invitations to participate.

### **Research Design and Methodology**

In this study, I utilized a single case study with multiple participants to investigate the research questions. A case study was defined by Creswell (2008) as a strategy of inquiry used to investigate a contemporary event or phenomenon bound by time and Yin (2009) further explained that case studies occur in the context of every-day life. For the purposes of this study, I defined the case as Assemblies of God pastors in the Pacific Northwest. I utilized three sources of evidence to investigate the role of pastors as counselors: Interviews with pastors, websites of participating pastors and a Christian counselling center, and a survey of congregants of Assembly of God Churches in the Pacific Northwest.

### **Data Collection Process and Procedures**

**Invitation.** I contacted and invited pastors to participate in the study via email (see Appendix A). The email included a detailed description of the purpose and process of the study. Before the interview, each participant received a reminder email that included an Attitude Toward Counseling and Psychology Survey (see Appendix B). I collected the surveys on the day of the individual interview. Some participants returned the survey by email before the scheduled interview.

**Interview.** I conducted all interviews at the participants' churches in their private offices; all interviews were audio recorded. I conducted the semi-structured interview using a list of prepared questions as a guideline (see Appendix C); I used other questions as needed. Each interview lasted approximately 30 to 60 minutes. The interview provided an opportunity to understand each participating pastors' perception of the work of counseling and the training he has received.

**Documents.** I reviewed web pages of all participating pastors and the churches with which they were affiliated. I gathered printed materials at the time of the interview. In addition, I reviewed web pages for The Assemblies of God Northwest Ministry Network, and Emerge Counseling Services in Akron, Ohio, counseling center affiliated with the Assembly of God Fellowship. All web pages were reviewed for content related to counseling, psychology, and mental health. This information revealed how pastors perceive the work of counseling by how they portray their work of counseling and describe their roles as counselors to the public. I only utilized websites maintained by the participating churches and/or pastors to ensure the information accurately reflected the attitudes and perspectives of the participants.

**Survey.** I requested permission from pastors participating in the study to administer a short survey of the congregants attending their churches (see Appendix D). Four of the seven participating pastors gave permission to survey their congregations. The survey included questions about congregants' experiences with counseling within the church and provided an understanding of the role of pastor as counselor from the perspective of the church attendee. Participants in the survey included 127 men and women AG church attenders between the ages of 18 and 82 years. I conducted in-person

surveys at one medium urban church, one medium rural church, and one large urban church. In addition, at the request of the pastor, I conducted an online survey of one large rural church.

### **Data Analysis Process and Procedures**

All interviews and documents were transcribed, coded, analyzed for themes, and triangulated utilizing between sources triangulation. I used an emergent coding system and identified themes as revealed in the sources of evidence. Additionally, I constantly compared themes and codes to the data to ensure they remained consistent throughout analysis (Creswell 2008). To increase validity of the findings, I utilized a second coder trained in case study research to review the interview transcripts. The second coder reviewed the interview transcripts and initial findings to confirm or refute the findings. I transferred the content of all printed and transcribed materials into electronic format and input them into N-Vivo software. I then coded and analyzed content for emergent themes. To analyze the survey data, I utilized Microsoft Excel. After all the data were coded and analyzed, I compared the findings from all three sources of evidence and evaluated for common themes. I compared the findings from interviews and documents with the numerical data from the survey by evaluating how the responses from survey participants on questions related congregants seeking counseling from their pastor, need for training of pastors in counseling, and the experience of counseling provided by their pastors concur with the themes found in the interviews and documents. This triangulation of findings confirmed or refuted the findings in the other sources increasing the validity of the findings (Patton, 2002).

**Credibility, Validity, and Reliability**

**Credibility.** In addition to my experiences with the Assembly of God fellowship, I have completed doctorate level training in research design and techniques of data analysis. I have also performed a pilot study on a similar topic. Additionally, my experiences with the Assembly of God Fellowships and my work with pastors provide access to the population. In total, my training as a researcher and my connection with the AG strengthened my ability to perform this study.

**Validity.** This study utilized a number of strategies to increase the validity of the findings. Strategies used to increase validity included reflecting on and identifying my biases and describing them in the study (Creswell, 2008; Johnson, 1997), triangulation of data, and including discrepant information (Creswell, 2008). Based on the nature of the case study methodology, this study had high construct validity and measured accurately the information needed to understand the work of pastors as counselors, the training they receive, and their experiences with counseling congregants.

**Reliability.** To ensure the reliability of this study, I employed a number of procedures described by Creswell (2008). First, to ensure consistency and reliability of data analysis, I constantly compared the codes and themes that emerged with the data. This process ensured coding remained consistent throughout the analysis of data. Second, I utilized a second coder who reviewed all interview transcripts and my findings. Finally, I reviewed all transcripts of interviews, copies of documents, and input of survey data to assure their accuracy.

**Researcher Background and Biases**

As the researcher is the primary instrument in a qualitative study, it was essential to provide a description of my background and experiences that relate to the study. I have been a part of Assembly of God Churches since 1995 and have had opportunities to serve in a variety of capacities including teaching, preaching, and providing personal support and service to a number of pastors. In addition to serving in churches around the country, I have attended an Assembly of God Bible College and earned an Associate's Degree in Biblical Studies. Together, these factors have shaped my interest in the service of pastors, the work of pastors as counselors, and the training pastors receive to provide counseling. My personal experiences in serving pastors and my education in colleges and universities that equip pastors for ministry have highlighted the need for greater understanding of the work of pastors as counselors and the training they receive to provide services related to counseling.

**Protection of Participants**

In order to protect participants, I submitted this study to the Institutional Review Board at Northwest University for approval. In addition, I provided all participants detailed information about the nature and process of the study and their participation was voluntary. Finally, the identities of all participants were protected by use of pseudonyms as necessary and all results will remain confidential.

**Summary**

In this chapter, I described the design and methodology of the study including my philosophical worldview, the purpose of this study, research questions, and definition of participants. In addition, I provided a description of data collection and analysis process



and procedures, an explanation of credibility, reliability, and validity, as well as an explanation of my background and potential biases. Finally, I have described how I protected the identity of the participants of this study.

### Chapter III

#### Findings

This chapter contains detailed descriptions of findings from three sources of evidence. The sources included interviews with participants and a review of participating churches, a review of the Northwest Ministry Network and Emerge Counseling Services web pages, as well as a survey of Assembly of God congregants. Also included are a summary of findings and the triangulation of sources of evidence. Finally, I provide a description of how the findings answer the research questions of this study.

#### Interviews

An analysis of the interview data revealed four major themes. The first theme identified in the data described the role of pastors as counselors. The second theme described the work of counseling performed by pastors that included the typed of issues they encounter, the amount of time and number of sessions devoted to counseling, how pastors approach counseling, and a description of referral practices. The third theme that emerged from the data illuminated pastors understanding of how the training and education they have completed has prepared them for the work they do as counselors, as well as topics in which they perceive a need for more training. The final theme discovered through interviews detailed participants' attitude toward counseling and mental health.

**Role as counselors.** All participating pastors described their work of pastoring as including meeting with people in a counseling capacity. All participants indicated they typically meet with congregants before the congregants seek help from mental health professionals. The approach and intention of the time spent varied between participants.

One pastor described his role as “meeting with people”, but made clear that he approaches his time counseling evangelistically, saying, “I see my role as a counselor that leads people to Christ, specifically using whatever problem, challenge that they are facing as the opportunity to share Christ and evangelize within the Church” (Pastor 1, personal communication, November 13, 2014). Other participants provided similar descriptions of their role as including meeting with people. They made comments such as, “...I still find myself meeting often with folks and counseling in a pastoral sense” (Pastor 3, personal Communication, December 3, 2014). In the same way, “I’ll meet with them as long as required for them to know that I am there for them and care for them and I will walk them through the problem...” (Pastor 4, personal communication, December 4, 2014). Pastor 6 explained that he feels pastors are often seen by people as a starting point for counseling;

I don’t know what it is anymore, but the great majority of counseling is still done in a Pastor’s office because people can’t afford to pay for it. So, the average person has some issue they want to explore, they just, it’s not within the realm of possibility to go see a professional counselor,[they] can’t afford it... So they end up here. We’re kind of the front line in that regard and there’s certainly issues that need to be referred to a professional counselor, but not most of it.. (personal communication, 2014, December 15).

Although he did not identify himself as a counselor, Pastor 7 reported meeting with people in a counseling capacity and said, “What usually happens I meet with people for coffee or tea or whether we go out—it’s usually we get together. But it always ends up into that process [counseling] because I’m asking questions. How’s your life? How’s

your soul? What's going on? And that will result most often is that situation" (personal communication, December 18, 2014).

All participants described their work as including taking time to meet with people; however, most made a clear distinction between the work they do and counseling provided by mental health professionals.

Most pastors don't recognize that they're not counselors, from my perspective. I see my role as a counselor that leads people to Christ, specifically using whatever problem, challenge that they are facing as the opportunity to share Christ and evangelize within the Church (Pastor 1, personal communication, November 13, 2014).

Another participating pastor stated, "It's very clear that I'm a Bible teacher not a counselor... So pastoral care and counseling definitely in my mind would be different than our professional counseling." He continued to clarify the distinction by saying, "We use the word counseling, and it is; but it's not clinical counseling. It is not academic counseling... I'm a Bible teacher. I am kind of teaching people, encouraging them, that kind of thing (Pastor 3, personal Communication, December 3, 2014). Pastor 4 acknowledged "I am not a psychologist... but in any case, my major objective with them has strictly been pastoral" (personal communication, December 4, 2014) and Pastor 7 specified, "I don't see myself as a counselor at all. I don't have the skillset. I will do it. I will engage people, talk with them, encourage them, build them up. As soon as it is beyond my skill level, I will ship them off because it's just not right, from my perspective; to enter into a role that I just don't have the skill level for" (personal communication, December 18, 2014).

Only one pastor clearly identified himself as a counselor. He said, “Sure. I think that is what I am to a big degree is a counselor. In fact, I get people that come to me all the time for counseling. So, yeah, I think it is a big part of who I am. It has been since I have been in the ministry. I do perceive myself as a counselor.” However, he provided a qualifying remark that “I don’t think I call it counseling, as much as I call it soul care” (Pastor 2, personal communication, November 17, 2014).

In addition to describing a distinction between the work they do as counselors and professional counseling, participants provided defining statements about the type of counseling they provide. For example, “I start with evangelism. Second, what is the Lord saying to that person about their problem? And third, what is God saying to us about that person and their problem and how we’re to respond” (Pastor 1, personal communication, November 13, 2014). Pastor 3 defined his role in saying, “In some ways, I leave the traditional expert counseling to [counselors], but often people want to talk to the pastor. It is counseling. You are counseling. You are encouraging. You are guiding. You are giving advice.” He continued his delineation stating, “I draw the distinction. I am a Bible teacher, so I can bring Scripture to bear and really walk them in a disciplining, encouraging format. I do not think there’s a lot of psychoanalysis, psychotherapy; but there’s wisdom, discernment, family construction, and dysfunction type of issues” (personal communication, December 3, 2014).

**Work as counselors.** In addition to describing their role as counselors, participating pastors provided detailed descriptions of the types of issues commonly encountered. They also defined how much time they spend counseling and how they

approach their time counseling people. Pastors also offered information about referral practices to professional counselors.

*Types of issues encountered.* In response to the question, “what are the most common issues you encountered when meeting with people,” participants reported that marriage issues and financial issues were most common. For example, “If someone in the community’s wife has left them or if their marriage has just fallen apart, I get the call – so if I said 90 percent was for premarital counseling, probably 5 percent would be marriage-related stuff” (Pastor 1, personal communication, November 13, 2014). Pastor 1 further explained the types of issues he encountered by saying “... because 90 percent of the counseling I do – 90 percent... is related to marriage. But having a husband and wife recognize their differences, [being] ready to affirm that somebody else has it documented on a piece of paper that they can [say] somebody finally gets me” (personal communication, December 13, 2014). In the same way, Pastor 3 recounted the most common issues he has encountered in his statement, “It could be summarized in several categories. Obviously marriage and family issues, occasionally finance issues, a lot of spiritual issues come into play; but, a lot of relationships, family, marriage, and other relationship issues” (personal communication, December 3, 2014).

Others included marriage as a common issue they come upon in their work. “Marital problems are the most common; its individuals, its relationship breaches and breakups. The most common problem in a word are relationships, relationship breakdowns” and, “But as far as actual counseling [it is] recovery of a marriage or dealing with children or any number of existential concerns they have that would warrant counseling...” (Pastor 4, personal communication, December 4, 2014).

In addition, participants reported encountering a wide variety of other issues including issues related to mental health. For Example, “On occasion I will have people come to see me about behavioral issues, addiction, or anger, or maybe some depression or along those lines...” (Pastor 2, personal communication, November 17, 2014).

Another pastor stated, “...there are some people that I have dealt with, bipolar people or depression or schizophrenia; in one case [I]dealt with other kinds of psychoses or neuroses.” (Pastor 4, personal communication, December 4, 2014). Coming from a background of working with young people, participant 5 said, “It was the 15 to 18 year-old girls that would come and they would sit down with me and my wife and talk about self-esteem issues, body issues. I don't feel like I am good enough, no guy would ever love me and those kinds of things.” However, he also reported recently working with issues of grief and loss (personal Communication, December 9, 2014). Similarly, Pastor 6 had encountered grief along with other issues he described as,

... Depression, loss of meaning that is probably the great majority right there, [and] grief. So, the depression, anxiety or even some sort of personality disorder or something like that... And then a lot of people come to me for explicitly biblical counseling. They want to work out theological issues that have discernable effects on their life and so, yeah, there is a fair amount of that” (personal communication, December 15, 2014).

***Amount of time spent counseling.*** All pastors spent time in their week meeting with people in a type of counseling capacity. However, the amount of time each pastor dedicated to counseling-type work varied. Participant 1 indicated, “Probably five times a week I meet with someone,” and that he spends about “five to seven hours a week” in

those meetings (personal communication, November 13, 2014). Similarly, participants 3 and 6 reported spending five to six hours counseling in a given week, while another reported spending four hours a week in a counseling capacity (Pastor 2, personal communication, November 17, 2014). Pastor 4 did not provide a specific amount of time, but rather stated that “I have only had a few people that have come to me here,” as he had only been serving in his current position for a short time. However, he stated, “it can be very time consuming” (personal communication, December 4, 2014). Participant 5 reported the least amount of time spent counseling at one to two hours, while another reported the most time spent stating “Probably a third of my week is given to that type of stuff” (Pastor 7, personal communication, December 18, 2014).

*Number of sessions.* As with the amount of time pastors spend with people differed between participants, the number of sessions devoted to each person also varied between pastors. Two pastors described a typical limit to the number of sessions they devote to meeting with the same person as one to two sessions, while Pastor 2 said he will typically meet with people for “about 10 sessions” (personal communication, November 17, 2014). However, Pastor 2 endorsed that he will “meet them as long as they want me to.” Similarly, another pastor stated that he will “meet with them for as long as is required for them to know I’m there for them...” (Pastor 4, personal communication, December 4, 2014). The other participants did not describe a limit to the number of times they will meet with someone.

**Approach to counseling.** The way in which pastors approach the process of counseling included a number of common elements. All pastors reported the time they spent with people in a counseling capacity included prayer and using the Bible or Bible



related materials. The participants also used encouragement and love. For example, one participant said, “we let them know how much God thinks about them and they are in Christ and why God is so proud of them and who they can be. I do a lot of that. And the Bible’s very practical in a lot of ways in that perspective.” He continued, “...I told you what the Word says; get them to pray with you...” (Pastor 1, personal communication, November 13, 2014). Similarly, another pastor said,

[What] I want to do is not bring psychotherapy, that is not my expertise, but to bring the teachings of Scripture and how that can impact and improve relationships and self-esteem and forgiveness issues and reconciliation issues. That is where I come from. For me, it is Bible counseling or maybe even Bible encouragement. (Pastor 3, personal communication, December 3, 2014)

Pastor 7 mentioned praying for those he counsels several times throughout his interview. For example he said, “So, we’ll comfort them, support them, love them, and pray for them,” and “I am checking in with him every week and praying” (personal communication, December 18, 2014).

In addition to using prayer, encouragement, and scripture, participants described using other methods, techniques, and skills. Pastor 2 used workbooks that “help people and are full of scripture,” as well as he stated that he “can give tools that help with communication. I can help you with expressing love. I can help you understand the differences between genders... we can talk about controlling your anger and when to stop and take a deep breath and count to ten” (personal communication, November 17, 2014). Others endorsed using listening skills and questions. “I will sit with them pray and listen” (Pastor 3, personal Communication, December 3, 2014). Pastor 4 said,

“When I do counsel, I see my role in counseling as first of all and predominantly, to listen. I have discovered and believe this is a very effective way of counseling. That way when you listen and when you continue to stimulate or you try to stimulate their talking to you by asking questions, you pick up on [the problem], they will always describe the problem. If your listening enough, they’re going to, in different forms and different ways, tell you the problem” (personal communication, December 4, 2014)

Similarly, Pastor 7 also acknowledged using questions by saying, “by just asking them questions. The whole purpose of those conversations is to get them to talk” (personal communication, December 18, 2014).

A final shared element in the participants’ description of their work as counselors was the use of theology. Pastor 4 provided an example when he said,

They are telling you maybe the symptoms of the problem, but they’re not really telling you the problem. That is what I want to listen for, and that’s what I rely on both the Holy Spirit and my academic background to help me uncover and identify it for them... I’m not, of course, telling the person theologically, or I’m not capitalizing on theological terminology. But I am capitalizing on theology and looking for a normative over [and] against a descriptive understanding of their problem in the behavior. Here is where I think a non-theological approach – or at least let me rephrase that – an approach outside the Christian worldview fails. I think an approach outside the Christian worldview can only deal with a descriptive definition of man. (personal communication, December 4, 2014)

Pastor 4 also described his work as “redemptive” and including connecting people beyond themselves in service to others. Comparably, one pastor stated that the best foundation for counseling that pastors can have to be effective is,

Take time to build a coherent system of theology... So, once you build that platform, you know a lot of what people do with working the means, living the same lives, you know, that we have always lived. So, there is a lot of commonality and so, you know, that is the first thing and then, the more focused or directed counseling training, you get exposed to different models and stuff, but I think its greatest value is as an accent to theological training (personal communication, December 14, 2014).

Others described using theology as “reminding everyone, hey, you were created in the image of God” (Participant 5, personal communication, December 9, 2014), and using the concept of sin to describe the issues that people face;

A human being is very complex, and it is hardly sufficient just to say ‘Your problem is sin. Go repent and leave me alone. Humans are extremely complex, which is bound up in the tragedy between the fall of God’s crown of creation and becoming just a base sinner and dealing with that whole paradox. Whereas sin is a source, how that sin manifests itself and how you normatively understand that sin by way of a theological analysis and reflection and how you bring the person to an awareness of that and a confrontation with it.

***Referral practices.*** Most participating pastors endorsed understanding the limitations of their skill and training as counselors and actively practiced referring to professional counselors or to counseling groups. Examples of pastors describing the

understanding of their limitations include one pastor who said, “but at some point, there are certain issues, it will just get too deep for me and I will say, you know what, you’re over my head, so let me pray with you and let me refer you to somebody who’s better than I am” (Pastor 5, personal communication, December 9, 2014). Another example was, “Sometimes you refer, you know. If somebody has some dramatic history of sexual abuse, trauma that happened when they were a kid, I’m probably not going to help him a whole lot with that” (Pastor 6 personal communication, December 15, 2014). One pastor, when discussing his work with a couple experiencing marriage difficulties stated, “. . . we will walk with them, and pray. But as far as counseling, we hand them off to a professional counselor” (Pastor 7, personal communication, December 18, 2014). Pastor 1 also stated that he is clear in his understanding of his limitations and need for referral in saying,

I pray for them. If God does not heal them, I go, ‘I got nothing else for you. Go see [counselor’s name]. Go see a professional. Get some medical help.’ We turn them pretty quickly if it’s like; I believe everything has a spiritual connotation to it but – somebody’s sitting here with a broken leg, I can tell them it’s broken. I can put a splint on. I might be able to pull it and set it just because I have seen enough ER. You really need to go get some help. I am probably going to screw this thing up worse. It’s the same thing with the mental illness. I can do more damage than help if I try to jump into someone’s regressive memories or something.” (personal communication, November 13, 2014).

Only one pastor stated he does not refer to professional counselors, but rather that he refers to the Northwest Ministry Network of the Assembly of God for coaching. His

reason for not referring to counselors was “I just don’t know a whole lot of people out here that I trust, to be honest with you” (Participant, 2, personal communication, December 17, 2014). Although other participants were willing to refer, their practice of referral was limited to support groups within the church at which they serve or to Christian counselors. For example, Pastor 1 said, “I don’t refer people to non-Christian counselors,” and further explained that he refers only to counselors who are “unapologetically Christian in your counseling, use the Word of God, use prayer; let them know that you are helping them be more like Christ” (personal communication, December 13, 2014). Two other participants stated they have located Christian counselors in their communities and refer only to those counselors. Others refer primarily to counseling centers attached to the churches at which they serve or groups within the church. “All my referrals have been to Celebrate Recovery or the marriage mentoring program [at the church]” (Pastor 5, personal communication, December 9, 2014).

**Attitude toward counseling and mental illness.** Participants provided insight into their perception of mental health, as well as a description of their attitude toward counseling. Pastor 2 described his understanding of mental health as being related to sin. He said, “I see it as sin nature. I want to help people be delivered and set free from that, just as I would somebody who has an anger issues or jealousy or they’re bound in pornography or bound in drugs or alcohol.” He also stated,

...Mental illness is a factor of biological factors. Maybe at best, but maybe not...

The same way that mental illness is spiritually related...It depends. I kind of believe, for whatever it’s worth, when a person comes to me and says ‘I’m a believer in Jesus Christ. I love him with everything that’s within me, yet I’m

struggling with this mental disorder.’ Then I tend to believe that that person should go see a doctor and find out what physical issues. What are the issues there that could be corrected with medicine and helped in there? I will pray with them for healing and deliverance in that process. But I’m not so sure that is a spiritual disorder. It may be more mental or physical disorder. If a person comes to me – because I have worked with these fellows – I worked for eight years in the state, and I saw people that were demon-possessed that people have categorized as a mental illness. That may look mental, but it is spiritual completely. It is a spiritual disorder. (Pastor 2, personal communication, December 17, 2014)

Similarly, Pastor 3 stated that he believes mental health is related to a number of factors including environmental and biological influences. He also drew a distinction between issues in life that can make people sad and clinical depression. He said,

I find it a confusing dichotomy in the church because there are folks that are clinically depressed, and then others that use it as a synonym toward kind of in the doldrums – ‘I’m just really depressed.’ I don’t use that word as much. The people are clinically depressed; I am probably not able to know that anyway unless they tell me. But as far as people that are really discouraged, despondent, anxious, fearful, lonely, isolated, pains, emotional pain – that kind of more my world (Pastor 3, personal communication, December 3, 2014 ).

Another pastor provided a similar viewpoint, and endorsed a difference between mental health and demonic activity by stating, “So, there is just the very fact that both those two separate things are described [in scripture], tells us that there’s not a one to one

relationship, you know, demonic activity and mental illness” (Pastor 6, personal communication, December 15, 2014).

One pastor had a different perspective and described issues of mental illness as related to dysfunction by saying, “It’s one thing for people to be dysfunctional in terms of an adjective. ‘I’m dysfunctional in this part of my life, and I need counseling.’ Then there are people who are dysfunctional in terms of a noun. They are just dysfunctional. No matter how patient you are with them and no matter what practical means you take in that third phase to help them live out these things and to help them live out the solution, they never will break through” (Pastor 4, personal communication, December, 4 2014).

**Education and training.** The education and training of participants included undergraduate degrees and graduate degrees, as well as specific training in areas of counseling and psychology. Three participants had completed Bachelor’s degrees in Ministry related studies, one of which had started but did not complete graduate level training. One participant completed a Master’s degree and was in the process of pursuing a Doctor of Ministry and another had completed a Master’s degree in Ministry Leadership. Two other participants had completed Doctor of Ministry degrees.

In the area of counseling and psychology, Participants 2 and 4 completed undergraduate coursework in psychology related fields. Another participant had received training in drug and alcohol treatment while serving in the military. Participants who completed undergraduate coursework in ministry reported taking one to two psychology courses. They described the courses as focusing on pastoral care.

**Perception of training.** In response to questions about how training and education had prepared them for the work of counseling they experience, pastors’ responses varied.

Pastor 1 commented that “We’re [pastors] not trained to do it” (personal communication, November 13, 2014). Conversely, Pastor 3 reported that he felt his training prepared him to do the work of counseling as represented in his experience as a pastor. He provided the condition that he has “the benefit that a lot of pastors don’t have” in that he has a counseling center staffed by counseling professions in his church (personal communication, December 3, 2014). Pastor 4 also felt his education had prepared him for the type of counseling he provides because he approaches counseling from a theological perspective. He said, “My graduate-level work—because of theology and a normative understanding of the nature of humanity, has prepared me a lot.” He continued to clarify by stating, “...I’ve been prepared pretty well to do pastoral counseling, but I have a sharp sense of distinction between categories. Pastoral counseling is one thing. Psychiatric counseling, care, therapy is another” (personal communication, December 4, 2014). Finally, Pastor 7 said of pastors training in counseling, “It is really important. And it’s beyond our capacity to help. We don’t have that skill” (personal communication, December 18, 2014).

*Need for more training.* All participating pastors responded affirmatively to questions about training in the area of counseling and psychology; however, the perspective of the type of training that would be helpful varied between participants. Three participants expressed interest in learning more about issues of psychopathology including “Bipolar issues... Just getting an understanding of the characteristics and what’s going on in their thinking process helps tremendously in knowing what direction to take them” (Pastor 2, personal communication, November 17, 2014), and “addictive personalities... and dysfunction” (Pastor 4, personal communication, December 4, 2014).



Similarly, Participant 5 described his desire for training as “I’d love to be able to recognize what kind of issues need to be referred” and “...just being able to recognize things and know when to refer” (personal communication, December 9, 2014).

In addition to understanding and identifying psychological issues, most participants highlighted a desire to know how, when, and where to make referrals to mental health professionals. “I think the most significant thing is knowing when and where to refer and ways of identifying that (Pastor 6, personal communication, December 15, 2014). “Yeah, and properly referring them. Not just to any otherwise credentialed and qualified counselor, but properly referring them” (Pastor 4, personal communication, December 4, 20, 14). Included with the concept of referral is a need to have a better understanding of the limits of their own training. “What can I successfully help them with myself and what do I need to get more help with” (Pastor 5, personal communication, December 9, 2014). “...Like here’s your limitations as a pastor... But if you’re not going be a counselor in the traditional role, here’s some boundaries you might want to consider. Here’s where the line is.” (Pastor 7, personal communication, December 18, 2014).

The final area of desired training identified by pastors included learning basic tools such as “Modifying behavior or engaging with even that step-by-step process... How can pastors be a bridge? How can the pastor skillfully, capably, faithfully, properly support that person?” (Pastor 4, personal communication, December 4, 2014). Another pastor reported a desire to know how to better deal with issues such as grief and “how to help communicate in marriage situations” (Pastor 5, personal communication, December 9, 2014).

**Survey of Congregants**

One hundred twenty seven men and women between the ages to 18 and 82 responded to the survey. I analyzed the 127 responses in Microsoft Excel; the results are as follows:

	Strongly Disagree	Disagree	Agree	Strongly Agree
I go to my pastor for counseling when needed	3.1%	18.1%	52.0%	26.8%
Seeing my pastor for counseling is helpful	2.4%	7.9%	55.1%	35.6%
Pastors would benefit from more training in counseling	2.5%	8.2%	54.1%	35.2%
People should seek counseling from their pastor before seeking help from a therapist	1.6%	25.6%	40.8%	32.0%
Professional counselors may be a good resource for people who are hurting emotionally	3.1%	7.1%	42.5%	47.2%

The survey results show the majority of participants strongly agreed or agreed with the all statements. The majority of participants will go to see their pastor for counseling (78.8%), consider the time they spend counseling with pastor helpful (90.7%), believe that pastors would benefit from more training in the area of counseling (89.3%), feel people should see a pastor before seeking help from a counselor (72.8%), and believe that professional counselors may be a good resource for those who are emotionally

hurting (89.7%). While the majority agreed with all statements, the statement that participants disagreed with most was “People should seek counseling from their pastor before seeking help from a therapist” (27.2%) followed closely by the statement, “I go to my pastor for counseling” (21.2%).

### **Web Data**

Editorial Note: All citations related to participant’s web pages are omitted to protect the confidentiality of the participants and the churches at which they serve.

I coded and analyzed the content of web pages for all participating pastors, the Northwest Ministry Network of the Assembly of God, as well as the Web content from Emerge Counseling Services. The analysis of the coded data revealed limited content related to counseling. The only page that identified the pastor as a counselor or described the opportunity to meet with the pastor in counseling capacity was that of Pastor 2. The site describes the church as a place where people can be encouraged and find relief from issues such as depression, pain, rejection, and guilt. The site stated that the pastor offered practical skills related to relationships and finances.

While none of the other participating pastors’ web pages identified them as counselors, many participating pastors’ websites included the concepts of healing and some described possible causes for mental health issues such as depression. For example, the website for Pastor 3 described healing as the application of biblical principles to find freedom, peace, and joy. The site also included citations of scripture that detailed the laying on of hands and prayer as a means of healing. In addition, the concept of mental illness was not directly addressed on any participants’ websites; however, Pastor 6’s web page described the cause of depression and mid-life crises as related to not dealing with

issues of anger and grief as well as and not addressing the demands of life. Although most participants did not include information that identified them as counselors, many endorsed counseling in the form of care groups such as a Divorce Care group (Participant 1) or Celebrate Recovery Programs (Participants 1, 3, & 5).

The four churches that staff professional counselors or operate counseling centers included information about the type of services provided on their websites. These four churches also included on their web pages descriptions of the education and expertise of staff counselors as well as a description of fees if applicable. Areas of expertise of staff counselors included marital and family relationships, communication and intimacy, grief, loss, anger, bitterness and inner personal struggles. Education of staff counselors included master's level and doctorate level training in psychology or counseling. Churches that maintain counseling centers provided fee-based services, while the only pastor to provide counseling offered his services free of charge.

The review of the web pages of the Northwest Ministry Network revealed the Northwest Ministry Network did not include information about pastors as counselors or provide resources for pastors that counsel. The Network did, however, include information about resources for pastors to use to make referrals to professional counselors and/or seek counseling for themselves and their families (Northwest Ministry Network of the Assemblies of God, 2014). The review of Emerge Counseling Services website revealed Emerge Counseling provides a wide range of Christian-based counseling services. In addition, Emerge provides a number of services aimed at training pastors in the area of counseling through the Center of Pastoral Counseling. The Center of Pastoral Counseling at Emerge is, "...an online education course dedicated to training

pastors and lay-leaders in pastoral counseling. CPC provides training in biblically based and clinically sound counseling skills” (Emerge Counseling Services, 2014). The content of the training materials provide by Emerge Counseling Services is not describe the level of training provided.

### **Triangulation of Findings**

When considered together, the three sources of evidence highlight a contradiction in the perception of the role of pastors as counselors by participating pastors and the congregations in which they serve. Interviews with pastors and a review of pastors’ websites revealed that six of seven participants do not identify themselves as counselors; however, all pastors reported they were willing to meet with people in a counseling capacity, and often before people seek help from mental health professional. This is based on the pastors’ reports that they meet with someone then refer to a professional. The survey results revealed that 78.8 % of church attenders that participated go to their pastor for counseling. This supported the finding that pastors do provide counseling, though participant pastors perceive the definition of the counseling differently than that of providing mental health treatment. Furthermore the survey results show that majority of those who participated believe that people should see their pastor for counseling before seeing a counseling professional, which further supports the finding that role of pastors includes counseling. Finally, the results indicated that pastors and congregants alike believe pastors would benefit from more training in the area of counseling and psychology.

This chapter contained a description of findings from the three sources of evidence. The three sources were interviews with AG pastors in the Pacific Northwest,

web pages for participating pastors and related organizations, and a survey of men and women that attend AG churches. Finally, I provided a description of the triangulation of the sources of evidence. In the next chapter, I provide a summary of the study and my findings, my interpretations of the findings, as well as a discussion of this study as it compares to existing research. I also identify possible limitations of the study and possible directions for future research.

## Chapter IV

### Discussion

This chapter includes a summary of the findings of this study and discussion of the findings as compared to existing research. Also included is a description of my interpretations of the findings of this study. Based on my interpretations, I provide recommendations for supplementing training for pastors that counsel. Finally, I discuss the limitations of this study and possible directions for future research.

Approaching the topic from a constructionist worldview, I utilized a qualitative single case multiple participant case study to gain understanding of counseling in the work of AG pastors in the Pacific Northwest. I invited AG pastors from large, medium, and small churches from both rural and urban areas to participate in an interview, conducted a review of their website, and surveyed of their congregation. Seven pastors participated in interviews and agreed to a review of their website. Of the seven participants, four agreed to a survey of their congregation, which resulted in 127 men and women participating in the survey portion of this study. I coded and analyzed the data from interviews and websites and identified themes as they emerged. I tabulated results of the survey and compared the results from all three sources of evidence.

### Summary of Findings

In summary of these findings, all participating pastor reported that they will meet with people between one and 13 hours a week in a counseling capacity, and often before people seek services from professional counselors. The most common issues pastors encountered involved marriage relationships and finances. In addition to these issues, participants met with people experiencing depression, bipolar disorder, grief, addiction,

and anxiety. Most participants approached the time they spend counseling from a biblical and pastoral perspective in which they evangelize, pray, and encourage. However, participating pastors also described their role of counseling as including asking questions, providing skills, and walking with people as they deal with the distresses of life.

Pastors made a distinction between the role in which they serve as counselors and that of a mental health professional. Additionally, they described an awareness of limitations in their skill and knowledge in the area of counseling. Six of seven pastors acknowledge that they refer to professional counselors, but that they only refer to counselors that practice Christian Counseling. Only one participant perceived himself as a counselor and did not actively practice referring to mental health counselors.

Participating pastors acknowledged biological and spiritual causes of mental illness. Some pastors related issues of depression to not taking care of issues in life, while other included sin as a contributing factor.

The strong majority of the 127 survey participants affirmed they go to their pastors when they need counseling and that the time they spend in counseling with their pastor is helpful. Furthermore, the majority of survey participants agreed that pastors would benefit from more training in the area of counseling and that mental health professionals can be as helpful as pastors in providing help. More participants disagreed with the statement “people should seek counseling from their pastor before seeing a mental health professional” than with any other statement. However, the majority agreed with the statement overall.

A review of participants’ websites revealed that most pastors do not promote themselves as counselors, but do promote participation in counseling related groups and



counseling at church-based counseling centers. Similarly, the Northwest Ministry Network provided resources to help pastors refer to counseling professionals or seek counseling themselves with counselors associated with the Network, but did not promote pastors as counselors or offer resources for pastors that counsel. Emerge Counseling services supplied counseling for pastors and offered training for pastors that counsel; however, the content and depth of counseling skills and training provided was not clear.

### **Answering the Research Questions**

The guiding question for this study was: How is counseling represented in the work of AG pastors in the Pacific Northwest? Additional questions included the following: What counseling training do AG pastors receive? Do AG pastors perceive a need for training in the area of counseling and psychology? What are AG congregants' experiences with counseling within the church? What role does context (i.e. rural or urban) play in the work of pastors as counselor and the expressed needs of congregants for counseling?

These three sources of evidence provide a greater understanding of the work of pastors as counselors and therefore answer the primary research question of this study: How is counseling in represented in the work of AG pastors in the Pacific Northwest? This study has shown that, although they do not describe themselves as or consider themselves counselors, AG pastors in the Pacific Northwest are willing to meet with people in a counseling capacity. Participants met with people dealing with a variety of issues including marriage problems, financial issues, as well as depression, addiction, anxiety, and more. AG pastors' approach to counseling included using scripture, praying for people, evangelizing, but also listening, asking open-ended questions, and providing

skills such as communication and financial skills. They viewed their role as walking with people as they journey through the challenges in life. The average number of sessions AG pastors met with people varied, but included at least one to two meetings and up to as long as people need to meet. While AG pastors were willing to meet with people, they were also open to referring to professionals. However, most refer only to counselors that are Christian and practice Christian counseling.

This study also answered many of the additional research questions of this study. AG pastors complete limited training in the area of counseling and psychology as part of their ministerial coursework. Many participants reported taking only one to two classes related to pastoral care and counseling even when completing graduate level course work. However, half of the participants felt the training they have completed sufficiently prepared them for the work they do as counselors, whereas the others stated they were not prepared to do the work of counseling. Two of seven participants completed training or course work related to counseling. Given the minimal level of training in the area of counseling and psychology, and in spite of some participants perceiving the level or training received as sufficient, AG pastors endorsed a desire for more training. They reported a need for training in identifying and understanding mental health issues, understanding their own limitations as counselors, as well as to know how and when to make an appropriate referral. The findings of this study also revealed that AG congregants perceived their pastors as counselors and sought help from their pastor before seeing a counseling professional. Overall, most congregants perceived the time they spend in counseling with their pastor as helpful, but endorsed the statement that pastors would benefit from more training as counselors.

While this study answered the primary and most of the additional questions, it did not answer one question. This study did not illuminate contextual differences in the work of pastors in rural and urban churches. The findings of this study show pastors from rural and urban churches alike provided counseling and were willing to refer to counseling professionals. In addition, churches in both rural and urban areas maintained counseling groups, counseling centers, or counseling ministries. Furthermore, congregants from both urban and rural churches reported seeking counseling from their pastors.

### **Discussion of Existing Research**

This study adds to existing research by agreeing with findings of other studies as well as differing in a number of ways. First, contrary to existing research that described Pentecostal pastors as suspicious of psychology and mental health (Worthington, Kurusu, McCullough & Sandage, 1996), AG pastors in the Pacific Northwest seemed to be open to the practice of counseling as participants in the present study refer to professional mental health providers and endorse counseling in their teachings. Consistent with Weaver (1995), AG pastors perceive the role of meeting with people as an important part of their work and that churchgoers see pastors as the first line of help with mental health. Additionally, the presenting issues AG pastors encounter are similar to the issues described in existing research (marriage, depression, adjustment to life, and seeking purpose) (Weaver, Koeing & Larson, 1997; Worthington, et al., 1996).

While the role of pastors as counselors was consistent with existing literature, the percentage of AG pastors that refer to counseling professionals was contrary to previous findings. Lowe (1986) reported that only 36% of pastors referred to mental health professionals. However, in the present study, six of seven pastors (85%) referred and

referred often. Conversely, the fact that the pastors in the present study referred only to Christian counselors was consistent with values described by McMinn et al. (2005) and Weaver (1995).

In the 1981 study by Abramczyk, two thirds of pastors reported their training as deficient. In the present study, half of the participants completed one to two courses in the area of counseling and described their training as insufficient; however, the other half reported that the training received prepared them for the counseling work they perform.

Much like in previous studies (Hook & Worthington, 2009; McRay et al, 2001; Stanford & Philpott, 2011), pastors in the present study preferred to approach helping people experiencing emotional distress from a theological perspective and incorporate scripture and prayer into the time they spend counseling.

### **Interpretations and Recommendations**

This study highlighted that AG pastors in the Pacific Northwest do not perceive themselves as counselors; however, all participants in the study were willing to meet with people in a counseling capacity. While AG pastors provided a distinction between the work they do as counselors and that of professional mental health providers, they are willing to meet with people even if people are dealing with psychological issues such as Depression and Bipolar Disorder. This, coupled with the results showing the majority of survey participants go to their pastor for counseling, illustrates that AG pastors function as counselors for not only spiritually related concerns, but also mental health issues. A notable concern is that, despite the acknowledgement of limited training as counselors, pastors will meet with people and provide counseling.

A positive difference between this study and existing research was the common practice of referral to counseling professionals. However, the practice of referral to only counselors within the church or that are Christian counselors, combined with the identified need for more training in the areas of identifying mental health issues and making an appropriate referral, may impact the quality of treatment received by congregants seeking counseling. The practice of referring to only counselors at their churches or Christian counselors may result in pastors connecting the congregant clients with a clinician that may not have expertise to address the clients' problems. If pastors received more training in understanding mental illness and the work of counseling, they would be better able to identify counselors' and psychologists' areas of expertise and understand how to make an effective referral.

With the type of work pastors do as counselors, there was a range in the acknowledgement of limits of competence in the area of counseling, with six reporting a clear understanding of their limits and one that identified himself as an expert in a variety of areas, particularly in the areas marriage and finances. In addition, based on possible lack of exposure to the practice of counseling and training in the area of counseling, pastors may not have a clear understanding of what counseling provided by mental health professionals entails. This may account for the reports from a number of pastors that they do not consider themselves counselors, but describe the work they do as including common therapeutic skills such as asking a client to "tell me your story" and using open-ended questions to help a client find his or her own answers to life's problems. In total, AG pastors acknowledged deficits in training in the area of counseling and they are

willing to refer to counseling professionals; however, they also acknowledged a need for training in how to identify issues they see and how to make an appropriate referral.

**Adding counseling curriculum to pastoral training programs.** Based on these findings, I can make a number of recommendations. First, to address the expressed need of understanding the issues they see in the daily ministry experience, pastoral training programs can include coursework that explicitly covers basic psychopathology. This may include integrating information about the biological and environmental causes of mental illness as well as a Biblical perspective of mental illness. Additionally, the coursework for pastors can include clear descriptions of boundaries and limitations of competence in counseling and clarify for pastor when to refer to a counseling professional. Another topic pastoral training programs may consider including in coursework is how to evaluate counseling professionals and make an appropriate referral. To help pastors make a good referral, curriculum may include a basic understanding of the practice of counseling with an overview of common psychotherapeutic systems from a Christian perspective, (i.e. Tan, 2011). Referral training may also include providing pastors with knowledge of different types of mental health professionals and applicable licensure, as well as areas of professional competence and expertise. This may be accomplished by collaborating with psychology faculty at colleges and universities at which pastors study, as well as with Christian counseling professionals in the community.

**Curriculum for current pastors.** In addition to increasing the training pastors receive while in school, ministry training programs, colleges, and universities can develop and implement continuing education coursework that covers similar topics for pastors currently serving their communities. Counseling curriculum may be offered in a

variety of formats that accommodate the busy demands of pastors' schedules. Possible formats may include intensive workshops in conjunction with conferences or workshops (i.e. Northwest Ministry Network conference), through universities, hosted by churches, or facilitated by counseling centers within churches. Regardless of the format in which the information is provided, the content should be relatable to pastors.

**Collaboration and cooperation with counseling professionals.** The burden of training does not rest solely on pastoral training programs. Psychological professionals can offer seminars and didactic training to pastors in their communities. Seminars may include basic counseling skills, descriptions and definitions of what the work of professional counseling entails, and skills for identifying basic psychopathology in order to make a proper referral. Other possible collaborative efforts may include providing easy-to-use resource lists of services within the community (i.e., crisis lines, community mental health centers) as well as references for literature pertaining to the topics listed above. Furthermore, psychologists and counselors can actively cooperate and collaborate with pastors as they work with congregants.

As this study has shown, the work of pastors includes counseling. Supplementing the current training of pastors with basic counseling skills, psychopathology, and information about how to make an appropriate referral will provide pastors with the opportunity to provide care for their congregations in the way they desire. Furthermore, pastors will have the ability to recognize and work within the scope of their training and make an efficient and informed referral. Finally, by collaborating with counseling professionals, pastors will be able to walk with their congregants as they journey toward

health in a way that is meaningful and effective. Together, these activities will increase the overall quality of care provided by pastors as they serve their congregations.

### **Limitations and Directions of Future Research**

While this study was high in construct validity, the case study methodology is inherently non-generalizable. Thus, one limitation of the present study is that the findings apply only to the case in which it is bound, AG pastors in the Pacific Northwest. In addition, the participants were limited to only pastors that were willing to participate in the study and therefore findings regarding referral practices and perception of counseling may not reflect the perspectives of all Northwest AG pastors. A contributing factor to the willingness of pastors to participate in this study may be level of education. Two of the seven participants had Doctoral degrees, two had Master's degrees, and one other had participated in graduate level studies. As stated in the review of literature, the AG does not require a specific college degree for licensure as pastors; only training in the Bible and theology is required. Therefore, many AG pastors may not have the same exposure to counseling training as the some of the participants in this study. Similarly, I collected congregant survey only from churches of participating pastors which may potentially reflect a more positive perspective of counseling than generally held in the AG at large in the Pacific Northwest. Finally, the present study focused on pastors understanding of the work of counseling, and more information is needed to understand to work of counseling from the perspective of the congregant including how they perceive the pastor as a counselor, the efficacy of counseling provided by pastors, and congregants' motivation for seeking counseling from pastors.



Based on these limitations, directions for future research may include replicating the present study with other AG churches in the Northwest or conducting a case study of congregants focused on understanding their experience with counseling provided by pastors. Another possible direction of research may include understanding pastors' boundaries of competence in the areas of psychology and counseling, as well as understanding how a pastor's level of education may influence his or her attitude toward counseling and psychology. Additionally, a vein of literature and research not discussed in this study pertains specifically to the fields of pastoral counseling and Christian counseling. Therefore, a direction for future research may include an investigation of counseling training resources for pastors and the frequency and/or willingness to use those resources. Resources include training programs like that of the American Association of Christian Counselors (AACC) Light U program (AACC, 2015), Emerge Counseling Services' Center for Pastoral Counseling (Emerge, 2014), as well as the works of Siang-Yang Tan (e.g. *Counseling and Psychotherapy, A Christian Perspective*, 2011). Finally, a better understating of the referral practices of pastors at large would add to exiting research and help understand how and when pastors refer.

In conclusion, this study has shown that AG pastors in the Pacific Northwest include counseling as a part of their work as pastors. While most recognize their preparation did not include training in the area of counseling and psychology, and describe a distinction between the counseling they provide and that of a mental health provider, all pastors were willing to meet with people before referring regardless of the type of issue they encounter. All but one participant was willing to refer people to

counseling professional; however, all described a need for more training in how to make a proper referral.

The role of a pastor is to help those in their church, which includes providing counseling. However, the training they receive in the area of counseling and psychology may be insufficient for the work they do on a daily basis. Therefore, the process of preparing pastors for ministry should include a greater emphasis on basic counseling skills, psychopathology, and specific training on how and when they should refer to a mental health professional.

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Appendix A

Invitation Email

Dear Pastor (Name),

My name is Robert Campbell; I am a Doctor of Psychology (Psy.D.) student at Northwest University. I am currently investigating the work of Assembly of God pastors and would like to know if you are willing to help.

My research is fueled by my passion to partner with pastors as they fulfill God's call as shepherds. I wish to do this by understanding the work they do in serving God's people.

In my study, I am seeking to understand pastors' work as counselors. This includes gaining a better understanding of how pastors perceive how their college or seminary training prepared them for the counseling services they provide, pastors' perceptions of the need for specific training as counselors, and the amount of counseling services pastors provide.

Your willingness to help will involve an in-person interview, responding to a brief questionnaire, and providing permission to review your website. The interview will last about an hour and your participation is confidential. In addition, as part of my study I would like to conduct a brief survey of your congregation. This will involve a 5 question survey completed at the end of one of your services in which all participants will be anonymous.

I am happy to answer any questions you have and provide you with more information about me and my study.

I would love to meet with you. Please let me know if you are available to help and I will find a time that works best for you.

I appreciate your time and consideration to participate!

Respectfully,

Robert Campbell, MA

Psy.D. Student, Northwest University

Appendix B

Pastor Survey

How many years have you been a Pastor?

I have taken counseling or psychology courses  
 (Circle one) Yes No If yes list  
 coursework \_\_\_\_\_

I dedicate about \_\_\_\_\_ hours a week to providing  
 counseling

The most common counseling issue people see me about  
 is \_\_\_\_\_

Please circle the number that most closely  
 corresponds with your desired answer

	Strongly Disagree	Disagree	Agree	Strongly Agree
The practice of psychology and counseling are useful	1	2	3	4
Those who sought or attempted to seek psychological help benefit from it	1	2	3	4
Pastors would benefit from more training as counselors	1	2	3	4
Mental illness is a result of biological factors	1	2	3	4
People should seek help from within the church before seeking help from a therapist	1	2	3	4
Pastors can help people just as much as a therapist	1	2	3	4
Mental illness is spiritually related	1	2	3	4
People could benefit from seeing a therapist	1	2	3	4
Psychology and religion should not be combined	1	2	3	4
Psychotherapy (counseling) can be successful in short periods of time	1	2	3	4

Christians should only see therapists who are Christian	1	2	3	4
Christians can suffer from mental illness	1	2	3	4

Appendix C

Interview Questions

## PREFACE TO INTERVIEW:

“I will be asking you a number of questions about the type of work you do as a counselor. My desire is to protect the trust, confidentiality, and privacy of those that come to you for counseling. Therefore, I will not ask you for any names or identifying information about your counselees. In addition, I ask that you do not share any information that would make it possible for me to know who you are talking about. If I believe I may recognize or know the person you are talking about, I will politely interrupt you and let you know that we need to redirect the conversation.”

How do you perceive your role as counselor in your church and community?

How do you feel your training has prepared you to do the counseling work you do?

How do you approach counseling in your church and community?

How much time do you dedicate to providing counseling?

What are the most common issues you encounter in providing counseling?

What training have you completed in the area of counseling and psychology?

Please describe your experience with providing counseling

What coursework in counseling and psychology have you taken?

Please your attitude toward counseling, psychology, and mental illness.

Do you feel there should be specific training for pastors in the areas of counseling and psychology?

Others as Needed



Appendix D

Counseling in the Church Survey

	Strongly Disagree	Disagree	Agree	Strongly Agree
I go to my pastor for counseling when needed	1	2	3	4
Seeing my pastor for counseling is helpful	1	2	3	4
Pastors would benefit from more training as counselors	1	2	3	4
People should seek counseling help from their pastor before seeking help from a therapist	1	2	3	4
Professional counselors may be a good resource for people who are hurting emotionally	1	2	3	4

Appendix E

Individual Interview Information Consent Form

Counseling in The Work of Assembly of God Pastors in the Pacific Northwest  
Consent Form  
PSYC 8972 Doctoral Dissertation, Northwest University, Kirkland Washington  
Robert A. Campbell, MA

You are invited to participate in a research study conducted by Robert Campbell at Northwest. The study is being conducted as part of the Psy.D. program requirements and a class requirement for PSYC 8972 Doctoral Dissertation. The purpose of this study is to gain a better understanding of the work of Assembly of God pastors as counselors in their communities and churches.

If you agree to participate in the study, you will participate in an in-person interview, respond to a brief questionnaire, and provide permission to review your website. The interview will last about an hour and your participation is confidential.

There are minimal risks associated with participation. Some individuals may be uncomfortable answering personal questions. In particular, there is an increased risk of discomfort in answering questions about the outcome or effectiveness of the counseling you provide; therefore, you may choose not to answer any questions you feel may cause you distress or discomfort. The benefit of taking part in this study is the opportunity to participate in the research process as a research subject.

Participation in this study is voluntary. You may choose not to participate in this study at any time and for any reason. There will not be any negative consequences for you if you refuse to participate. You may refuse to answer any questions asked. All responses are confidential therefore; your name and/or the name of your church will not be made known or included in any of the written results. You may keep a copy of this consent form for your records.

The results from this study will be presented to a committee for the final defense of my dissertation and at a poster presentation session of a psychological convention as part of the dissertation project requirements. In addition, these results may be shared with faculty of Northwest University and with the Northwest Ministry Network of the Assemblies of God. Finally, the finished dissertation will be published in the ProQuest Dissertation and Thesis database online. All data from this study will be destroyed on or before August 15th, 2015.

If you have any questions about this study, contact Robert Campbell at 425. 442.6864. If further questions, please contact my dissertation chair, Jacqueline Gustafson at 951. 552. 8372. You may also contact the Chair of the Northwest University IRB, Professor Suzanne Barsness, at [suzanne.barsness@northwestu.edu](mailto:suzanne.barsness@northwestu.edu) or 425-889-5763.

Thank you for your consideration of this request.

Robert Campbell, MA  
Psy.D. Student, Northwest University

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

Appendix F

Congregant Survey Consent Form

Counseling in The Work of Assembly of God Pastors in the Pacific Northwest  
Consent Form  
PSYC 8972 Doctoral Dissertation, Northwest University, Kirkland Washington  
Robert A. Campbell, MA

You are invited to participate in a research study conducted by Robert Campbell at Northwest. The study is being conducted as part of the Psy.D. program requirements and a class requirement for PSYC 8972 Doctoral Dissertation. The purpose of this study is to gain a better understanding of the work of Assembly of God Pastors as counselors in their communities and churches.

If you agree to participate in the study, you will respond to a brief survey.

There are minimal risks associated with participation. Some individuals may be uncomfortable answering personal questions. You may choose not to participate in this research study. The benefit of taking part in this study is the opportunity to participate in the research process as a research subject.

Participation in this study is voluntary. You may choose not to participate in this study at any time and for any reason. There will not be any negative consequences for you if you refuse to participate. You may refuse to answer any questions asked. All responses are anonymous; therefore, it is important that you DO NOT put your name on your response sheet. You may keep this consent form for your records. By turning in this survey you are giving permission to use your responses in this research study.

The results from this study will be presented to a committee for the final defense of my dissertation and at a poster presentation session of a psychological convention as part of the dissertation project requirements. In addition, these results may be shared with faculty of Northwest University and with the Northwest Ministry Network of the Assemblies of God. Finally, the finished dissertation will be published in the ProQuest Dissertation and Thesis database online. All data from this study will be destroyed on or before August 15th, 2015.

If you have any questions about this study, contact Robert Campbell at 425. 442.6864. If further questions, please contact my dissertation chair, Jacqueline Gustafson at 951. 552. 8372. You may also contact the Chair of the Northwest University IRB, Professor Suzanne Barsness, at [suzanne.barsness@northwestu.edu](mailto:suzanne.barsness@northwestu.edu) or 425-889-5763

Thank you for your consideration of this request.

Robert Campbell, MA  
Psy.D. Student, Northwest University