Lessons for Training Black Clergy in Mental Health: What Do We Know?

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NACSW Convention

2012

Problem Statement

- African Americans are underrepresented in MH treatment (Neighbors et al., 2007; Williams et al., 2007).
- African Americans turn to clergy for counseling most often (Wang et al. 2003; Milstein 2003; Taylor, Chatters & Levin, 2004).
- There is little empirical knowledge about mental health training needs of African American (black) pastors.

Problem Statement (cont.d)

- What do black pastors believe their mental health training needs are?
- How to reach black pastors with training that is effective yet resonates with their desired ways of learning?
- What are the best ways for mental health practitioners to collaborate with black clergy?

Significance

Researching concerns related to training clergy about MH issues:

1. results in recommendations that increase culturally competent practice for approaching African American clergy to do trainings

   (A.A. and Black used interchangeably)

2. promotes a focus on culturally competent practice that builds a stronger and more active connection to our SW professional ethics regarding social justice

What we will do in this workshop…

1. Learn about our research that gives the contexts for this training
2. Identify strategies that work in training clergy
3. Increase understanding of the barriers to collaborating with clergy

What we will do in this workshop… (cont.)

4. Rethink:
   a) How we approach African American clergy to implement MH training
   b) How we design MH training so that it is viable in Christian contexts
5. Invite discussion

At the end of this presentation, we would like to exchange ideas and experiences with those of you who are interested in such conversation in addition to answering your questions.

Our Research: J. Dyer

- Qualitative research study; IRB approved
- Purpose of the study
  - To improve understanding about the ways African American clergy think of and address partner violence from their own perspectives
- 8 African American clergy participants from Northeastern US; b*reakdown:*
    - 6 men and 2 women; 3 immigrants; 2 have experience in the court system

Our Research: J. Dyer

- Denominations represented
  - African Methodist Episcopal (AME)
  - Baptist
  - Full Gospel Church of God (self-ID; Pentecostal)
  - Seventh Day Adventist
  - Presbyterian

Study provided data in several categories and some important findings relative to IPV:

Our Research: J. Dyer

Findings include:

1. Clergy engaged in clinically sound practices
   a) Beginning where the client is
   b) Not rushing the recovery process
   c) Basic triage – needs assessment
   d) Case management and advocacy
2. Those practices were not be uniformly implemented by all clergy at all times; none of the clergy participants had a full sequential set of good clinical practices.

Our Research: J. Dyer

The findings important to today's training are:

Clergy concerns about getting MH training & pastoral preparation for counseling their parishioners

While the clergy do want additional training to manage MH issues better:

a) They are not seeking to become therapists, they just want to better address this deficit area
b) They would appreciate your help

Our Research: J. Payne

- **Project 1**
  - Qualitative study of sermon content of black pastors discussing mental health and depression over the pulpit
  - Sample: Audio-taped sermons from 10 African American Pentecostal Pastors
  - Findings: (Payne, 2008)

Our Research: J. Payne

- **Project 2**
  - Quantitative survey to discover how pastors define and counsel depression
  - Sample: 204 Protestant pastors from California (primarily black and white)
  - Findings: (Payne, 2009)

Our Research: J. Payne

- **Project 3 (in progress)**
  - Qualitative phenomenological interviews of pastors to determine their lived experiences of counseling in the pastoral context
  - Sample: 40 Protestant pastors from Chicago and Los Angeles (20 black and 20 white) with congregations in urban areas
  - Funded by John Templeton Foundation

Do Pastors Want Training?

- Pastors are definitely willing to be trained. (Dyer, 2010; Payne, 2009, Bledsoe, Setterlund, Connolly & Adams 2011-NACSW, other lit)
- More pastors with congregations in lower SES neighborhoods and more minority pastors want training

Problems with Present-Day Ways of Training

Present-day ways of training

- Medical model. Pathology based, DSM based, where experts decide the training needs of "non-experts"
- Continuing education/ certification model. A set number of trainings in a lecture-based format.

Characteristics of viable training program for clergy

- Flexibility.
- Accommodating to varying religious and denominational viewpoints.
- Effective based on geography.
- Accommodating to diverse socio-economic, racial, and ethnic compositions.
- Able to unify clergy on common themes.

Preferred strategies from MH Organizations (MHO)

- Invite clergy to short meetings
- Recognize how busy they can be—so attend the community meetings that the clergy frequent, to discuss important topics
- Distill most salient points to be delivered in presentations of 20 minutes or less
- Give handouts that can be easily reproduced and slipped into church bulletins

(Pastor F)

Clergy concerns with MHO's strategies

1. Not building a partnership over time (*Pastors A & C*)
2. Agencies are doing outreach and coordinating work primarily around crises (*Pastor H*)
3. Community agencies don't seem to communicate with clergy in ways that puts them on the same page (*Pastor G*)
4. Clergy concerned that community agencies may overlook partnering with churches, leaving clergy to manage church MH issues in isolation (*Pastors F, G & H*)

Complicating clergy issues

a) Clergy may not have a commitment to, or have prioritized the same issues as a MH agency (*Pastor A*)

b) Concern that non-church contacts will provide interactions/counsel contrary the church's faith practices *(Pastor D)*

c) Clergy availability either from the busy-ness & business of the church, or from working several jobs *(Pastor E)*

Solutions: Interactional

1) Don't stop the outreach / communication efforts

—even if conversations with the ministry heads in African American Christian churches contains discussion of practices that are unpopular or not clinically recommended.

Solutions: Interactional

2) Speak their language; learn and understand the symbols, symbolic reference, and doctrines of the faith / denomination

—use faith friendly language & accessible formats in your presentations

3) Address power equity issues in collaborations

Solutions: Interactional

4) Clearly identify points of faith congruence as well as incompatibilities for any recommended strategies

Address emergent clergy apprehension about intentions of support efforts

Solutions: Interactional

5) Build relationship outside of / prior to onset of crises or special projects

6) Have the conversations you can have to minimize / eliminate assumptions regarding what clergy need to trained about.

Solutions: Structure

- Traditional educational formats are not the best fit for pastors who are financially and temporally tied to their congregations.
- A conceptual framework for delivery should be tailored to the faith community's ways of knowing.
- We must deconstruct the assumptions we make as traditional clinicians and instead tailor the curriculum to the pastor's counseling roles.

Solutions: Structure

- Most ministers are dissatisfied with the traditional conference method of learning.
- Program convenience is key, since travel away from the church is difficult for many pastors.
- Small group discussion, practical application of case material, and denominational/ cultural specificity (to increase comfort in sharing with other pastors) are all necessary.

Lessons Learned

We must

- learn to navigate key community gate-points from the perspectives of the gatekeepers

- be willing to expand our epistemology and world view

THANK YOU FOR YOUR TIME AND ATTENTION

The Conversation Begins:

All are welcome to participate in sharing thoughts & experiences on this topic in addition to any questions you may have.

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