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COUNSELING RELIGIOUS AFRICAN AMERICANS: IMPLICATIONS FOR A SOCIAL JUSTICE MODEL OF INTERVENTION

Rachelle Delorse Smith

University of Missouri-St. Louis, rachelle@imaginemefree.co

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COUNSELING RELIGIOUS AFRICAN AMERICANS: IMPLICATIONS FOR A
SOCIAL JUSTICE MODEL OF INTERVENTION

BY

RACHELLE D. SMITH

M.Ed., Counseling and Family Therapy, University of Missouri – St. Louis, 2006
B.A., Psychology, University of Missouri – St. Louis, 2002

DISSERTATION

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We hereby recommend that dissertation by:

Rachelle D. Smith

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Doctor of Philosophy in Education

Dr. Susan Kashubeck-West, Chairperson

Dr. Lisa Dorner, Co-Chairperson

Dr. Angela Coker

Dr. Lynn Beckwith

Abstract

Due to a complex history of unethical societal and medical practices towards African Americans from U.S. institutions such as the U.S. Public Health Services and Johns Hopkins Hospital, a consistent lack of collaborative relationships between the African American religious community and the professional counseling community has emerged. Thus, some religious African Americans who may have needed counseling services did not receive them, as Black churches commonly dismiss the relevancy and necessity of professional counseling. The purpose of this theory-building study was to examine the perceptions that lead to such dismissals and, inspired by action research approaches, derive the best methods that secular professional counselors could implement in partnership with African American churches to provide effective social justice approaches to mental health service delivery to their parishioners. This study utilized a basic qualitative design with grounded theory tenets. Research questions were: 1) How can professional counselors effectively work with the leaders of African American religious institutions to provide professional counseling services to their parishioners? 2) How do religious African Americans think that a model of professional counseling should operate in their church? 3) What, if any, are the ethical concerns that could arise from a social justice model of counseling service delivery that is implemented within an African American church? Methods included semi-structured interviews with eight pastors and church administrators found through purposeful sampling, 50 pages of field notes and reflective journals entries about the interviews, and research derived from relevant literature. Open, axial, and selective coding were used to analyze the data. Four overarching themes emerged from the data: 1) establish and maintain trust, 2) assist the

church in developing an increased awareness of counseling resources and ethical practices, 3) assist the church in developing counseling resources that are culturally appropriate for its parishioners, and 4) implement an evaluation process. The analysis of these themes led to the development of a social justice model of intervention that could be utilized to establish and maintain collaboration between some African American churches and the professional counseling community. The study also yielded relevant implications for teaching, practice and research.

Dedication

I thank God for all that He has been, for all that He is, and for all that He will be in my life. I believe with all of my heart that this research was not my plan, but His; as such, I first and foremost dedicate this work to His presence in my life.

This work is also dedicated to my family. Everyday that I awoke I was blessed with the privilege to stare into the eyes of four reasons that motivated me to continue on this path: Ryan Esq, Ryan II, Michael Joshua, and Raven Michelle. It was because of your presence in my life that I have the desire, passion, and courage to impact the African American church in such a profound way. Honey, thank you for never letting me quit, and for holding me in your arms and reminding that I was put here for this, and that I can and will finish.

To my parents, Pastors Willie and Evelyn Givens, thank you for instilling in me a desire and thirst for God that can never be quenched. While praying for me, the late Evangelist Jackie Reid said, "Give your children what your mother gave you." I knew immediately that she was referring to the love, spiritual teachings, and bedtime Bible readings that Dad gave me as I fell asleep at night. If I am able to give my children half of the love and prayer that you both have given me I know that their lives will be blessed and highly favored. Thank you for the legacy of love, godliness and advocacy that you birthed in me.

Acknowledgement

I would like to acknowledge the role of my dissertation committee throughout this process. I believe with the entirety of my heart that God sent you to me. Each of you knew exactly what to say and how to say it to me during my critical and often times, tear stained moments. I have no idea how I would have been able to complete this work without each of you. You provided me with sound guidance and mentorship.

I have heard horror stories of dissertation committees, and I am blessed to say that I will never be able to add to the tales. You all made this process as trauma free as a dissertation can be, and for that I will forever be grateful. Dr. Beckwith, I have had the opportunity to work with you as a colleague and as your student. On both occasions you taught me how to be humble and to remember that when I walk into a room that I am standing on the shoulders of my ancestors and I am demonstrating to those watching the beauty of the African American race. For that I will forever be grateful. Lisa, you brought the researcher out of me that I was not sure existed. You helped me to find my academic voice and the value of it. Dr. Coker, you were the first African American female Ph.D. that I had ever met in the field of counseling. You will never know how much your presence alone impacted and forever changed the direction of my life. Susan, I could not imagine a better chair. I have had the privilege of being your advisee since I began the master's program in 2002. For over a decade you have been my mentor and advisor. You have encouraged me through tears, and you have always been there at the crucial moments when I questioned whether or not a Ph.D. was for me. And while I was crying you always reminded me that I could do this and I will do this. Thank you for being in my life!

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Chapter 1: Introduction

Counseling Religious African Americans: Movement Towards a Social Justice Model of Intervention

The presence of licensed professional counselors as a mental health resource is an atypical sight in many African American churches. The referral of church members to an outside professional therapist is an equally uncommon sight (Boyd-Franklin, 2010). However, the lack of a consistent relationship between the Black church and the professional mental health community does not indicate that Black Christians are more or less mentally healthy than their White counterparts. Rather, it confirms the historical mistrust of African Americans toward mental health professionals, a lack of accessibility of effective mental health services, and a belief that a relationship with the Divine is sufficient to meet their needs. The purpose of this dissertation is to derive from African American religious leaders their beliefs about the methods that professional counselors can implement in partnership with the Black church in order to provide a social justice approach to the delivery of mental health services to church members.

Gonnerman, Lutz, Yehieli, and Meisinger (2008) noted that religious people traditionally emphasize the avoidance of more unhealthy behaviors rather than educating members on healthy behaviors. Thus, there is not a strong history between religion and the encouragement of health-seeking behaviors outside of spiritual resources. Hence, although the Black church effectively teaches its members what unhealthy behaviors to abstain from (i.e., drugs and alcohol), the Black church has not historically taught its parishioners what healthy non-spiritual behaviors they may participate in to improve their well-being.

A plethora of research has been dedicated to the investigation of the relevance of spirituality in the lives of African Americans (Blash, 2010). As well, research has been provided to educate therapists on best practices for developing a positive rapport with African Americans in a professional counseling setting (Parham, 2002). However, minimal attention has been devoted to the development of a model of delivery of services within the Black church. This dissertation seeks to use the information derived from these studies as well as the results of the data to ascertain from religious African Americans what they believe is necessary to establish a collaboration between the Black church and the professional counseling community. This paper will first review the relevant literature in regard to religion and spirituality in the African American community, the historical relationship between African Americans and counseling, and Social Justice Counseling. The literature review will then be followed by a description of the qualitative methods used in this study to assess what religious African Americans believe is needed to develop a collaborative model with the professional counseling community, as well as an explanation of the interviews and the conclusions drawn.

Religion and Spirituality in the African American Community. African American churches have historically held a place of prominence within the African American community (Giger, Appel, Davidhizar, & Davis, 2008). African American church, or Black church, is a term that is ascribed to churches whose congregations are majority African American. Although African American churches are often thought of as congregations or denominations that are all Black, an African American church may also be a part of a denomination whose membership is majority Caucasian, or it may be a church whose congregation is all Black with a pastor who is of a different ethnicity.

The African American church is not simply a place of worship. Since its inception, it has provided many of its members with a sense of accomplishment that they may not have otherwise have been able to obtain (Glaude, 2003). Individuals who were slaves or held menial jobs in the community often held position of leadership within their church. The man who shined shoes might have been a deacon at his local church. The woman who worked as the maid could be over the Sunday School Department at her church. The Black church provided its members with the opportunity to hold leadership roles within their church, an opportunity that parishioners most likely would not have had access to in the majority society during the early history of the African American church (Paris, 1985).

The first African American churches were secret church meetings that slaves attended away from the watchful eye of the overseer, or they were services held on the plantation with the permission of the slave master with a pastor that he approved (Mitchell, 2004). From these humble beginnings, some freed slaves began to establish denominations specifically for African Americans, while other former slaves or freedmen joined White denominations that provided the opportunity for Black churches to be established. There were also some African Americans who were content with being members of churches in which the pastor was a Caucasian male. These different examples constituted the emergence of the African American church, which would swiftly establish itself as the core of the African American community.

The African American church vastly concerned itself with the social welfare of the African American community (Foluke, 1999; Giger et al., 2008). Since its beginnings it has eagerly addressed all of the needs of its members that it was able to

meet, as it has been the only consistent social service organization specifically available for African Americans from the time of its inception. The needs that the church addressed for its members included educational, medical, financial, and familial concerns. Without the historical support of the African American church, many Blacks would not have been able to survive the harshness of history. For an overwhelming majority of Blacks, the church has been their only source of support. The government made no formal attempt to provide Blacks with any type of social support until 1865 (Segal, 2010).

In 1865, the federal government established the Freedman's Bureau (Segal, 2010). The purpose of the Freedman's Bureau was to provide temporary relief for freed slaves following the Civil War. The function of the Freedman's Bureau was to reunite former slave families, manage confiscated and abandoned property, provide ex-slaves with food, and create community institutions such as schools, hospitals, and orphanages. However, when the Freedman's Bureau disbanded in 1872, so did its resources and services. Hence, the African American church reclaimed its role as the main spiritual and social welfare provider within the Black community.

The African American church recognized the relationship between individuals' spiritual, emotional, and physical selves (Gonnerman et al., 2008). Lincoln (1984) wrote:

“To understand the power of the African American church, it must first be understood that there is no distinction between the African American church, and the Black community. The church is the spiritual face of Black subculture, and whether one is a member or not is beside the point.” (p. 96)

Lincoln (1984) explained the prevalent belief among members of the African American Church that one's spiritual beliefs and religious practices are intertwined with every

aspect of one's life. Lincoln also acknowledged that the role of the Black church in the community is so powerful that an African American need not be a member of the church to be affected by both the spiritual and social aspects of it. Thus, the effects of the Black Church are not simply limited to the religious edifice. Rather, the results of the spiritual and physical works of the Black Church are visible in the African American community that surrounds the church, as well. For example, a community resident may not be a member of a particular church, however his/her child may attend the childcare center located in the church. Also, it is not uncommon for a local politician to visit a Black Church in the community to speak with the members to ascertain the needs of the community.

In addition to the Black church's positive impact on the community, there is evidence of a positive correlation between religious involvement in African American churches and well-being in African Americans (Giger et al., 2008; Strawbridge, Shema, Cohen, & Kaplan, 2001). Religious practices in the African American community have been connected to: decreased tobacco use, decreased use or abstention from alcohol consumption, decreased rates of incarceration, reduced harmful effects of health problems, and reduced negative effects of stress (Frazier, Mintz, & Mobley, 2005). Because of the integration of religion, spirituality, and well being within the African American church, there is a need for a model of counseling that works with and within the Black Church. Such a model would provide a stark contrast to the traditional models of providing counseling services to religious African Americans that, at best, perpetuate an estranged relationship between mental health and religious institutions (Plante, 1999; Jones, 1994; Koenig, 1997; Weaver, et al. 1997). The consideration of religious practices

and spiritual beliefs when working with an African American client are as relevant as considerations that a therapist would give to the availability of a support system for a LGBT teen or to the availability of a safety plan for an abused mother.

Parham (2002) provided clinicians with a model for counseling African Americans that emphasized strengthening the therapeutic relationship within the confines of the counseling office. However, the model offered limited attention to the impact that returning to one's place of worship might have on the progress accomplished in the therapy session. For example, the researcher, who is also a therapist, was once asked to present a workshop on the mental health needs of adolescents in an African American church. Initially, the workshop was an unexpected success with the participants and their parents. But, after the presentation of the workshop summary to the congregation was completed, one of the elders of the church grabbed the microphone and said, "We know that saints [people who believe in Jesus] don't get depressed. Saints don't experience anxiety. Saints know how to pray and call on Jesus for all of their problems." Needless to say, none of the group participants, who initially expressed a high interest in participating in counseling services, called to set an appointment after hearing the elder's message. This was an example of the "anti-spiritual" perspective of counseling that can be found in the Black church.

Some African-Americans view mental health counseling as "antispiritual" (Boyd-Franklin, 2010). It is believed that God is the source for everything that one needs, and to pursue help outside of the confines of the church is denying the power of God. Hence, African Americans traditionally turn to spiritual leaders or to family members for guidance. In its entirety, the African American community does not believe in the

efficacy of therapy (Boyd-Franklin, 2010). The belief that one only seeks help from a spiritual or religious representative of God has added to the estrangement between the professional counseling community and religious African Americans.

As counselors, we encourage our clients to access their support systems during moments of stress. When working with traditional church-going African American clients, it is important to note that one of their greatest resources is the church family. The church family is a composition of individuals in one's church, that one may or not be related to through genetics or marriage. There exists a strong family bond that has been created out of their spirituality, which is strengthened through their shared belief that Jesus is the Son of God; as they are the "spiritually adopted" children of God, they are all brothers and sisters through Jesus Christ (Taylor, Chatters, & Levin, 2004). Yet, beyond a stereotypical knowledge of the Black church, which is often communicated to clinicians through an animated African American comedic movie or stage play, non-Black Christian clinicians often have very limited knowledge of the inner workings of the traditional African American church.

Historically, African Americans have found solace from stress in the confidence and spiritual teachings of pastors and other church leaders. To this day, African Americans prefer to seek the guidance and support of spiritual advisors over the counseling services offered by a professionally trained therapist (Richardson & June, 1997). When the opportunity does present itself for a counselor to provide services to a religious African American, clinicians sometimes experience difficulty incorporating the entirety of the client's support system within the church as a resource. This is not due to a lack of desire to assist the client; rather it is more probable that it is due to a lack of knowledge

of all of the resources that a client's church may have available for him/her. As a result, relevant resources are sometimes inadvertently missed. If clinicians had a thorough understanding of the client's church, and its available resources, then they would be able to effectively extend the support system of African-American clients, thereby ensuring lasting positive effects of therapeutic interventions.

As a result of the prominent role of religious institutions within the African American community, an effective model of mental health service delivery must involve collaboration between the Black Church and mental health providers. According to Queener and Martin (2001), the needs of clients are best met when the relevant providers work together to address the needs of the client population. Health interventions that have been created and implemented outside of the African American church have historically been ineffective (Giger et al., 2008). However, Giger et al. (2008) noted that once these interventions are introduced inside of the Black Church, their effectiveness increases.

Due to the historical mistrust within the African American community of mental health services, there is a need for mental health agencies and the Black Church to work together to create a model of service delivery that will successfully address the needs of members of the African American community. These relationships will supply counselors with the opportunity to provide clients with religiously and spiritually respectful preventive services, in addition to crisis intervention services. The data obtained from this study will provide a foundation as to what is needed for the development of a social justice approach to service delivery within the African American church. This approach will encourage clinicians to empower and educate their clients on

how to best address their needs while simultaneously providing clients with individual counseling services.

African Americans and Counseling. On a particular occasion I was asked by a local pastor to provide group counseling services to young ladies whom the pastor described as “having problems.” The group was progressing well. There was one young lady in particular who began to share her concerns regarding her relationship with her father. In the middle of her sharing, her mother walked in and sternly said, “I’m ----’s mother, I need to speak with her for a moment.” I nodded and assumed that the mother would ask her daughter to step out, but instead she simply leaned over and whispered into her daughter’s ear and periodically pointed to and/or glanced at me. When the mother was done whispering, the young lady responded to her mom with a simple, “Yes, ma’am.” The mother then left the session, and the adolescent girl was completely quiet the remainder of the group. As disappointing as this experience was for me, especially when considering the openness with which the client was sharing, it was not completely unexpected. The unwillingness of African Americans, in this case the mother, to participate in the therapeutic process, is a common occurrence.

The hesitation of many African Americans to actively participate in the counseling process is rooted in a historical lack of trust of the mental health community. This cultural mistrust of Black Americans towards the mental health profession is derived from experiences, such as slavery and unethical medical treatment, of Blacks in the United States (Myers, 1993; Nobles, 1990; Wallace & Constantine, 2005). In addition, counseling is perceived by some African Americans to be a white, middle class luxury (Sue & Sue, 2003). Thus, some African Americans feel that since counseling was not

created for them, they doubt its ability to be helpful to them. This point is especially important to some low-income African Americans, when considering the myriad of economic-related concerns they face on a day-to-day basis. It is not always possible for therapeutic resources to be obtained in the Black community because of both financial and location reasons. According to Giger et al. (2008), even when counseling resources are available within the African American community, a lack of medical insurance and/or lower economic status often makes these services inaccessible. Other barriers, such as cultural insensitivity and institutional racism, have also been reported as reasons that African Americans do not readily and consistently pursue counseling services (Parham, 2002).

There is a need for a counseling model that not only includes input from the mental health community in its development, but also includes input from religious African Americans. This combined effort will likely yield a therapeutic model that will be more suited to meet the needs of religious African Americans.

Social Justice Counseling. The American Psychological Association (2002) emphasizes the necessity of a therapist to be unbiased and fair when disseminating mental health services to minority clients. According to Pack-Brown, Thomas, and Seymour (2008), “mental health professionals will increasingly be challenged to work in ways that reflect greater understanding and respect for culturally different ethical helping practices” (p. 297). This push for ethical helping practices that are culturally specific is born out of the multicultural needs of clients. It requires that a clinician be knowledgeable of appropriate social justice counseling methods to ensure the effectiveness of his/her professional duties.

Social justice counseling has been recognized by Ratt, D'Andrea, and Arredondo (2005) as the "fifth force" of counseling. Social justice counseling mandates the use of culturally based practices that address the client's current mental health crisis, but also utilize advocacy practices that empower the client to a point at which the use of mental health services is no longer necessary, which is the hope of all ethical and effective clinicians. Ratt, et al.'s (2005) identification of social justice counseling as the "fifth force" of counseling may lead some to believe that social justice counseling is a completely separate entity from multicultural counseling. However, instead of considering social justice counseling as a separate entity from multicultural counseling, social justice counseling is best understood as an expansion of the multicultural paradigm with a new and necessary emphasis on advocacy. An effective social justice counselor is not simply one who advocates on the behalf of his/her client, but one who also teaches his/her clients to advocate on the behalf of their own mental, physical, and social needs. A social justice counselor also works emphatically to confront and eliminate oppression and inequity in society.

Social justice counseling emphasizes four principles, that when combined with American Counseling Association's Advocacy Competencies, serve as guides for the accurate and multiculturally competent implementation: Equity, access, participation, and harmony (Coker, Meyers, Smith, & Price, 2010; Crethar, Torres, Rivera, & Nash, 2008). The practice of social justice counseling helps clients to develop personal strengths, which empowers them to move beyond the need of additional services, while simultaneously respecting multicultural differences. Thus, the social justice clinician is

one who is aware of and respects cultural differences, and who has also accepted the role of advocate or agent of change.

Considering the history of African Americans in relation to mental health services and spirituality, it appears that a service model which is delivered in a social justice counseling framework that acknowledges the spirituality and ethnicity of the population would be an excellent fit for this culture. Such a model would respect the nuances of the culture, as well as guide members to a place of mental health that does not require the long-term presence of a mental health clinician. In addition, a social justice model of service delivery is also empowering to its recipients. It does not presuppose that the mental health professional is the only expert present. A social justice model of service delivery illuminates the truth that the client is an essential expert in the therapeutic process, and, as such, his/her voice, culture, spirituality, perspective, and beliefs are necessary throughout the process. As a result of the combined efforts of both clinician and client in the proposed therapeutic process, the client will experience empowerment as well as a tangible feeling of mental stability. It is the author's belief that a social justice model of intervention created via collaboration with religious institutions, more so than other therapeutic approaches, would be the best fit for infusing professional counseling services into the lives of religious African Americans.

Statement of Purpose

Religious African Americans understand the world through the perspective of spirituality, and its effects on their lives. As such, their relationships and many other aspects of their lives are often perceived to be interplay of the divine order and the will of God. Yet, despite a sometimes mild awareness of the relevance of the Divinity in the

lives of religious African Americans, professional counselors often have minimal training on how to best deliver clinical services to this population. What little professional attention is given to the delivery of mental health services to this population is typically condensed into a small portion of a multicultural/diversity course, which also has the responsibility of covering the effective delivery of services to all races, genders, classes, ethnicities, age groups, and sexual orientations. It is important to note that counselor education programs have begun to incorporate courses on the integration of spirituality and religion in counseling. However, the attention paid to the needs of African Americans remains limited. Thus, the purpose of this study is to derive from religious African Americans their perspectives on the best methods that secular professional counselors can implement in partnership with the Black church in order to provide an effective social justice approach to mental health service delivery to their population.

Research Questions

1. How can professional counselors effectively work with the leaders of African American religious institutions to provide professional counseling services to their parishioners?
2. How do religious African Americans think that a model of professional counseling should operate in their church?
3. What, if any, are the ethical concerns that could arise from a social justice model of counseling service delivery that is implemented within an African American church?

Significance of the Study

There is a need for clinicians to understand how to best provide mental health services to religious African Americans. Thus, a model of mental health service delivery for religious African Americans that both acknowledges their ethnic and spiritual diversity while simultaneously allowing room in the therapeutic process for these elements to serve as tools of empowerment, is a professional counseling necessity. An understanding of the integration of the services from counseling and religious institutions will help the counseling community to identify practices that may lead to improved psychological well-being in church-attending African Americans.

Summary

Just as can be found in all cultures, religious African Americans sometimes suffer from debilitating mental health concerns. However, due to a lack of trust of mental health professionals, which is based on historical and contemporary experiences, African Americans are much less likely than Whites to obtain the mental health services that are needed. Although research indicates that a social justice delivery would be the best fit for this population, the social justice approach requires the voice of the recipients to be heard in the development of such a delivery model. This combined effort of both clinician and client is the essence of the advocacy component of the social justice model.

Thus, this study proposes a basic qualitative design with grounded theory tenets to investigate the elements that must be present within a social justice service delivery model. In-depth interviews will be used with each participant to thoroughly understand and develop this concept. It is hoped that through this study, clinicians will have the

foundation of a model of intervention that may increase their clinical effectiveness with religious African Americans.

Chapter Two: Review of Related Literature

The Black church is the epicenter of the African American community. Everything that impacts the Black community is approved or disapproved from its pulpit. Thus, it could be logically concluded that in order to gain awareness into the feelings and needs of the African American church in regards to professional counseling for the purposes of developing a future collaboration between the two entities, one must begin with its representatives in the pulpit. However, to ensure that the information retained is thoroughly understood one must first grasp an entailed understanding of the evolution of the Black church and its current role in the African American community, as well as social justice counseling and its role in such a collaboration, which is the intent of this chapter. Through the investigation of these concepts a relevant historical framework will be provided in which to understand the data obtained through the interviews.

The Evolution of the Black Church

The common present day perception of the African American church reflects a lineage that began after African ancestors were stolen from the continent of Africa and transplanted against their will to the colonial Americas (Lincoln, 1989). However, a thorough examination of the history of Christianity and the Bible provides a much different perception of the evolution of the African American Church. Christian history reflects that Northern Africans, such as Augustine, Athanasius, Didymus, Cyprian, and Clement, developed the basic political and theological doctrines of the Western Church (Hebblethwaite, 1994; Isichei, 1995; Lincoln, 2003). True, North Africans are of Arab descent (D. Voss, personal communication, June 16, 2011). However, this does not negate the fact that they were Africans and hence the people of Africa had a major role in

the development of Christianity since its inception. This early connection between the continent of Africa and Christianity was demonstrated in the monotheistic beliefs of many African slaves that were transported to America (Equiano, 1985). Thus, while it is often believed that the continent of Africa was not exposed to Christianity until the arrival of slave captors, Africa and its people actually had an integral role in Christianity since its establishment as a respected belief system.

The Bible also references multiple occurrences of Africans in its pages (Genesis 10:6-20, Psalm 105:23, & Acts 13; New King James Version). One such event is noted in the book of Acts, the eighth chapter, verses 26 – 40 (New King James Version), in which an angel of God instructed Philip, a missionary, to go south on a desert road toward Gaza. While on that road Philip heard a voice that led him to an African man of high birth, who was reading the book of Isaiah. Philip ran to the man and asked him if he understood what he was reading. The noble man replied that he did not understand, and needed someone to explain it to him. Philip used that as an opportunity to explain the book of Isaiah to the African. According to the Bible, while Philip was explaining the book of Isaiah, the nobleman asked him about the “Lamb” that the scriptures described and Philip began to teach the African about Jesus, the “Lamb”. When they arrived at a body of water the African ordered his chariot to stop so that he could be baptized and accept Jesus as his savior. Philip baptized the African, and as a result the African rejoiced in his new relationship with God through Christ Jesus.

Despite the historical and Biblical depiction of a church that included Africans from its inception, the evolution of the African American Church has a history encompassed in oppression, racism, and manipulation (Lincoln, 1989). When Africans

were brought from their native land to America they were not seen as humans with souls worthy of salvation, as the Biblical depiction of Philip's witness to the African of high birth would denote; rather, Africans were viewed as non-human, slave chattel, with less value than cattle. As such, religion was not perceived as necessary for them as one only required religion if one had a soul.

According to Mitchell (2004), not only was slave participation in religious activities considered spiritually unnecessary, such activities were considered problematic because they: a) reduced the amount of time that slaves could devote to working, b) led to a fear that slaves who congregated together might become aware of their own strength and begin to plot rebellions, c) required slave masters to respect the English tradition of freeing their slaves once they became Christians, and d) increased the fear that Christian slaves might forget their place and believe that they were as valuable as their masters.

Peter Kalm, a Swedish observer of the American institution of slavery, wrote the following in regard to the opposition to Christianizing slaves:

...partly by the conceit of its being shameful to have a spiritual brother or sister among so despicable a people, partly because they would not be able to keep their Negroes so subjected afterwards, and partly through fear of the Negroes growing too proud on seeing themselves upon a level with their masters in religious matters (Lincoln, 1989, p. 13).

Kalm's description of the American rationale to refuse to allow slaves to become Christians emphasized the racism and innate feelings of superiority that encompassed the attitude of many Whites of the time. Kalm's perception is supported by Morgan Godwyn, a graduate of Oxford University in 1665 (Lincoln, 1984). While serving churches in Virginia, Godwyn noted that Christian White slave masters would commonly

state, “What such as they? What those Black dogs be made Christians? What, shall they be like us?” (Lincoln, 1984, pp. 13-14).

However, after much petitioning, Cotton Mather, a slave owner, was able to start the Society of Negroes (Lincoln, 1984; Mather, 1706). According to Mather (1706, p. 1), the slave owner had “an opportunity to try, whether you may not be the happy instruments, of converting, the blackest instances of blindness and baseness, into admirable candidates of eternal blessedness.” Therefore, it was the slave master’s responsibility to encourage the slave to receive the message of Christianity and become a baptized believer. The Society of Negroes assisted Mather in ensuring this goal in that its membership was restricted to slaves who he believed were ready to accept the teachings of the Gospel (Lincoln, 1984). No outsiders were allowed, with the exception of one trusted White man whose sole purpose was to ensure that the only event transpiring at these gatherings were Biblical sermons that did not incite the members to riot. Despite the positive results of the Society of Negroes (slaves increased cooperation with their masters and slaves increased productivity) there remained a high resistance to Christianizing slaves. According to Lincoln (1989), this resistance is rooted in three basic concepts: the privilege of religion, the process of conversion, and the church as a closed society.

In colonial America, being a member of a religious organization was considered a privilege, not a right, reserved for Whites, and as such, non-Whites were not entitled to this privilege. Also, the process of conversion required one to understand the language and the culture, which most slaves at the time did not. Even still, if a slave did understand the conversion process the early American church did not allow new

members, because it was a closed society. Thus, the need for separate worship services developed as more Blacks, slave and freed, became aware of and open to Christianity. While it became increasingly less difficult to locate segregated services for freed Blacks, it continued to be difficult for slaves to attend church.

It was not uncommon for slaves to attend the invisible slave church, a secret church that was often on or near the plantation that was organized by and for slaves (Lincoln, 1984). Slaves participated in these services at their own risk. If slaves were caught attending the invisible church it was not uncommon for them to be punished through the administration of whippings and beatings for their participation. While there were some slave masters who did allow their slaves to attend church, their pastors were typically a White man whose sermon was an approved sermon that encouraged them to respect their master and be good slaves. Approved sermons to slaves typically followed the pattern of Hammon's (1985), a slave himself, "Address to the Negroes in the State of New York" in 1786:

—Here is a plain command of God for us to obey our masters. It may seem hard for us, if we think our masters wrong in holding us slaves, to obey in all things, but who of us dare dispute with God! He has commanded us to obey, and we ought to do it cheerfully, and freely. This should be done by us, not only because God commands, but because our own peace and comfort depend upon it. (p. 35)

It was messages such as these that prompted some slaves to join the invisible slave church, also referred to as the secret plantation church. Other slaves joined the invisible institution because their masters refused to allow them to participate in religious practices.

Although there were differences between Christianity and the religious beliefs of the African slaves, there existed some inherited similarities between the two institutions (Equiano, 1985). For example, Ibo, or East Nigerian religion, believed that there was one supreme God, as Christianity also believes. Also, according to the Ibo religion, God dwells with them and watches over them, just as Christians believe their God does for them. These similarities and others may have been what initially attracted a small portion of the slaves to Christianity. However, when the Great Awakening spread across the American colonies from 1730 to 1745, Christianity and its practices became a staple of the lives of many Blacks, slave and free (Lincoln, 1989).

The Great Awakening marked a time of revival of which had never been witnessed in Colonial America (Lincoln, 1989). In a letter written to Reverend George Whitefield, Jonathan Edwards (2011), a Great Awakening revivalist, stated the following when describing the events of a revival service in May 1741:

Near the conclusion of the exercise, one or two persons that were professors were so greatly affected with a sense of the greatness and glory of divine things, and the infinite importance of the things of eternity, that they were not able to conceal it; the affection of their minds overcoming their strength, and having a very visible effect on their bodies... And many others at the same time were overcome with distress about their sinful and miserable state and condition; so that the whole room was full of nothing but outcries, fainting, and suchlike.

Although these practices were unusual and new to the American colonists, these behaviors were typical in African religious practices (Mitchell, 2004). Thus, Christian religious practices became appealing to more slaves and free men and women as they began to align closer with African religious practices. As a result, more slaves began to

use a belief in God to assist them in coping with the harshness of slavery, and many Blacks, slave and free, sought out membership in Christian churches.

Despite the overwhelming desire of many Blacks, slave and free, to become members of various Christian denominations, there were still many Blacks that continued to participate in the invisible institution of the slave church. This was mostly due to the continued persistence of slave masters to not allow their slaves to be Christianized; at other times it was due to a slave's disapproval of the approved slave sermons. Both of these factors drew many followers to the invisible church until the end of slavery.

While the invisible slave church continued to thrive, another development in the history of the African American church was arising. Following the Great Awakening, Blacks, both free and slave, were slowly allowed to become baptized members of White Christian churches (Lincoln, 1989). In 1758, the first Black Methodist was baptized, and in 1766 the First Methodist Congregation's church roll, reported that a Black woman was identified as a member. One of the first Black churches was established in 1788. Its pastor was George Liele, a slave. The church was built by Liele's master, who allowed Liele to be baptized and then appointed as the pastor. More astounding was the 1783 appointment of Lemuel Haynes as the first Black pastor of a White church. From these early beginnings the Black church became a religious institution that has continued to hold a place of prominence within the African American community, and whose effects are unwaveringly felt today.

The Role of the Present Day African American Church

Politics. The present day African American church has retained many of its earlier qualities. It continues to reject the main societal “attempt to separate love from justice and religion from politics” (Cone, 1977). Despite the United States of America’s call for the separation of church and state (Coleman, 2002), the African American church has a profound history of connecting its religious and spiritual beliefs to the fight for freedom and equality for its members. Although some African American churches existed prior to the end of slavery, and preached for the end of slavery and the recognition of Blacks as full citizens, the Antebellum (Pre-Civil War) South, and the struggle for equality that it gave birth to, yielded a swift and vast growth of African Americans that willingly entered the political realm (Raboteau, 1999). These pioneers usually found their greatest platforms in the pulpit of African American churches. Sojourner Truth, Fredrick Douglas, and James Varick laid the foundation for Dr. Martin Luther King and various other members of the Civil Rights Movement of the 1960’s. These predecessors led to modern day Black Politicians, such as the Reverend Al Sharpton, President Barack Obama, and Tavis Smiley, who use the church as a way to express their political agenda and to connect with the Black population.

The presence of politics in the Black Church continues to be ever visible and recognized by society at large. When running for president, Barack Obama was photographed being prayed for by various spiritual leaders of the African Methodist Episcopal Church. In March 2008, CNN correspondent Alex Mooney wrote about the concerns that were being raised among some Americans regarding Obama’s lengthy affiliation with Rev. Jeremiah Wright, a controversial African American pastor and

member of Obama's 2008 spiritual committee for his campaign. The negative association between Barack Obama and Rev. Wright ultimately led to Obama dismissing Wright from his campaign as a spiritual advisor. Through these depictions, it is apparent that "separation of church and state" has not been a concept that has been adhered to in the historically Black church. As a matter of fact, the consistent dismissiveness of "the separation of church and state" further supports the belief that the Black church is the core of the African American community. Therefore all things that will invariably affect the community must first pass the litmus test of the African American church.

Social Welfare. Within the Black Church, the care of the individual is viewed as the responsibility of the community (Giger et al., 2008). According to Giger et al. (2008) this resulted from the discriminatory exclusion of Blacks from services and agencies that provided much needed support, such as housing assistance, medical attention, education and economic assistance. The segregation of Blacks from community resources which were made accessible to Whites, required Black Americans to develop a separate wealth of resources that would address the same needs.

As the church was a constant presence in the Black community it became the site through which the necessities of the people were met (Giger et al., 2008). The African American Church provided its members with access to a myriad of resources in a safe and nurturing environment (Billingsly & Caldwell, 1991; Frazier et al., 2005). Early efforts of the Black church to provide its members with assistance often led to the establishment of Black resources outside of the church, such as elementary schools, colleges, and hospitals (Chatters, 2000; Chatter, Levin, & Ellison, 1998; Abdul, 1991; Giger et al., 2008). For example, it was not uncommon for sick and mentally ill Black

Americans to receive medical and mental care through their local churches (Abdul, 1991; Foluke, 1999). It was equally as common for children to receive their education through schools that were built by the church. All of these endeavors were made possible because of the camaraderie that existed between members. The bonds of these relationships developed into an extended church family.

Extended Family. Black families are the cornerstone of the African American church (Lincoln & Mamiya, 1990). Likewise, as a result of its spiritual and religious teachings, role as a social welfare contributor, and political activism, the Black church is heavily involved in the lives of Black families. The communal involvement between the Black church and its members has resulted in a “symbiotic relationship” that has rendered it difficult for either of them to exist separate from the other (Lincoln & Mamiya, 1990, p. 68). The members of the church support it, and the church supports its members. The constant collaboration of spiritual, emotional, and physical resources develops a bond that is as connected as a family system. Within the African American church, it is not uncommon for members to refer to one another as brother, sister, mother, or father, without the presence of any biological bond between them. Although these non-nuclear family dynamics may seem strange to some, they regularly reinforce the connection between individual members and the African American church.

Spiritual and Religious Role. The Black church provides its members with unwavering spiritual and religious support and instruction in spiritual and religious matters (Giger et al., 2008). Any Sunday morning in a Black Church can yield spiritual and religious teaching that encompasses but is not limited to: (a) developing a relationship with Christ, (b) marital satisfaction, (c) having a healthy family, (d)

understanding the Holy Spirit, and (e) mental health. The spiritual and religious role of the Black church is powerful and it can be observed in nearly every area of its members' lives (Chatters et al., 1998).

The Bible is viewed as the written Word of God. Although the physical hand of various men were used to write it, the men are believed to have been divinely inspired by God. Thus, it is not atypical to hear that God is the author and finisher of the Christian faith. The Black church believes that Biblical teachings encompass every aspect of one's life (Chatters et al., 1998). Hence, the involvement of the church in the various aspects of its members' lives is Biblically supported. One of the earliest spiritual lessons that all new members of the Black church are exposed to is the teaching of salvation. As the spiritual and religious leader of the African American community, the Black church emphasizes the need for its members to have a relationship with Christ that is based upon accepting Him as Lord and savior of one's life. The acceptance and confession of Christ as the savior of your life is referred to as salvation. Salvation is viewed as the necessary foundation of one's membership in an African American church.

After one becomes saved, the next step is to receive teaching on the role of the Holy Spirit in your life. The various denominations in the Black church community have different teachings on the role and relationship of the Holy Spirit. Some denominations teach that as soon as you are saved that the Holy Spirit is with you, while others teach that one must be filled with the Holy Spirit. In the Church of God in Christ, a Pentecostal denomination, the evidence of this filling resides in the development of a prayer language, also referred to as speaking in tongues. Speaking Tongues is an unintelligible language to human ears, but is believed to be understood by God the father, Jesus, and

the Holy Spirit. But, regardless of one's belief on the relationship with the Holy Spirit, the role of the Holy Spirit remains consistent. The Holy Spirit is believed to be a teacher, whose purpose is to guide you to the awareness of various truths in your life. The guidance of the Holy Spirit in combination with the Biblical teachings of the pastor serve as the foundation upon which church members receive instruction into areas of their lives such as: marriage, family relationships, mental health, and finances. These teachings often lead to positive changes in one's life (Frazier et., 2005).

Religious beliefs and practices within the African American church have been connected to decreased tobacco use, decreased or abstention from alcohol consumption, decreased rates of incarceration, reducing the harmful effects of physical health problems, and reducing the negative effects of stress on one's self worth (Frazier et al., 2005). African Americans perceive their churches to be sources of sustenance and strength, a provider of moral guidelines for conduct, as well as a resource of unity, and community gathering place (Taylor, 1993; Frazier et al., 2005).

Black American Perceptions of Mental Health Services

Mistrust of the Medical Community. African Americans have held a historical mistrust of mental health services (Wallace & Constantine, 2005). This belief may be connected to the abuse that many African Americans have suffered at the hands of the medical community as a whole, as well as other concerns related to racial discrimination and oppression. The most notable examples of these abuses were the Tuskegee experiment, the work of Dr. T. Stillman, and the case of Henrietta Lacks (Centers for Disease Control and Prevention, 2011; Skloot, 2010).

The Tuskegee Experiment was a study conducted on African American males. It was originally developed to support the need of treatment for syphilis in Blacks (Centers for Disease Control and Prevention, 2011). The study was initially called the “Tuskegee Study of Untreated Syphilis in the Negro Male.” It was scheduled to last no more than six months. However, the study, which began in 1932, did not end until 40 years later in 1972.

After the release of an article by the Associated Press that described the unethical treatment of participants of the Tuskegee Experiment, the Assistant Secretary for Health and Scientific Affairs appointed an Ad Hoc Advisory Panel to review the procedures and practices of the study (Centers for Disease Control and Prevention, 2011). The Advisory Panel found that the study was “unethically justified”. Participants were never provided with adequate treatment for syphilis even after penicillin was identified as the drug of choice in 1947. From the inception of the study in 1932 until its closing in 1972, participants were never offered penicillin or any other form of medical treatment. As a result of these findings, the experiment was ended in November 1972 by the Assistant Secretary for Health and Scientific Affairs.

Another example of the abuse of Black Americans was the work of Dr. T. Stillman (Washington, 2006). Dr. Stillman was a well-respected antebellum doctor. During his time, he was known for his stern critiques of doctors who he believed did not adhere to the scientific standards and practices of medicine (American Anti-Slavery Society, 1839). Today Dr. T. Stillman is most known for his on-going mutilation of and medical abuse of slaves. An example of this is his notable 1838 advertisement placed for the purpose of recruiting slaves for additional experiments. On October 12, 1838, Dr.

Stillman placed an ad in the Charleston Mercury stating, “Wanted: FIFTY NEGROES. Any person having sick Negroes, considered incurable by their respective physicians and wishing to dispose of them...the highest cash prize will be paid upon application as above”. Ads such as these contributed to the foundation of the historical mistrust of the medical field which is common throughout the African American community (Washington, 2006). Just as the researchers with the Tuskegee experiment took advantage of Blacks who were unprotected by legal and social rights in the early 1900s, Dr. Stillman also took advantage of legally and ethically unprotected Blacks. It is important to note that both of these studies were done under the guise of helping the patients, while furthering the medical community. These studies were also both conducted with the support of society at large. Specifically, the Tuskegee Study was facilitated by the U.S. Public Health Services and Dr. Stillman was willingly supplied with slaves by their owners. In addition, the local paper, The Charleston Mercury, welcomed Dr. Stillman’s advertisements.

Unethical medical treatment of Blacks was not limited to any particular subculture in the population. Unethical medical practices and experiments were rampant throughout Black America. There are a host of such historical accounts that indicated that experimentation was conducted on unborn/newborn babies, Black prisoners, children, women, elderly, the disabled, and the ill (Savitt, 1982). There appeared to be no limitations on the types of members of the Black population that were experimented on (Washington, 2006; Savitt, 1982). When considering the case of Henrietta Lacks (Skloot, 2010), some may even attest that unethical experimentation on African Americans continues today.

Henrietta Lacks was an African American woman who was born August 1, 1920 in Roanoke, Virginia (Skloot, 2010). She was diagnosed with cervical cancer while seeking treatment in the Colored Ward of Johns Hopkins Hospital in 1951. While receiving treatment for cervical cancer Lack's physician, Dr. Richard Wesley TeLinde, took a sample of her cancer cells without her permission (Skloot, 2010). TeLinde frequently used African American patients from the public ward for research, usually without their knowledge (Skloot, 2010). It was generally accepted that it was fair to use patients such as Henrietta for research as they were receiving their medical care for free. This approach to research eventually led to the unethical collection and duplication of Henrietta Lacks's cells without her approval (Skloot, 2010).

At the time of the acquisition and duplication of Lack's cells, there had never been any human cells that were able to remain alive long enough outside of the body to be used for medical studies. Although some cells did attempt to duplicate outside of the human body, it yielded insignificant results and the cells died soon after. Lack's cells had a necessary anomaly. Because of Henrietta's cells (named HeLa cells), the medical community was able to have triumphant medical advancements. HeLa cells were used in the development of the polio vaccine, chemotherapy, gene mapping, in vitro fertilization, and cloning. HeLa cells have been flown in space shuttles to examine the effect of zero gravity on human beings. They were used in atomic bombs to examine the effects of radiation on humans. "Like guinea pigs and mice, Henrietta's cells have become the standard laboratory workhouse" (Skloot, 2010, p. 4). Despite the unethical acquisition of her cells, they continue to be used throughout the world. The most telling evidence of the unethical receipt of Henrietta's cells is presented by her daughter, Deborah, through the

following statement: “But I always have thought it was strange if our mother cells have done so much for medicine, how come her family can’t afford to see no doctors? Don’t make no sense. People got rich off my mother without us even knowin about them takin her cells, now we don’t get a dime.” (Skloot, 2010, p.9)

When compounded with the historical abuse and maltreatment of Blacks that have plagued the history of the United States, cases such as Henrietta Lacks’ and the Tuskegee Study have cemented a consistent lack of faith in the quality of care that many African Americans believe they will receive from the medical profession. It is this historically justified fear that has yielded a mistrust that mental health professionals must be aware of when they begin providing services to African American clients.

Lack of accessibility. The availability of financial resources directly impacts the accessibility of counseling services for many African American clients (Das, Olfson, McCurtis, Myrna, & Weissman, 2006). With the price of counseling easily exceeding \$125.00 per session, it is not difficult to understand how one could perceive counseling as an expensive expenditure. It is not uncommon for some African Americans to experience financial hardships that limit their ability to afford counseling. For example, if one has to make a choice between paying for groceries for their family or paying for counseling sessions, the most logical result is that he/she will pay for groceries. The next suggestion would then be to encourage clients to either use their health insurance or seek free counseling services. If health insurance were easily accessible, then the federal government would not currently be in the midst of heated debates regarding the provision of health insurance for the more than 45 million Americans who lack health coverage (Marmor, Oberlander, & White, 2009). Also, while free counseling services are

available, these resources are often extremely limited. Thus, African Americans who may believe in the effectiveness of counseling continue to be unable to access free services because of their limited availability.

In addition to some Black Americans being unable to afford counseling, these and other African Americans also struggle with daily socioeconomic challenges such as lack of transportation and childcare, which may also affect one's ability to access mental health services. According to Rodney and Mupier (1999), 41% of African American children are likely to live in a home with only one parent, and 18% of African American children are likely to live in the home with only one parent and one other adult relative. With nearly 60% of African American homes being single-head of household, not only do the financial challenges increase, but also the difficulties in meeting the socioeconomic factors are magnified. These compounded variables decrease both the financial and environmental accessibility of counseling services for African Americans, while simultaneously increasing one's reliance on their faith in God as their most viable option.

God is sufficient. Spirituality is the core of the religious African American community (McAdoo, 2007). The Black church is founded on the belief that God will and can fulfill all of one's needs. As discussed throughout earlier parts of this dissertation, the Black church impacts every area of the African American community through its teaching and its relationships within the community. When considering that the church is organized around Biblical concepts, one may also conclude that God is concerned about every aspect of a person's life, and is available to lead and guide him/her

into all truths. Thus, looking outside of the church for assistance in fulfilling one's needs is unnecessary, because God is sufficient.

Spirituality in the Black religious community is core to the establishment and the maintenance of relationships. As discussed earlier, these relationships, or extended families, are central to the support one receives. One's spirituality is detectable in your body language, the music that you listen to, the clothes that you wear, how you speak, and in various other aspects of everyday life. Spirituality is a thread that runs through every nuance of the lives of religious African Americans (Belgrave & Allison, 2006). Thus, through one's spiritual relationship with God all of his/her needs are met. God is sufficient.

Integration of Spirituality in Counseling

The United States population has a high degree of religious concern (Bowman, 1998). However, mental health professionals demonstrate a lesser degree of religiosity than the general population (Bergin & Jensen, 1990; Bowman, 1998; Gallup, 1990). For mental health professionals that do hold spiritual and religious beliefs, they are less likely to demonstrate these beliefs in a manner that coincides with mainstream practices (Bowman, 1998; Shafranke & Gorsuch, 1994). For example, while I am a professional counselor who identifies herself as a Pentecostal Christian, I doubt that my practice of salsa dancing coincides well with the mainstream definition of traditional Pentecostal practices. I would expect that clients who identify themselves as Pentecostal may practice their beliefs in a completely different manner from me. Thus, it is highly likely that any counselor may find him/herself counseling a religious/spiritual client whose religious and spiritual beliefs/practices differ from his/her own.

In a 2011 Gallup study it was found that 92% of adult Americans believed in God or an universal spirit, 59% of Americans were members of a place of worship, 55% of adult Americans rated religion as being very important to them, and 57% of Americans reported that religion can answer all or most of today's problems. Despite these results, many counselors still do not address matters of religion and spirituality with their clients (Kelly, 1995; Young, Cashwell, Wiggins-Frame, & Belaire, 2002). This negligence on the part of counselors to address spiritual and religious matters with their clients can be the result of one or more factors: a) some counselors may feel ill prepared to address spirituality and religion with their clients (Collins, Hurst & Jacobson, 1987; Genia, 1994; Shafranks & Malony, 1990; Young et al., 2002); b) the subjective nature of religious and spiritual beliefs do not align well with the objective, scientific based pedagogy of psychology (Lovinger, 1984; Pattison, 1978; Prest & Keller, 1993; Rayburn, 1985; Wallwork & Wallwork, 1990); c) the counselor may hold a belief that religion should only be discussed in a religious setting (Young et al., 2002); or d) a counselor's own spiritual and religious experiences may have impacted his or her ability to work with clients on spiritual and religious matters (Frame & Williamson, 1996; Grimm, 1994; Stander, Piercy, Mackinnon & Helmeke, 1994; Young et al., 2002).

Although the mental health community has become more inclusive of spirituality and religion in areas such as the inclusion of spiritual problems as a V – code (a group of diagnosis codes that can be used to identify social factors tht may be impacting a client) in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2000; Young, et al., 2002) and the inclusion of religion as a component of human diversity in the American Counseling Association (2005) code of ethics, there is

still a demonstrated need for ethical and practical instruction for clinicians (Young et al., 2002). Inclusion of training in spirituality and religion is essential to the well being of mental health clients.

Literature on teaching spirituality and religion to mental health students has seen a significant surge with the last two decades (Curtis & Glass, 2002; Fukuyama & Selvig, 1997; Meyers & Willard, 2003; Pate & Bondi, 2002; Pate & Hall, 2005). Counselor education research has been consistently growing in its emphasis on how to teach spiritual and religious counseling practices to students (Pate & Hall, 2005). Curtis and Glass (2002) conducted a study, which proposed a teaching model for spirituality that was based upon Glass's experiences in class. The teaching model contained three key components: a) Expanding awareness of spirituality, b) increasing awareness of student's own spiritual development, and c) increasing confidence in addressing spiritual issues with clients.

Expanding awareness of spirituality encompasses enhancing the students' development of knowledge of spirituality and religion that extends beyond their personal beliefs. In this component students develop distinct definitions of spirituality and religion as well as an understanding of the relationship between these two constructs. According to Curtis and Glass (2002), increasing awareness of students' own spiritual development occurs through students' creation of a spiritual autobiography in which they write how their religious beliefs developed as well as share their beliefs with one another. This assignment assists students in opening their understanding and awareness of not only their spiritual beliefs and religious practices, but it also helps to enlighten them about the practices and beliefs of others. The final component, increasing confidence in

addressing spiritual issues with clients, provides students with clinical techniques that can be utilized when working with clients. The techniques acquired in the final component were identified based on the need for techniques to be inclusive, non-discriminatory, spiritual, and practical. In a pilot study of Glass's teaching model, it was discovered that after completing the class the students demonstrated a significant increase in their confidence in their ability to address spiritual issues with clients, an increase in beliefs and understanding of the benefit of integrating spiritual issues into the counseling process, and a decrease in biases that the students may have had against different spiritual and religious values (Curtis & Glass, 2002).

Current Social Justice Models of Service Delivery for Religious African Americans

Sue and Sue (2008) described social justice counseling as an active approach to counseling that is aimed at producing conditions that permit equal access and opportunity to a variety of resources, including, but not limited to: health care, employment assistance, education, and various other areas that affect everyday life. Social justice counseling encourages clinicians to not only work with clients on the micro level of intervention, but to also include the meso (family and small groups) as well as macro (community) levels of intervention in the assessment, diagnosis, and treatment of clients. Social justice counselors work to remove both individual and systemic hindrances from mental health treatment and access. It is the emphasis of advocacy on the macro/systemic level (refers to working with clients on a large scale) that lends social justice counseling as a basis for the integration of professional counseling services within African American religious institutions.

Crether et al. (2008) identified four key principles that are to guide the social justice counselor: equity, access, participation, and harmony. Equity refers to fair and equitable distribution of resources. Access explicates the rights of individuals to obtain information, power, and services. Participation refers to the right of individuals to be directly involved in the decision-making processes that impact their lives, and harmony is the concept that everyone in a community is relevant and must be respected. Social justice counseling also endeavors to assist the client in developing personal strengths so that additional counseling services will be unnecessary.

In many ways social justice counseling can be considered an offspring of multicultural counseling (Crether et al. 2008). Social justice counseling requires clinicians to be aware of multicultural competencies (Arredondo & Perez, 2003). Both approaches address the effect that society and culture have on the client's psychological well being. Both multicultural counseling and social justice counseling pose the argument that one cannot fully understand the client until one understands the environment of which the client is a member. Social justice counseling and multicultural counseling both also recognize the limitations that psychotherapies oriented in the White majority culture have in their ability to address the needs of minorities. Despite all that both of these movements have in common, they differ in their applications as well as their differing emphasis on advocacy.

Multicultural counseling teaches clients to understand themselves in the context of their culture, as does social justice counseling (Sue & Sue, 2008). However, the breadth of traditional multicultural counseling does not expand beyond the reach of the counseling session and its focus is typically on change occurring within the client. The

social justice counselor, on the other hand, encourages the client to look beyond the traditional counseling concept of simply healing yourself and then returning to a dysfunctional environment. Social justice counseling encourages the client to look at the environment and advocate for change within their environment as well. By accomplishing this, the client will not only have identified a solution within him/herself, but he/she would have repaired the system. Social justice counseling does not end when the client's session is over; rather, it continues into the client's work, community, church, etc. It continues until the client is able to develop an identity for him/herself in which he/she can advocate and successfully obtain change in the environment to ensure that the efforts put forth within the counseling session are not in vain. The social justice counselor is also expected to work for change at the community and systems levels.

Current Spiritual/Religious Counseling Models. Churches are similar to most other institutions in that they are an open system in which members are constantly being affected by and affecting others (Pargament et al., 1991). For example, a sermon on abuse in a marriage may motivate a person to leave a current relationship. Alternatively, the pastor may be encouraged to preach a sermon on abuse in relationships after counseling several parishioners who have presented with this concern. Both examples demonstrate the relationship between the church and its members. In addition to the open, symbiotic relationship among church members and clergy, the organizational structure and processes are also factors that must be taken into consideration when developing a model of counseling within a spiritual/religious institution. The presence of these dynamics are similar to concepts that may be identified in other organizations as well. However, the uniqueness of the open system, organizational structure and

organizational processes as it relates to the church requires special and specific considerations.

The uniqueness of collaboration between churches and professional counseling institutions is a concept that has gained increased attention. Such collaboration would have to be respectful of the Black church's open system, as well as its organizational structure and processes. Two such examples of collaboration between churches and mental health professionals are a case study conducted by Plante (1999) and the Congregation Development Program (Pargament et al., 1991). Plante (1999) examined one mental health professional's ability to collaborate with the Roman Catholic Church to provide various counseling services to members of the clergy as well as parishioners.

According to Plante (1999), during his collaboration with the Roman Catholic Church, he provided a variety of direct mental health services to priests, nuns, church administrators, and parishioners. Plante noted that historically religion and professional psychology have had a strained relationship (Jones, 1994; Koenig, 1997; Weaver et al., 1997), and this distant relationship has led to minimal collaborations between both institutions. Despite the estrangement between the fields, it is possible for both organizations to work together to benefit parishioners based upon their shared interest in the mental well-being of others. Despite the resistance that has been traditionally noted in regard to collaboration between the mental health community and religious institutions, there has been a professional push for collaboration. This push for collaboration can be noted via the presence of professional journals such as "Mental Health, Religion, and Culture" that acknowledge the relationship between religion and mental health (Young & Griffith, 1989). This movement towards collaboration can also

be noted through the observations of clergy who now incorporate education on psychology and psychological counseling into their training (Young & Griffith, 1989).

It is important to note that Plante (1999) is a member of the Roman Catholic Church. According to Plante, his role as a member in the church provided a sense of relief and connection with his clients. Based off his membership, Plante stated that he was able to develop trust with a few members of the clergy and this soon developed into a referral system between himself and the local Roman Catholic Church. From his work, Plante developed five Principles of Collaboration that he reported can be applied to developing collaborations within various denominations: 1) Understand the client's religious system, 2) know the language, 3) network, 4) expand your view of what you can do to help, and 5) provide the highest standard of professional and ethical services.

Understanding the client's religious system refers to a need for the clinician to understand the mission and activities of the church. The therapist is not required to agree with the structure of the church; however, the therapist does need to ensure that he/she does have a thorough understanding of the culture. The second principle, know the language of the religious institution, refers to a need for the therapist to understand the means of communicating information within the church. According to Plante (1999), knowing the language of the church improves the clinician's ability to develop rapport and trust with the parishioners. Plante's third Principle of Collaboration, network, requires the counselor to know who the members of the church are and make a concerted attempt to remain connected with them. Networking within the church not only provides clergy and parishioners with an opportunity to become familiar with the clinician professionally, but it also increases the number of referrals that will be sent. Expand your

view of what you can do, the fourth principle of collaboration, encourages the clinician to seek ways to provide clinical services to the church beyond traditional counseling services, i.e. offering lectures or workshops on relevant topics that may or may not have been created and delivered in partnership with the clergy. The final Principle of Collaboration, provide the highest standards of professional and ethical service, reminds clinicians that they are collaborating with an institution that values high personal and professional work standards as well as one that works in unison with the Divine. To respect this awareness professionals must deliver quality services that reflect knowledge of church values as well as respect for the church body.

In light of the concerns that may arise when collaborating with religious institutions, Plante (1999) also identified several challenges for clinicians to take under consideration: confidentiality (a client's ethical right for information that is shared with his or her therapist to remain private information that is only between his or her therapist and the client unless there exists a concern of harm to the client or someone else), boundary issues, and countertransference. According to Plante, confidentiality must be thoroughly understood by all who may be involved in the counseling process from the point of referral to the point of termination. Informed consent (a client's legal and ethical right to be fully informed of the rights and responsibilities of everyone involved in the counseling process) must be thoroughly explained at the initiation of the counseling process. Thus, an individual whose mental health is being evaluated to determine his/her appropriateness to be a priest or nun, must be informed of that at the beginning of the session. As well, parishioners must be made aware that the discussion between them and the counselor is confidential and the information will not be shared with their clergy.

Maintaining appropriate professional boundaries is another concern identified by Plante. Plante stated that it can be difficult to maintain appropriate professional and personal boundaries when the clinician and the client periodically participate in the same church services and events. It becomes even more difficult to maintain appropriate professional boundaries when the clinician and the client are members of the same small congregation. These dynamics can yield dual relationships that the therapist must be prepared to address. Plante further warned that countertransference (an emotional reaction that a counselor has in response to a client) is also a challenge that clinicians should take into consideration. Because of the positive relationship that the clinicians may have with clergy, it is possible that counselors may minimize problems that the client presents regarding the clergy (Kehoe & Gutheil, 1984). It is also highly likely that a clinician may have a negative bias that may produce an unfair stereotyping of the clergy (Buchbinder, 1994; Spero, 1995). Such a bias could have manifested out of the counselors lack of agreement with some aspects of the clergy's teaching. Both of these are plausible examples of countertransference.

Much like Plante (1991), Pargament et al. (1999) also advocated for collaboration between religious institutions and mental health professionals. However, the approach to collaboration implemented by Pargament et al. (1991) differed from that proposed by Plante (1991). While Plante provided traditional counseling services such as individual counseling and psychological evaluations, Pargament et al. encouraged clinicians to expand the concept of collaboration beyond that of providing counseling services and to consider providing consultation to churches.

Pargament et al. (1999) established the Congregation Development Program (CDP), an entity that focuses on working in collaboration with congregations in assessing the needs of the congregation that require fulfillment in order to obtain and maintain the five attributes of effective congregations: 1) They are able to maintain themselves as self-sufficient and thriving systems, 2) They manage changes from within and outside of their system through a constructivist approach, 3) Goals, beliefs, values, and priorities are communicated effectively and clearly throughout the system, 4) Opportunities for growth and involvement are available to their members, and 5) They contribute to the well being of the surrounding community. To implement the CDP, the following procedure is followed: an analyses of the congregation using the Congregation Development Program Questionnaire (CDPq), in-depth structured interviews, and participant observations. After the data are collected and analyzed, the CDP team, clergy and other leaders of the congregation attend a feedback meeting to discuss the results and their implications for the congregation. Pargament et al. (1999) reported that the findings of the study are used in different ways. Some congregations simply refer to the results of the study as a means of gaining a greater understanding of their parishioners, while other congregations use the information to develop and implement social and/or spiritual programs that have a lasting impact on their congregation and/or the surrounding community.

It is important to note that neither Plante's (1991) nor Pargament et al.'s (1999) studies were created specifically for intervention within traditional African American churches. Although, according to both Plante (1991) and Pargament et al. (1999), both models could be adapted for use in any religious setting. Pargament et al. (1999)

reported that the CDP model has been implemented in some Black Protestant churches. Neither model specifically educates the clinician on how to collaborate specifically with African American churches and collaboratively develop a model of service delivery.

As the Black church is a specific population, it requires focused attention that respects its complexity. According to Queener and Martin (2001), there exist few cited examples of collaborations between African American churches and the mental health community. Cook (1993) identified the irony in this, especially when considering the powerful role of the Black church as a mental health resource for the African American community. Queener and Martin (2001) noted that some resistance to collaboration between the mental health community and African American churches may be found in the fact that few mental health professionals receive training in matters of religion and spirituality. Many clinicians receive minimal training in matters of multicultural counseling, and this training may not extend to religion/spirituality. Queener and Martin (2001) also reported that the scientist-practitioner model that some clinicians are trained from may view religion and spirituality as unscientific and as a result, unwittingly minimize their relevance (Akbar, 1994; Frame, Williams, & Green, 1999; Helms & Cook, 1999). Another inhibition to collaboration between the mental health community and the Black Church may also be that therapists are trained from traditional theoretical orientations that do not historically include and/or recognize religion and spirituality. Although all of the reasons provided by Queener and Martin (2001) are relevant and worth being aware of, it is this author's opinion that the final two barriers to collaboration that the Queener and Martin noted warrant special attention on a personal level with each counselor.

According to Queener and Martin (2001), two major inhibitors to mental health professional collaboration with African American church are that the clinician may not have a relationship with or an understanding of the traditions in Black churches, and the clinician may not be aware of how to enter a Black church and develop a working relationship with the clergy.

Richardson and June (1997; Queener & Martin, 1997) have provided the mental health community with several recommendations on establishing collaborative relationships with African American churches. The first of these recommendations is for the therapist to examine his/her own spiritual and religious beliefs. The next step that Richardson and June (1997) identified in establishing a collaborative relationship with the Black church is to develop a relationship with the pastor and gain acceptance in the church. The next step that Richardson and June (1997) recommended is for the clinician to consider obtaining training in biblical/religious counseling to assist him/her in understanding religious concepts that are different from his or her own religious and spiritual beliefs. This latter step is also reported to increase understanding of the client's language, which may be beneficial in developing rapport with the church. The final step encourages clinicians to develop research projects to investigate effective treatment within the religious African American population.

The African American Counseling Team (AACT), a collaboration of mental health professionals and African American clergy, grew out of the awareness of the need for an organization that could overcome the barriers to the partnership of both institutions (Queener & Martin, 2001). The AACT has four major objectives. The first objective is to provide multiculturally relevant individual, couples, group, and family counseling.

The second objective of the AACT is to provide preventive and educational programs that promote the psychological well being of African Americans. AACT's third objective is to provide consultation services to mental health organizations and other institutions on how to best deliver quality services to this population. The final objective of AACT is to yield relevant research on the mental health needs of African Americans.

The four programs that developed from the objectives of AACT are life skills workshops, research services, consultation services, and clinical services (Queener & Martin, 2001). Life skills workshops and clinical services are promoted through pastoral weekly referrals, sermons to the parishioners, AACT's participation in church activities such as Sunday worship and Bible study, and distribution of brochures. To access these services a client has to contact the AACT receptionist, who is located in a church that is a member of AACT. Thus, the client's initial contact is with an African American church, an institution that many Blacks trust. The pastor of a participating church has four roles that he/she can choose from when collaborating with a mental health professional. The pastor can choose to provide pastoral counseling while the client also receives individual counseling from a professional counselor. The pastor may decide to accompany the client to his/her counseling sessions with a professional counselor. A third option is for the pastor and the clinician to work in partnership on developing and implementing strategies to meet the client's needs. The last option is for the pastor and the clinician to co-facilitate life skills workshops.

Although the AACT has several components that this author believes appear to be viable when working with religious African American clients, Queener and Martin (2001) have not reported results from a study to determine the efficacy of the program.

Also, while it describes relevant programs that are needed within the African American church, AACT still fails to acknowledge how collaborations between the Black church and the professional counseling community are initially established, which is one of the purposes of this study.

Summary

When considering the delivery of mental health services to religious African Americans, the prominent role of the African American church is not to be ignored. Through its Sunday morning services and Tuesday night Bible Studies, its members receive spiritual sustenance, as well as day-to-day instruction on how to live a balanced life. The professional counseling community would be remiss in its duties if it failed to collaborate with the Black church in the delivery of counseling services to its members. Such collaboration is possible, but in light of the historical mistrust that has been fostered in the African American community toward the medical and mental health community, we, professional counselors, must first understand the needs of religious African Americans as they relate to such a collaboration.

Chapter Three: Methodology

Statement of Purpose

Religious African Americans understand the world through the perspective of spirituality, and its effects on their lives. As such, their relationships and many other aspects of their lives are often perceived to be an interplay of the divine order and will of God. Yet, despite the awareness of the relevance of the Divinity in the lives of religious African Americans, professional counselors have minimal training on how to best deliver clinical services to this population. What little professional attention is given to the delivery of mental health services to this population is typically condensed into a small portion of a multicultural/diversity course, which also has the responsibility of covering the effective delivery of services to all races, genders, ethnicities, age groups, social classes, and sexual orientations. Thus, the purpose of this study was to derive from religious African Americans their perspectives on the best methods that secular professional counselors can implement in partnership with the Black church in order to provide an effective social justice approach to mental health service delivery to their population.

Research Questions

1. How can professional counselors effectively work with the leaders of African American religious institutions to provide professional counseling services to their parishioners?
2. How do religious African American church leaders think that a model of professional counseling should operate in their church?

3. What, if any, are the ethical concerns that could arise from a social justice model of counseling service delivery that is implemented within an African American church?

Design

This study used a basic qualitative design with grounded theory tenets to investigate the elements that must be present within a social justice service delivery model from the perspective of religious African Americans. A basic qualitative interview design with grounded theory tenets was chosen for the purposes of uncovering and discovering the requirements, as well as needs, that leaders of African American churches have of professional counseling institutions that would like to collaborate with them. I was not interested in the participants' surface level opinions, nor was I interested in identifying a cause and effect relationship. My goal was to understand the process of collaboration between the professional counseling community and African American churches from the perspective of religious Black church leaders. As the relevant themes upon which the implications for a model of social justice was based emerged from the data, this research also utilized inductive analysis. This research study was designed to serve as a foundation for additional investigation into the effective creation and implementation of a social justice model of service delivery for religious African Americans.

This study's data consisted of a demographic survey, transcripts of all participants' interviews, and the researcher's field notes. The researcher's field notes described the reactions of the interviewees and the researcher in relation to the interview. During the interview process the researcher relied on her personal awareness and

knowledge of the religious African American community as a member of it, her strong interviewing skills, and her professional education. The researcher was the data collection instrument. As such, there was a measure of investigator bias that was considered, as is a typical concern for interpretive research (Berg, 2001).

Also, because as the research suggests, it was difficult to identify African American church leaders who were willing to participate in this study, snowball sampling, an approach in which other participants were referred by current/potential participants, was utilized to identify potentially interested participants (Berg, 2001).

Despite the recruitment challenges faced, 20 participants were identified to be interviewed for the study. However, the point of saturation was reached at six. Nevertheless, to definitively confirm that saturation was reached, two additional participants were interviewed. After the two additional interviews, the researcher was sufficiently satisfied that the data had reached a point of saturation. There was no new information presented (Creswell, 1998).

Participant Profiles

In order to protect participants' identity each person was given a pseudonym. Also, as opposed to providing participants' exact church titles, each one was identified as a church administrator as an added step in ensuring anonymity. The title of Church Administrator was chosen as it denotes that all participants were leaders in their church and held leadership responsibilities. As well, the exact title of participants' degrees were withheld as they also could provide readers with identifying information.

Participant 1 (Nicole)

Nicole is a married African American female member of the Church of God in Christ (C.O.G.I.C) denomination. Her highest education is a graduate degree, and she has held several roles in her church including. Her responsibilities include counseling and advising new members, and assisting the pastor. Participant reported that she is 62 years old, and that she has been in ministry for approximately 29 years.

Participant 2 (Jane)

Jane reports that she is an African American single member of an African American Non-denominational church. She reported that she serves as a church administrator at her church, and that she is responsible for the Women's Ministry. Participant reported that she is 58 years old, and that she has been in ministry for over 25 years.

Participant 3 (John)

John is an African American married male church administrator in the Church of God in Christ, an African American denomination. He stated that he has had some college. He also reported that his responsibilities include being the Director/Administrative Assistant over Membership. John did not report his age or years in ministerial service.

Participant 4 (Dawn)

Dawn is an African American, married female member of the Church of God in Christ. She stated that she holds a graduate degree. She also reported that she is a church administrator at her local church, and her responsibilities include assisting the senior

pastor with his daily ministerial and administrative responsibilities. Dawn reported that she is 39 years old, and that she has been in ministry for 17 years.

Participant 5 (Sean)

Sean is a married African American male who is a member of the Church of God in Christ. He currently holds a graduate degree. He is a church administrator at his local church, and his responsibilities include: planning and implementing all services, and managing the staff. Sean reported that he is 40 years and has been in ministry for 25 years.

Participant 6 (Melissa)

Melissa reported that she is a widowed African American woman. She shared that she has a graduate degree, and currently serves as a church administrator at her local church. Melissa reported that she is a member of the Missionary Baptist denomination, a historically Black denomination. She stated that her responsibilities include oversight of all of the training for leadership and membership. Melissa reported that she is 63 years old, and that she has been in ministry approximately 18 years.

Participant 7 (Tom)

Tom is an African American married male. He serves as a church administrator of his local church, which he referred to as Non-denominational. He reported that he has had some college. He stated that his responsibilities include: Pastoring the church, spiritual leadership, counseling, teaching, preaching the Word, and developing ministries. Tom reported that he is 43 years old, and that he has been in ministry for 18 years.

Participant 8 (Ronald)

Ronald is a single African American male. He stated that he is a member of the

Missionary Baptist denomination. He reported that he has had some college. He stated

Participant	Sex	Religious Affiliation	Highest Level of Education	Marital Status	Church Role/Title	Church Responsibilities
P1 (Nicole)	F	C.O.G.I.C. - Pentecostal	Graduate Degree	Married	Church Administrator	Counseling and advising new members, assisting the pastor
P2 (Jane)	F	Non-denominational	Bachelor Degree	Single	Church Administrator	Leadership over the Women's Ministry
P3 (John)	M	C.O.G.I.C. – Pentecostal	Some College	Married	Church Administrator	Director/Administrative Assistant over Membership
P4 (Dawn)	F	C.O.G.I.C.	Graduate Degree	Married	Church Administrator	Assist the senior pastor with his daily ministerial and administrative responsibilities
P5 (Sean)	M	C.O.G.I.C.	Graduate Degree	Married	Church Administrator	Plans and implements worship services, manager over the staff
P6 (Melissa)	F	Missionary Baptist	Graduate Degree	Widow	Church Administrator	Oversight of all of the training for leadership and membership
P7 (Tom)	M	Orthodox / Non-denominational	Some College	Married	Church Administrator	Pastoring the church
P8 (Ronald)	M	Missionary Baptist	Some College	Single	Church Administrator	Christian Education Ministry

that he is a church administrator. He is a 44-year-old male and he has been in ministry for 20 years.

Data Collection

Prior to the collection of data, approval to conduct the study was obtained through the University of Missouri – St. Louis Institutional Review Board. The denominations that the interviewees are members of do not require a formal Institutional Review Board process. Thus, there was not a religious institution review process. Following receipt of the UMSL Institutional Review Board (IRB) approval of the study, participants were

immediately contacted at various Midwestern African American churches. The initial list of potential participants were identified by the researcher developing a list of African American churches with which she was familiar. The initial contact of potential participants was conducted through some face-to-face and impromptu meetings with potential participants at their churches. At the meeting the interviewer introduced herself and the purpose of the study. Each potential participant was provided with a copy of the IRB approval letter, a short summary of the study, as well as a brief demographic survey (see Appendix B). The brief demographic survey requested those who were interested in participating in the study to provide their name, e-mail address, and phone number at the bottom of the survey, and to return it in the enclosed addressed and stamped envelope or simply give it to the researcher at the end of the meeting in the sealed envelope. For the sake of convenience all participants returned the survey in person, either at the recruitment location or at the interview location. The researcher did not leave the recruitment location without the participant's name, phone number, and the best to call.

As the purpose of the study was to provide the foundation of a social justice model of delivery, and that required participants who were aware of the myriad needs of the church members, as well as what is necessary for an outside mental health organization to partner with them, possible participants were limited to individuals whose demographic survey indicated a high involvement in his/her local church and a high awareness of the needs of his/her church members.

The interview questions (see Appendix A) were separated into three sections, and all participants were asked the same questions, with the exception of questions of clarification. The first section evaluated how professional counselors can work with

leaders of African American religious institutions to provide professional counseling services to their parishioners. The second section addressed the participants' beliefs about how a model of professional counseling should be implemented within their church. The third section of the interview identified ethical concerns that may arise from the implementation of a social justice model of counseling within an African American church as well as how to address these concerns.

Recruitment of participants was an extremely challenging experience. Several approaches were attempted to identify interested participants. As with all studies, there was some degree of rejection involved. The most notable forms of rejection occurred when I visited churches to recruit participants. It seemed that potential participants created interesting ways to avoid participation. As some individuals that I approached recognized me because my family is extremely involved in different areas of the Black church, it was not uncommon for potential participants to approach me to simply say, "Hello." But, as soon as they learned of my study, it was equally as common for them to remember that there was something important that they needed to do. A common response was, "I can't do it right now I have to go to class." After which they would inevitably not return to my table despite the fact that I would watch most of them walk past my area several times throughout the night. Periodically, I would be approached by a church mother when I would dare to venture into the sanctuary during a seemingly down-time to recruit participants. The church mother would ask some information about me and my study, and then walk away after she became aware of the topic. The most notable recruitment experience was with the pastor's son who promised to participate and expressed a desire to participate after he obtained a kitchen utensil, but after he had

obtained the utensil he still had not participated. However, he had walked past my table several times. Recruitment attempts using Facebook and e-mail yielded similar results, however the rejection was less noticeable as the participant was not visible. He or she simply chose not to respond to the message that was sent to them.

All interviews took place at the participants' location of choice to increase the participants' comfort with the environment as well as his/her convenience. Two audio recordings were made of each interview. The second recording was considered a backup in the event of a malfunction of the first recording. Each interview, as well as the corresponding field notes, were coded for themes. The emergent themes from the field notes were used to assess and eliminate bias from the development of the themes for the interviews. Recordings were transcribed by a hired transcriber, and were then hand-coded by the researcher.

The data from the study were held in a locked cabinet in the researcher's office. Upon obtaining participant approval, participant identification was maintained using a code to represent his/her identity (Berg, 2001). A separate form was utilized to record the participant's name with his/her corresponding code in a separate locked file cabinet.

Data Analysis

The process of data analysis began at the onset of data collection (Merriam, 2009). Early data analysis reduced the researcher's feelings of being overwhelmed with data at the end of all of the interviews, while concurrently allowing the interviewer to add additional questions to future interviews to address questions that arose out of the previous set of data. The comparison of the data from the second interview with data from the initial interview informed the next data collected. Ongoing analysis decreased

the chances of the data being “unfocused, repetitious, and overwhelming in the sheer volume of material that needs to be processed” (Merriam, 2009, p. 171).

All data were reviewed at least three times. The first time that the data were reviewed was for the purpose of verifying the accuracy of the transcriptions, as well as to ensure that I was familiar with the data. After that, the data were analyzed line by line through open coding. Line by line analysis allowed the researcher to inductively generate representative concepts that emerged from the coded data. The concepts were then organized into categories, via axial coding, that yielded the emerging themes. Transcripts were constantly reviewed for missed codes throughout the analysis process.

After the initial set of themes were developed, both they and the transcripts were reviewed again to determine if there was a need for the themes to be narrowed. After the completion of this step the final themes were sorted and grouped according to their corresponding research question. To increase validity of the themes, I compared these to the initial codes that were developed from the line-by-line coding. The next step in the analysis process was to develop a summary of the coded themes from the axial coding of themes that was produced (see Appendix C). Through this step the findings of the study became more apparent.

The open coding process yielded concepts that included, but were not limited to: trustworthiness, honesty, kindness, sin, God, demonism, relationship, history, and referrals. Through axial coding these concepts were grouped into emergent themes such as the following (see Appendix C):

1. The majority of churches reported no collaboration between their church and the professional counseling community.

2. All participants expressed a desire for professional counselors to have a spiritual and/or social connection with their members.
3. Half of the participants acknowledged the role of non-spiritual factors as the cause of some mental illness.

Following the process of axial coding, selective coding was used to further group the identified themes into the final four emergent themes.

Member checks were conducted at the completion of the study to validate the results, as well as to satisfy the principal investigator's ethical responsibility to verify the accuracy of the transcript. Member checks involved asking participants to review the findings of the study and the transcription data (Bygstad & Munkvold, 2007; Janesick, 2000). Member checks were conducted via e-mail and follow up phone calls.

Participants were initially sent the information via e-mail, and they were informed that they had 14 days to respond. If the members did not respond within the 14 days, they received a follow up phone call

Trustworthiness

As the researcher, it is my responsibility to demonstrate to the reader that the findings of my study are trustworthy. Trustworthiness is demonstrated through the establishment of validity, reliability, and ethical considerations. Strategies such as member checks, triangulation, and an audit trail guided by an awareness of ethical concerns build confidence in the reliability and validity of the study.

Researcher Biases and Assumptions. As the researcher I made several assumptions regarding the study: a) Black churches are the epicenter of the African American community, b) collaboration between mental health professionals and the

Black church would be in the best interest of religious African Americans, c) some religious African Americans need the encouragement of their church to pursue professional counseling services, d) professional counselors are willing to collaborate with African American churches, e) there will not be much variance between the results of each interview due to the shared religious and spiritual beliefs, and e) Black churches would not like to collaborate with the professional counseling community.

It is also important to note that the Black church has been an important part of my life since birth. With the exception of a few months of my life in 2012 when I attended a non-denominational inter-racial church, I have always attended churches whose membership and staff were 100% African American. My religious journey has helped to establish my belief that the Black church is the heart and soul of the Black community, and therefore the most appropriate candidate for a collaboration that may increase the dissemination of mental health services to African Americans.

Qualitative studies identify the researcher as the main instrument in the process. Therefore, the findings of this study were developed as a result of the interactions between the researcher and the participants. Thus, researcher bias and assumptions were not ignored in this process. Rather, both were identified and accounted for via the establishment of the validity and reliability of the study.

Validity. Validity is composed of both internal validity and external validity (Merriam, 2002). Internal validity requires the researcher to consider how congruent with reality the findings of one's study are. This can be difficult when considering that the data of a qualitative study are the researcher's interpretation of the participants' view of reality. To complicate this concept even further, the researcher's interpretation is

limited to symbolic representations of the participants' view of reality, which is simply words and numbers. Thus, researcher's interpretation is simply an interpretation of the participants' interpretations of their own reality. The challenges of internal validity were dealt with through comparing the emergent themes with the member check results, and both the emergent themes and the member check results with the audit trail; the comparing of these three forms of data is triangulation.

External validity traditionally focuses on the extent to which the findings of the study can be applied to other situations. The generalizability of the study was viewed in the manner proposed by Patton (2002). Patton (2002) encouraged researchers to define generalizability in terms of identifying context-bound extrapolations rather than to focus on the ability of the entire study to be generalized to other settings. While the latter is the traditional perspective of external validity, it is often impossible to do in its entirety in qualitative studies, due to the fact that no one person is the same, and that people communicate their interpretations of their reality differently. This is only compounded by the fact that no two researchers are the same, and each one's interpretation of a participant's reality will undoubtedly differ as a result of each researcher's uniqueness. Thus, instead of focusing on the ability to generalize an entire study to a completely different setting, Patton (1990) encouraged qualitative researchers to consider context-bound extrapolations. Context-bound extrapolations allow a reader of the study to learn for him/herself from an in-depth analysis of the data, and how the knowledge learned, no matter how minute, can then be transferred to other settings. Using this perspective, generalizability of this study's findings is feasible within the context of Midwestern religious African Americans (Merriam, 2002).

Validity in the study was reinforced through the establishment of an audit trail that described, in-depth, how data were collected, themes were identified, and how decisions were made throughout the process. The audit trail is well documented throughout the body of the study. Interview transcripts, field notes, and preliminary findings of the data were used for the purposes of triangulation. Member checks were also used to allow participants to provide feedback on the accuracy of the themes that emerged from the study. The audit trail, triangulation, and member checks firmly establish the validity of the study.

Reliability. Reliability of a study traditionally refers to the ability of a study's findings to be replicated (Merriam, 2002). When considering that findings of qualitative studies are the researcher's interpretation of the participant's interpretation of his/her reality, replication of a study's finding becoming challenging, and at times impossible. But, it is necessary to note that although replication of a study will not yield duplicated results, the results of the initial study are not discredited. Thus, the focus of reliability in a qualitative study is that the findings of the study are consistent with the data collected. Therein is reliability in a qualitative study established.

To ensure the reliability of this study the following strategies, in addition to triangulation, audit trail, and member checks, were utilized: researcher's position, adequate engagement in data collection, and peer review (Merriam, 2002). Researcher's position refers to the researcher providing an intense and critical self-reflection of her biases, assumptions, worldview, and theoretical orientation as it relates to the subject. Researcher's position also required the researcher to examine and define her relationship with the study and determine if it may have any negative impact on the investigation.

Adequate engagement in data collection required that the researcher continue to collect data until the point of saturation was reached. Saturation greatly decreased the possibility that there was any additional information available on the topic and thus there exists no further need to collect data. Peer review, discussions with colleagues discussing the processes of the study, occurred throughout the entirety of the study. Peer review required transparency of data and findings, as well as that there existed congruency between both factors.

Ethical considerations. There exists an interconnectedness between ethical considerations, validity, and reliability. Through the establishment of both validity and reliability, ethical concerns are sufficiently considered (Merriam, 2002). Also, to establish trustworthiness, a study must be conducted ethically. The use of the strategies for enhancing validity and reliability are also crucial in the establishment of an ethically conducted study. These strategies assisted the researcher in considering the assumptions that she brought into the research process. The strategies also assisted the researcher in ensuring that all participants' voices were heard in the findings as well as that the researcher's relationship with all of participants correlated with ethical considerations. Ethical practices of the study were also assured through the review process of the Institutional Review Board of the University of Missouri – St. Louis. The Institutional Review Board will not allow the study to move forward in the presence of ethical concerns that may pose a risk to participants.

Chapter Four: Results

The purpose of this chapter is to present the findings of the data derived from semi-structured participant interviews. A description of each research question is provided, followed by the extrapolation of patterns, themes, and supportive quotes from each interview. The discussion of the results is shared in Chapter 5. In addition to participating in a semi-structured interview, all participants also completed a demographic survey. Also, while participants' age, years in ministry, and religious affiliation were not assessed in the demographic survey, this information was collected either through the interview or follow up communications with participants.

Through the findings a model of social justice counseling intervention has been developed that will be discussed in further detail in chapter 5. The model is based upon the themes that emerged from the data provided through the interviews. During open coding initial concepts were discovered, followed by the development of categories through the use of axial coding, which then evolved into themes through selective coding. In this chapter readers will see the findings that support the four themes (social justice counseling elements) that emerged from the data through the coding process: 1) Establishing and maintaining trust, 2) Assist the church in developing an increased awareness of counseling resources and ethical practices, 3) Assist the partnering church in developing counseling resources that are culturally appropriate for its parishioners, and 4) Evaluation Process. Each theme is supported through a combined examination of supportive quotes from the interviews as well as reflections on the interview setting. Following the findings, the data from the member checks are presented for the purpose of triangulation.

Social Justice Counseling Elements

Following the identification of concepts through the process of open coding, through axial coding several consistent categories arose across the vast majority of the interviews: Collaboration between the African American church and the professional counseling community is not typical, spiritual and/or social connection is required, there is a strong belief that there are spiritual causes of mental health disturbances, there is some awareness that there are biological causes of mental health disturbance but there is a belief that even these may be able to be addressed spiritually on some level, the vision of collaboration must be based on the specific needs of each individual congregation, counseling resources must be accessible, the role of the professional counselor is one that could be intertwined within the fabric of the church, there is a concern regarding the personal qualities of the professional counselor, there exists an expectation that the counselor will be professionally trained, and the counselor must have established a rapport with church administration/teachings/parishioners. Upon closer examination of all of these categories, it appears that all of them point to four emergent themes: a) trust, more specifically, the establishment and maintenance of trust on the part of the professional counselor with the church; b) awareness of resources; c) culturally appropriate services; and d) an evaluation process.

Establishing and Maintaining Trust

It is important for the professional counseling community to understand that when a pastor invites us into his or her church that we are being entrusted with the care of his members. Dawn provided insight into the pastoral responsibility of caring for the souls of the parishioners when she described church leaders as “overseers” of the lives of

parishioners. It can understandably be difficult for some pastors to extend the privilege of caring for the mental stability of his or her spiritual children to another, since this is considered a spiritually ordained responsibility. Ronald addressed his awareness of the delicacy of the pastoral role in the counseling process,

And, so, you know, most churches, it's just the pastor and I know that a lot of pastors do counseling, but I don't know even what their degree of training, you know, might be. We happen to have a pastor who is formally trained, also has a doctorate in ministry. And, so, I think the level of training and educations, even in the leadership of the church kind of helps to, you know, determine whether or not it would be accepted.

Thus, not only would a professional counselor who is considering partnering with an African American church have to be cognizant of the pastor's role in this process, but one may also have to be aware of the level of education that the pastor may have, as according to Ronald, this education may affect whether or not the pastor is receptive of professional counseling services. John also depicted the importance of the pastor's role as well as the ministerial team to the church,

I think the first step would probably be being able to talk to the pastor in a way that he won't feel, sort of, threatened by, you know, a professional counselor. This is not someone who's coming in to sort of tell him what to do, but just aid him on the professional side. The other step, I think would be to then, meet with the ministerial staff and the pastor, so they can understand.

Melissa further expounded on the role of the pastor and his or her appointed leadership to the acceptance of professional counseling services by parishioners,

And that probably depends heavily on the church for and I guess it's just I know the level of leadership that should be contacted here, but I'm thinking that even at churches that don't have a professional counselor on staff, the right person may be the pastor. For us, it would be a contact with our associate pastor.

The first step towards maintaining and establishing trust between the professional counseling community and the African American church is to effectively establish a

trusting relationship with the pastor and his or her leadership team. This may not be an easy task. According to John, “the hardest mountain to climb would be getting the pastors to... open up to it...” In the Black church, the care and nurturing of the membership is the heart of the pastor’s spiritual and Biblical responsibility. The pastor’s role has an inherent responsibility to the members which places him or her as the overseer to both the lay members and the administrative staff. Just as the Black church is the epicenter of the African American community, so too is the pastor the epicenter of the Black church. This is denoted by Nicole’s comment regarding her responsibilities at her church,

Pastor’s wife and I hold some other positions there also. I don’t know if you want all of those details...Okay. Counseling, advising new members, the basic functions of a Pastor’s wife. Assisting the pastor and help in whatever capacity he deems necessary.

She described her basic functions as “assisting the pastor and help in whatever capacity he deems necessary.” Dawn expressed a similar sentiment when describing her roles and responsibilities.

Masters in Business Administration...[Participant shares Leadership role]...To assist the senior pastor with his daily ministerial and administrative responsibilities.

When the professional counselor is approaching the pastor in an attempt to provide collaboration between his or her church and a professional counseling agency, he or she must acknowledge the high level of respect that is associated with his or her position, and realize that what we are essentially asking is, “May I please have the opportunity to play a crucial role in the lives of your spiritual children despite the fact that you do not know me?” That is an inherently difficult question for a spiritual mother/father to say yes to, especially when they are not aware of the services that you have available, and there is no

relationship established between your organizations. For example, while Tom has a desire to partner with a professional counselor to provide services to his parishioners as of yet he has not been able to move forward with this concept as he does not trust the abilities of counselors to understand the spiritual needs of his parishioners,

We haven't opened up the counseling resources through the church, because we're still determining the right fit for, you know, counselors, given the direction that we're trying to go... These things aren't quickly done, so we've lost some of the counselors just because of the time it's taken to develop this and I didn't want to rush it and just for the purpose of not harming, I didn't want to rush it... You would have to definitely agree to go through this curriculum of understanding spiritual warfare and how it plays a part in the counseling efforts. Depending upon the person and their study habits, you basically are gonna have to sign up for a two to three year course of spiritual warfare.

Counselors must be aware that the pastor's definition of trust will vary from church to church. Tom's ability to trust a professional counselor rested in the counselor's ability to complete the course on spiritual warfare, while Ronald's ability to trust a therapist was related to the individual's spiritual practices.

I don't know what kind of effect that would have on someone say going to a counselor that did not have a, let's say, a Christian affiliation or any kind of religious affiliation for that much. But, for me, I am a Christian, and so I felt that it would be more beneficial to me to go to someone who was also a Christian who could not only give me say maybe their professional side, but also incorporated some spirituality into, you know, our discussions.

Not only is it the responsibility of the clinician to acquire the trust of the pastor and appropriate administrators, but it is also necessary for the counselor to ensure that he or she has the trust of the parishioners. In relation to trust between counselor and client Melissa stated,

That there's no concern that what happens here or is said here will go farther than here. And I think for the African American community, that is more of an issue, maybe than in other cultures, because our people need to feel like, you know, I can trust you, that I'm safe with your... You're safe here.

Thus, I believe that it would be in the best interest of all professional counselors who look forward to one day partnering with the African American religious community to grasp the concepts of being able to help the church gain awareness of your resources, through establishing a trusting a relationship with the African American religious community of interest. I believe that Sean captured this need the best when he stated,

You know, your average minister, you know, we get all types of requests for that all the time. We pretty much turn a deaf ear just to be honest. You know, so we have to develop a relationship with the African –American churches, and our organizations, our denominations and our functions.

Hence, if there is no prior trust based relationship, then there will be no partnership.

Based on interview findings, I believe the best way to understand how to establish trust and rapport is by placing the concept of developing a trusting relationship with the African American church inside of a Person-Centered Paradigm. According to Carl Rogers, the father of Person Centered Therapy, rapport is best established through the use of the Core Conditions: Congruence, Unconditional Positive Regard, and Empathetic Understanding (Corey, 2009). While Carl Rogers emphasized the use of Core Conditions while working within a traditional counseling session, based upon the expectations of the interviewees, I believe that it can seamlessly be applied to the African American church. Without being aware of Carl Roger's Core Conditions, Ronald included aspects of them in his description of desired personal qualities of professional counselor and expounded on their importance in the following statement,

I am a Christian, and so I felt that it would be more beneficial to me to go to someone who was also a Christian who could not only give me say maybe their professional side, but also incorporated some spirituality into, you know, our discussions...Confidentiality. Integretity. Nonjudgemental. Compassionate.

As well, Dawn accurately captured the need for a trusting and warm relationship, key aspects of Carl Roger's theory, to be established between the professional counselor and the African American church,

Well, definitely find some interest in what we're doing...have some type of connection with us, have some type of connection with the parishioners, you know, show interest, not just a dollar ...we want someone to really value what we're doing here, you know, come to some of our events, you know, show yourself, visible, in some of the things that we're doing here...

From Dawn's comment it appears that it is not sufficient for the counselor who wishes to collaborate with the African American church to develop a rapport with one aspect of the African American church only. He or she must be willing to connect with the church family as a whole, as well as participate in events that may occur at the church. However, while the counselor is engaging with the church on this intimate level, it is important for him or her to not forget that the mission is to develop a rapport with the church in order to provide counseling services to its members. Thus, it is counselors' responsibility to conduct themselves as professionals at all times. According to Dawn, she describes professionalism as

...someone that maintains professionalism, and a professional image...I believe a person should be professional in their attire. I believe a person should be professional in their speech, and how they carry themselves, and be professional, and very knowledgeable about what they are counseling about.

Thus, professionalism for some churches extends beyond education and training, and also encompasses attire and mannerisms.

The responsibility of establishing trust may become periodically overwhelming as some churches may require the therapist to have a consistent presence in the church. For example, John's preference is for a counselor to have

...either office hours at the church or somewhere nearby where membership can take, you know, part in those services. If not at the church, you know, maybe somewhere locally where they can get to the particular person at, you know, any point in time to be able to schedule a meeting.

Being required to be a professional yet consistent presence in the church could become challenging yet necessary to balance in order to establish and maintain trust with the community.

Assist the Church in Developing an Increased Awareness of Counseling Resources and Ethical Practices

When discussing the role of professional counselors within their churches, several of the participants unwittingly shared a desire for services that were unethical. For example, Tom stated,

God has a way of training you through your job and preparing you through your job. So, that means that there is something in you and I think counselors have a very good operation in what we call discernment and where you're able to look at someone and see into them. And, again, normal people can't do that...That would help address some of the issues without divulging to the congregation or to anyone for that matter where teaching is coming from or why am I teaching in this particular area, because that would really harm the people rather than help.

Thus, essentially, Tom wanted a counselor who would act as a spy, and observe the church members and report to him what the problems may be that some of his parishioners are having. Then he would take this information and preach about it on Sunday morning. While the professional counseling community understands that this use of professional counselors is unethical, I can understand how a pastor who has no awareness of what professional counselors do would believe that this may be a good use of their services. Who would not want a super spy in their organization who could report any and all concerns that may be arising so that they could preemptively address them? Dawn, expressed a similar sentiment when she indicated that there was a difference

between her professional answer and her personal answer regarding having access to a client's records without his or her consent:

How would I feel not to have access to that information? Me, personally? You really want a answer? [Interviewer: Yes.] ...my professional answer would be: I definitely understand it. I definitely 110% agree with HIPAA laws...So, you know, there wouldn't really be any problem for me not to have their record in that aspect. I would respect their wishes.

Not only did Jane express that she understood HIPAA, her response also communicated that there was a possibility that a part of her may possibly have issue with HIPAA in certain circumstances. Although there are some exceptions to confidentiality, the exceptions are extremely limited, and it will be the responsibility of the professional counseling agency to educate the partnering church on the services that could be offered to meet their specific needs, while simultaneously educating them on the ethical practices of the professional counseling community.

The interviews further demonstrated a need for awareness of the educational requirements of professional counselors. When asked what professional qualities they were looking for in a professional counselor, several participants stated that professional counselors need to have the appropriate education, license, or certification. Sean stated,

A professional counselor, of course, should have received their degrees from a accredited and recognized institutions...They need to have graduated from a school that [is] recognized and well established and certified in that particular area of counselor. And then, of course they need to have their certifications with the state and the city, whatever type of certifications out there that are required.

Ronald shared similar concerns,

Someone who is trained, who has been, you know, who has gone to school and has, you know, done the proper training to be able to speak to someone. And someone who is a people person, who is a good listener and again back to that nonjudgmental thing.

As well Dawn stated,

I believe a person should be professional in their speech, and how they carry themselves, and be professional, and very knowledgeable about what they are counseling about. You know, it's just like a doctor. You know, when you go to a doctor, you want the doctor to be the most professional, knowledgeable person if you're going for, you know, whatever ailment you don't want him all struggling, well let me find out what that's supposed to be about.

Sean, Ronald, and Dawn honestly expressed their concerns regarding professional qualities of a professional counselor. However, it is important to note from the professional counseling community perspective that the majority of their concerns are alleviated simply by the fact that their churches would be working with a professional counselor. In order to be considered a professional counselor, one must be licensed, and inherent in the licensure is an acceptance by the state of one's academic performance, which encompasses the type of institution one has attended, and a dedication to ongoing professional development to ensure that one is aware of the best information available to help clients. Also, certifications do not qualify one as a professional counselor.

Licensure by the state qualifies one as a professional counselor. Jane communicated her awareness of the importance of licensure when she stated the following,

I believe that a person should have a professional background that's connected with going to school, being licensed. Yes. I don't think that they should approach counseling in any other context, not as a novice, but as somebody who's been well trained.

However, if an individual is not familiar with the field there will exist a lack of awareness regarding the educational and professional development of the professional counselor.

Another indication that there was a lack of awareness of the professional counseling community, specifically related to ethics, was the repeated request for feedback on client progress, and periodic inclusion of church leaders in counseling sessions without permission from the client. Nicole stated,

Well, I would think that we, as the leaders, would do the initial counseling to determine that professional counseling is needed, the initial step and then we would refer them to the professional counselor and get periodic feedback on progress from the counselor. And perhaps, at some point, if a counselor deem necessary, we may sit in on some sessions, if that would be appropriate.

When asked what role he envisioned himself having in the counseling session Tom responded,

Once handed off to the counselor? Really, none, other than, checking back to see the progress. If an adjustment needs to be made where I talk to the person directly, it would definitely be under the supervision of the counselor and not separate, because at this point, you've created a marriage, so to speak.

The desire of the client to have the church leader in the session was not acknowledged by either Nicole or Tom; also it was assumed that updates would be given to both participants without the client's approval. Tom's perspective on updates included that he would attend and participate in sessions for himself, and determine what changes needed to be made to the treatment process. When asked about his role in the counseling sessions, Sean stated,

...it can be a partnering issue where, "Okay, hey, you're going to be with the Pastor for these number of sessions. You're going to be with the counselor, you know, for this number of sessions and then we'll come together for two sessions." You know, that's fine.

While these concepts may seem unethical or inappropriate to licensed professional counselor, it is important to remember that if one has no awareness of what counseling consists of, then it would make perfect sense to assume that you have the right to be made abreast of every process and procedure, as well as to be periodically engaged in the counseling process. Through awareness, the church will grow in understanding of how counseling services can ethically function within their community, while producing desired results.

However, the question still remains as to how does one position oneself to be able to bring awareness about counseling services and how one can ethically operate within the partnering church. This awareness can only be shared through a trusting relationship between the professional counselor and the church. According to the findings, if the church body does not trust the professional counselor, then they will not receive any information from that individual. Melissa supported this idea by stating,

That there's no concern that what happens here or is said here will go farther than here. And I think for the African American community, that is more of an issue, maybe than in other cultures, because our people need to feel like, you know, I can trust you, that I'm safe with you... You're safe here.

Trusting the professional counselor is not simply trusting that he or she is a good person, but the church leadership has to also trust that the counselor would not attempt to sway the people away from Biblical teaching. This trust is not established by what the counselor says, but rather through the development of a relationship over time that exemplifies that his or her beliefs are founded in Christian teachings and values, or at the very least if the counselor is not a Christian that his or her belief system will not reduce the importance of the teachings in any way. Nicole captured this concept through the following comment,

But I would say they would have to be Christian counselors, because we would want our people counseled in line with the Word [Bible] and I know that counselors who are not Christian counselor may believe in certain things that we don't, according to the Word.

John concurred with the necessity of a Christian counselor by stating, "Preferably someone who has a Christian background, so they can understand that area of it." Also, while Tom never blatantly stated that he preferred a Christian counselor, he did state that

he required counselors who work directly with his parishioners to understand Christian principles as they relate to spiritual warfare as well as how to address demonic situations,

What I mean by spiritual warfare is that they have to – they would in my opinion need to know that the reason someone, the reason for a child molestor molesting a child is not just something wrong with his brain, but that he's definitely under a demonic influence, because without that understanding and without knowing how to attack that in the counseling, then the counseling is only going to be less than 100%.

While Sean did not indicate a need for a Christian counselor, he did indicate an awareness of a connection between the spiritual and mental that is central to his church's beliefs,

When it comes to mental issues, of course, we are a Pentecostal church, being Pentecostal in our faith, we do believe in demonology. We believe in demon spirits, but we do not believe that every issue that occurs in a person's life, whether it's mental, or whatever, is the source of demons.

Although the data indicate that the preference and/or the need for some African American churches would be for a Christian counselor, that in no way simplifies the responsibilities of the counselor to solely focusing on spirituality. Rather, it intensifies his or her role.

Whereas, there may have only been a concern for counseling services that respected such elements of diversity such as race, ethnicity, sexual orientation, and gender, the professional counselor now has the additional responsibility of conceptualizing services that will address the previously mentioned concerns while respecting the Christian values of the congregation.

Assist the Partnering Church in Developing Counseling Resources that are Culturally Appropriate for its Parishioners

While the art of balancing the counselor's relationship between his or her professional obligations and his or her professional boundaries with the African

American church family for the purposes of establishing and maintaining trust will take a measure of flexibility, the professional counselor's establishment and implementation of appropriate counseling services will require flexibility as well. Jane stated,

I think what is needed is that it [counseling services] would be tailored to the culture, that whatever theories, whatever practices that's used, it would be based on an understanding about how the culture functions, its priorities, its beliefs and respect for that.

While the various churches in the African American religious community do share some obvious commonalities, there exist sub-cultural aspects that are specific to each church and need to be respected as well. The Black church is composed of various denominations; these denominations exist because of foundational differences in Biblical teaching, and each denomination has its own culture. Sean elaborated on this concept,

You know, so we have to develop a relationship with the African-American churches, and our organizations, our denominations and our functions... Yeah. Our different denominations. You know you have the Church of God in Christ. You have the professional, or Progressive rather, National Baptist Convention. You have various Methodist groups. I mean to say, for someone to say, "African-American" is such a large generality. That's almost like someone saying, "Oh, I'm going to Africa." Well, people don't realize that Africa is not a country. That's a continent. And you have all kinds of –you have a lot of countries out of there, and all those countries have their own culture and in each country there's all the different tribes and all. So, it's really the same thing when you say, "African American church," you know, people don't realize there's a lot. You have the Pentecostal, the Baptist, the Pentecostal-Baptist. You have all of that.

The counselor must be aware of and respectful of these cultural differences. For example, Tom shared the following in regard to the belief that his church holds regarding the cause of mental illness, "We have eliminated the secular [cause], because everything is spiritual." Quite in contrast Dawn stated,

well, we believe it has a plethora of factors behind it...And you know there are some aspects that are spiritually related...There are some individuals who are mentally disturbed or have mental issues because of medical issues. You know

sometimes it can happen from birth. Stress can cause mental issues...abuse of drugs...alcohol can cause mental issues.

In further contrast to Tom's belief regarding the cultural needs of his church members,

John stated his church's cultural needs encompass,

Someone who can listen to a member of the church and help them to come to what I term as a "complete decision". And what I mean by that is that, okay, they're getting the spiritual side, but they also need to know, okay, if I make this decision, then what happens now? Because there's the natural side of that decision also. And, so, I would like a professional to be able to help them with the natural side of the decision, you know, as well as be aware of the spiritual side.

While both Tom, Dawn, and John are active members in the African American church, the professional counselors who work with their institutions would have to understand that the approach to implementing services would have to vary based on the beliefs and needs of each individual church. In addition to needs varying based upon beliefs of the church in regards to mental illness, counselors will have to consider flexibility in relation to delivery of services. It is important to remember that just as no two African American people are the same, no two African American churches are the same. When Sean described his church's collaboration with the professional counseling community he stated,

Basically, our vision in our church, is to have an entire social staff, so an individual would be able to go to that staff and get the referrals to the different agencies and means within the church and without – outside of the church as well.

In contrast to Sean's preference for an in-house social service agency, Melissa describes a need for a consistent relationship with the professional counseling community outside of her church,

If there's a program...if someone's gotten a grant and the grant calls for African American adolescents then there may be a, you know, an inroads. The churches may be contacted to provide participants for the particular program or the grant,

or even if it is just services that are being provided. I believe that sometimes the churches are contacted, that these services are being provided at this agency during this time. If you have any persons you'd like to refer, but I don't think there is a structured avenue that everyone knows is there between the professional counseling community and the African American church. [Interviewer] ...its sketchy...its episodic...I believe that sometimes the churches are contacted, that these services are being provided at this agency during this time. If you have persons you'd like to refer, but I don't think there is a structured avenue that everyone knows is there between the professional counseling community and the African American church.

John also provided additional information regarding services. He depicted an in-house referral program in which clients would visit the counselor at the church or at an agreed upon location that was convenient for the client.

It would look like a professional having either office hours at the church or somewhere nearby where membership can take, you know, part in those services. If not at the church, you know, maybe somewhere locally where they can get to that particular person at, you know, any point in time to be able to schedule a meeting. [Interviewer: how would potential clients from your church be referred to the counselor?] Pretty much through, you know, once the pastor and the ministerial staff gets with that counselor and we say, "Okay. We're gonna go with this." Then I think, you know, we can start, you know, trying to get those that are interested you know, in going forth with that, started first. And then, I think more people will follow after that.

In addition to Tom's description of the spy counselor that was shared earlier in this study, Tom also shared the following honest understanding of how counseling resources could be used in his church when asked by the researcher,

Well, to be honest with you, being ignorant of the full capabilities of a counselor, I'd have to say no, until a counselor sat down and which has started to happen as I've said before, but until they sit down and really diagram and lay out how they could be of assistance. Other than that, I don't really know, so – I certainly wouldn't limit their possibilities.

Thus, the professional counselor must be willing to work in partnership with the church to ensure that the services that are provided meet the needs of the members. The delivery of services at each church may vary significantly from the initial referral process to the

conclusion of services at the moment of discharge, as each church has its own specific culture established. For example, Nicole described her church's proposed referral process as one in which the pastor would refer the members, while Jane described a referral process that included the access to the counselor's contact information in addition to referrals from the pastor and other ministerial staff as needed.

Participant differences for preference in service delivery is further supported by the following statement from Dawn,

I think that a referral and outsourcing, you know, I think that would be the best avenue for outsourcing, because you don't want to confuse the people. What the church should focus on is the spiritual aspect. The church, you know, and it's good to have individuals here on site that can pick up different things that are not spiritually related.

While Dawn desired a counseling program that allowed for referrals to off-site therapist, she also expressed a desire for therapists who were on-site who could provide insight into matters that may not be spiritually related. Although Sean did not express a desire for outsourcing, he stated,

I see that as really being, you know, almost like a supermarket vs. a mom-and-pop shop. You know, a mom-and-pop shop, you know stop there and you may get some bubble gum and some candy, but with a supermarket, you know, like a Wal-Mart. You have the grocery store on one end. You have the auto shop on another end. You have the retail center on another side where everything you need is right here. We'll minister to you, but then also, we have people that are certified to help you with marital counseling, certified to help you with the diagnosis of depression that you have, have people to help you with your bipolar disorder. We have people to help you with your grief recovery, so that's how I see that.

While Dawn and Sean are both leaders in an African American church, it is important to note that their understanding of how counseling services should be delivered varied greatly. The professional counselor who is collaborating with African American churches must be willing to gain a thorough understanding of the specific beliefs, needs,

and preferences for service delivery at each church to establish welcomed and effective services for their population.

Evaluation Process

As repeatedly expressed by participants, it is important that church leaders are able to measure the effectiveness of the counseling services on the lives of their parishioners. In regards to outcomes Ronald stated,

Just that it would provide the help that is needed, whatever the particular situation, you know, could be or whatever that particular topic may be if there was a specific, you know, topic that was dealt with. What I'm kind of thinking about is maybe a parent who has a child that's hyperactive and, you know, well I don't really know what to – how to deal with that and so we bring someone in who can help parents that have hyperactive children. And so, that it would be a help and not a hinderance to people.

Sean stated,

The expectations of the results is that, people would be helped to the best of that counseling agency's ability. Now, as far as results in the actual patients or I'll just use that term loosely, "patients", I mean it is almost like it is medically. You know, you can go to the doctor. You can be diagnosed with a disease or an illness or a sickness, in your body and that doctor can do everything that's in their power, use all of the research, use all of the medicine, but once they get finished – now let me jump to my spiritual side. It is up to God to do the healing. And so, it's the same way with a professional counselor. When you've done all of what you can do that's all within your power. Now, as far as the results, I mean, spiritually speaking, it's up to God. And then really, it's up to that individual, because a doctor can diagnose you with, you know, or give you the medicine you're supposed to take and all. And if you go out and after three day, you've taken the medicine and you feel better, and the doctor said, "No, take it each day for thirty days." Well that's not the doctor's fault if all of a sudden you have a relapse, because you're supposed to take it the whole time. So, for the professional counselors, I would love to see it, that you know, each individual, is completely healed up from their ailment, mentally and emotionally that they have, but there's all kinds of factors that you have to look at to see those results.

When asked regarding expectations for counseling services Melissa shared,

A healthier membership...I mean that I would hope that if we were – I'll just take something off the – if we were looking at fathers in the home and how their – how anger issues impact the home, then if that is an issue that we are collaborating

around, then I would like to see a particular group of fathers who may have had parenting issues dealing with anger and frustration, that we would see an ease up in that, that we would see our children, our young people saying, “Home is different.” You know, things are different.

It was not uncommon for study participants to express a desire for access to the client case notes so that they could monitor the client’s progress. In regards to expectations regarding results Dawn stated,

What type of results? We would highly recommend that they keep us very abreast of what’s going on, you know, even if we have some files here on site with – we know that, you know, with professional counselors there’s a belief of confidentiality, factors that play in, you know, they’re going to play. But I believe there should be files in both places, or even a network of files, or digital files that you can transfer across the network, because if someone is under our watch care, and you know, something goes on, we would have the results of what the counselor prescribed at our disposal, so that we would be able to better service the individual.

On the surface such a request may appear to seem controlling and manipulative; however, if you consider that many pastors and church leaders consider their ministries to be the spiritual equivalent of what a medical doctor does, just as professional counselors sometimes consider their work to be the psychological equivalent of a medical doctor’s work, it does not seem to be farfetched that records may be requested and expected to be accessible. Hence, it is important for the professional counseling community to respect the spirit in which the case notes have been requested by the participants, while not compromising the spirit of the Code of Ethics that guides our work.

Nevertheless, this awareness does not negate the fact that church leaders may have a strong desire to be able to measure the impact of counseling services on the well-being of their parishioners. John stated,

I would like to see people or the membership healed in a way that would involve, not only the spiritual side, but the natural side ... That’s the – some of my greatest expectations, because I think in the church, so many people are hurting and they

don't know how to deal with that hurting. You know, even though we say, "Okay. You know, you got to pray. You got to, you know, you got to do these certain things, but, yet, they still struggle, you know, with their pain and they need to know how to deal with that pain, you know, spiritually, as well as in a natural sense.

This concept is best captured by Nicole,

I would want some measureable results. If an individual went to counseling with this type problem, Problem A, over a certain period of time, I would want to see some type of improvement or at least be able to measure the degree of improvement from beginning of the counseling to the end of the counseling...

Also, while Jane, did not use the phrase measurable, she did express the following,

Well my expectations [are that] there would be some tangible outcomes. For example, if a family chose to go in for counseling that they would at least come out with information that they didn't have at the beginning.

Thus, while counselors may desire to counsel without a sense of accountability to the church pastor and ministerial staff, the truth is that it is highly unlikely that this is possible, and this will require attention and communication prior to the implementation of services. The ability to communicate to the church the effectiveness of services through appropriate and ethical evaluations may also be considered a way in which the trust of the counseling service is further established and maintained.

Summary of Member Checks

Emerging themes and patterns were e-mailed to all study participants as member checks. Research interviewees were asked to evaluate the results and to comment on the patterns for their individual interview. They were further instructed to respond back to the interviewer within 14 days of receiving the request. The results of the member checks indicated that the findings of the study were trustworthy. Six of eight participants responded with affirmation of the reliability and validity of the member checks. I believe

that Tom's response to the member checks best represents the content of all participants who responded,

This is great work! The only thing I maintain is that there is a much needed inclusion of the psychological fields, and that the information from those fields need to be understood as insufficient alone! I am so very thankful that you asked me to be apart; in fact I am very humbled! I would like to voice, if not done already, that this work is so very important to the African American community. We still do not see the value in going to talk and discuss our issues with a professional, but will seek out a Church or Pastor to get help. That Pastor or Church in the African American community is at best most likely ill-equipped! The doctrines that are taught in the African American Church at large does not use the combination of the psychological field and theology. The theology in the Churches are concerning, but to take a Church or Pastor with a fractured theology and add to it the field of psychological practices must be done with great care and gentleness...Rachelle you've done great work here!!

Sean neither confirmed nor denied the accuracy of the member checks. He had been recently promoted to an international posting in his denomination, thus he was extremely busy. His response to the second request to complete the member check was a text stating, "K. I received email. At leadership conference now. Please give me till Friday morning to respond. If I don't by then, just proceed with what you have. Thanks." I later followed up with this participant and asked if he had an opportunity to review the information. He replied, "Had no chance to review." The other participant who did not respond to the member check, Dawn, stated that she had not received the e-mail, and that she would check to confirm receipt. When I later followed up with her she stated that she had not had an opportunity to review the data. I am confident that it was the participants' busy schedules that inhibited their ability to respond, and not a lack of desire. Both of them are extremely busy in their communities, churches, and careers.

Summary of Research Findings

The participants in this study shared many similar characteristics. All of them were African American church leaders who were over the age of 35, whom had 10 years plus of ministerial experience, and who had a minimum of some college experience.

After the completion of selective coding four themes emerged from the data:

1. It is necessary for the professional counseling community to establish trust in order for a successful collaboration to occur.
2. The African American church requires an increased awareness of available counseling resources and ethical practices.
3. Counseling services must be culturally appropriate in order to meet the needs of the parishioners at each specific church.
4. An evaluation process must accompany the implementation of professional counseling services in collaboration with the African American community.

I highly encourage the professional counselor seeking an opportunity to partner with the African American church to ensure that these four themes are included in their service model. These themes allow for the voices of the church leadership as well as its members to be included in the process. This may increase the likelihood of these services being viewed as effective and beneficial as the members will be participating in counseling resources that they have helped to design. As a result, more members will have access to mental health resources that they feel have been professionally and personally created to meet their needs.

Chapter Five: Discussion

Summary of the Study

The purpose of this study was to derive from religious African Americans their perspectives on the best methods that secular professional counselors can implement in partnership with the Black church in order to provide an effective social justice approach to mental health service delivery to their population. There is a necessity for a model of mental health service delivery that respects the beliefs and values of religious African Americans while simultaneously providing an opportunity in the therapeutic process for these elements to serve as sources of support and encouragement. Thus, this study explored the concept of collaboration between professional counseling services and Black churches from the perspective of administrative and spiritual leaders in some African American churches. To that end, this chapter provides a discussion on how the findings may best be used in development of a model of social justice intervention within some African American churches.

Despite the position of prominence held by the African American church within the African American community, little research has focused on providing professional counseling services in collaboration with the Black church. To explore the concept of collaboration between these two entities, a basic qualitative design with grounded theory tenets was utilized. Four themes emerged from the data that the researcher believes should be the foundation of the model of intervention: establishing and maintaining trust, assist the church in developing an increased awareness of counseling resources and ethical practices, assist the partnering church in developing counseling resources that are culturally appropriate for its parishioners, and an evaluation process.

The four themes derived from the data have served as the foundation for a social justice model of service delivery that professional counselors may use in partnership with some African American churches. Below, the four themes have been written as four steps that may be followed in order to establish and maintain a collaboration between the professional counseling community and the African American church. It is important to note that these recommendations have been derived directly from the findings of the study, and serve only as a template. Every African American church is unique, and thus a collaboration with a specific church will require a specific approach. This model serves as a template as to how one might establish and maintain such a relationship with a midwestern city. As a clinician moves further from the demographics of the community in which the study occurred, the results will become less and less generalizable.

Social Justice Model of Service Delivery

The role of the African American church as the epicenter of the Black community combined with its historical lack of trust of the professional counseling community requires the mental health community to adapt a social justice approach to counseling with this population (Giger et al., 2008; Seymour, 2008; Wallace & Constantine, 2005). According to Ratt, D'Andrea, and Arrendondo (2005), social justice counseling utilizes culturally based practices which address the client's mental health needs while simultaneously promoting the four principles of equity, access, participation, and harmony (Coker et al., 2010; Crethar et al., 2008). It is my adamant belief that a model of social justice counseling that emphasizes these four principles will result in interventions that will overcome the concerns that participants shared in this study, and will result in life changing services for the African American church.

When considering the four themes that emerged from the data (increased awareness of counseling services and ethical practices, establishing and maintaining trust, using culturally appropriate counseling services, and implementing an ethical evaluation process) it is important to first consider the order in which the themes will be addressed in the model. Considering that trust is necessary prior to any of the services being implemented, it is recommended that establishing trust is the first step in the model. The next step in the model is increasing the awareness of counseling services that are available to churches and their parishioners. The third step in the process would be to assist churches in identifying services that will meet their specific needs, followed by the development of an evaluation process of implemented services. Finally, after the model has been specified to meet the individual needs of the church, then the implementation process can begin.

Step 1: Establishing and Maintaining Trust

Both the literature and the data from the study indicate that African Americans have a history of slavery and oppression that has translated into a lack of trust into the professional counseling community. The data further communicate that the Black church is used to being approached by outsiders that want access to the resources available in their membership without taking the proper steps to understand the needs of the members and to become a trustworthy member of their community. Thus, the first step in the process of implementing a social justice model of service delivery will be to establish and maintain trust with the Black church that one seeks to partner with.

Findings indicate that the establishment and maintenance of trust can best be accomplished through the following process:

1. Professional counselors must make an effort to understand and respect the religious and spiritual teachings of the church. This can be accomplished through periodically attending the various church services that are offered.
2. Professional counselors must make an effort to become engaged in the social life of the church community through participating in events such as church picnics, dinners, and church celebrations.
3. Professional counselors must be honest with the pastor about his/her presence in the church. A statement along the lines of, “Hello pastor, my name is . . . , and I am a professional counselor. I am looking for a church to partner with to provide my services to, but before I offer my services I want to make sure that I am aware of the needs of the people that I would be servicing and I also want to make sure that they would be comfortable working with me. Would it be okay with you if I visit your church periodically to learn more about your teachings and church family, as well as give them and you a chance to learn more about the professional counseling services that I have to offer if you or them become interested in them?” While this may seem like a quite a bit of information to share with the pastor up front, remember that trust is an issue for some religious African Americans. Also consider how untrustworthy one would appear if this information was not revealed until later. The amount of time that will be necessary in order to establish trust will vary from church to church. There is no cookie cutter African American church. However, I am confident that just as a professional counselor has an intuitive awareness of

when the individual client trusts him or her this same awareness can be translated into this model.

While engaging in the church community, it is important to note that the professional counselor is a pseudomember at most. His or her main responsibility is to develop rapport with the church body in order to establish an atmosphere of trust that will permit the dissemination of professional counseling services to its members. Thus, the pastor needs to see him or her as a professional that can be a benefit to him or her and possibly alleviate stress, rather than as another member that may potentially increase his or her ministerial burden. This will be a difficult and fine line to walk for even the most professional of counselors. This balance will look different from church to church, and it will be the responsibility of the counselor to quickly identify and maintain this balance, as it is essential to the success of service delivery.

Step 2: Assist the church in developing an increased awareness of counseling resources and ethical practices

Due to the schism that tends to separate the professional counseling community from the African American Christian community, there is sometimes a lack of awareness of available counseling resources among its members. While this can be easily addressed, it must be simultaneously carefully addressed. When educating the potentially partnering church on available resources, one wants to make sure that he or she does not overwhelm or insult them. The findings indicate that it would be best for the counselor to meet with the pastor or the appropriate administrator and ask, after a trusting relationship has been developed, for permission to share available counseling services and resources to parishioners. The administrator may be able to provide a seal of approval, as well as

clarification to parishioners on information if need be. The results also reflect a necessity to bring various marketing materials to disseminate information. Some methods that can be used are:

1. Flyers and/or brochures with a non-intimidating description of services. For example, instead of stating that the counseling organization offers “psychotherapeutic counseling services” one may instead state that “counseling services are available to help people with issues of everyday life”.
2. Presentation of workshops or seminars on specific issues that the therapist is aware that church members may be dealing with, and through this workshop or seminar he or she could discuss additional services that are available to meet parishioners’ needs.
3. The professional counselor could pass out his or her contact information to parishioners for the purposes of contacting him or her with any questions that they may have.
4. The professional counselor can share his or her services with the pastor/appropriate administrator and he or she can then share the resources with the church.

According to the data, if trust is present and members are aware of the available counseling resources, then they will be more likely to access them. It is important to recognize that as the professional counselor’s awareness of the culture of his or her partnering church develops, so too may his/her approach to disseminating information evolve. However, this evolution must be done in consideration of clients’ legal and ethical rights to confidentiality. The ethical standards of the American Counseling

Association (2005) protects the confidentiality of client's records as well as acknowledges the clients' legal right to privileged communication. As such, it is both unethical and illegal for a therapist to share his or her client's information without their written permission.

Step 3: Assist the partnering church in developing counseling resources that are culturally appropriate for its parishioners

Although the professional counselor would have spent some time in the church, it is highly unlikely that he or she will have the knowledge of the parishioners that the pastor and various other church leaders will possess. Hence, it is important that the development of appropriate services is a collaborative act. There are many ways to address this. Following are suggestions on collaboration at this stage.

After trust has been established and members have an increased awareness of the availability of counseling resources, then the professional counselor may approach the appropriate church leader to determine if he or she would be interested in the provision of specific counseling services to meet the needs of the parishioners. The participants in this study and the research both indicate that African American church leaders are extremely busy. Thus, it is not recommended that you approach them with the additional responsibility of being solely responsible for developing and directing a counseling program to meet the needs of their church members. However, it is expected and most desirable that the professional counselor provides that pastor or other administrator with a list of needs that have observed in the church as well as corresponding counseling resources. The counselor's experiences in the church would hopefully have given

him/her time to observe firsthand the needs of the parishioners to ensure that proposed services would be appropriate for this population.

When sharing the list with the church leader it is also important to remember that the presented list is merely a first attempt. It is extremely important that it is communicated to the pastor that this list requires his or her insight and approval, because he or she will have a greater understanding of the needs of the parishioners than the partnering counselor. This approach will reduce the probability of the professional counselor offending the church leader.

However, one may find that he or she has partnered with a pastor who requires a direct role in every step of the process, thus presenting him or her with a pre-conceived list may raise more problems than solutions. Also, the professional counselor may find that he/she is partnering with a pastor or church administrative team that feels completely overwhelmed and would rather not be bothered with an in-depth discussion. In this case asking for direct guidance may result in a stress motivated “No” and shut down the collaboration of organizations before it truly begins. This truly emphasizes the importance of the counselor’s observations during the initial stage of establishing trust.

As part of this stage, a timeline of services must also be established. When will the services begin and how long will they be utilized? It is also important for the discussion of service fees to be broached at this time. What will the costs of the services be, and how will the services be paid for? It is also the responsibility of the professional counselor to ensure that he/she is aware of who the church administrator is that he/she will report to, and that they are both clear on how updates will be communicated between them as well as how often they will meet. Last, but certainly not least, professional

counselors must broach the concept of evaluation of services. The pastor's ability to be able to evaluate the effectiveness of professional counseling services is the final stage of this model.

Stage 4: Evaluation Process

The evaluation process encompasses providing the church with evidence of the effectiveness of the counseling services, which, when proven effective may also lead to increased trust in the services offered. Some participants reported a desire to know about what has been shared within the counseling session. While this can present an ethical dilemma, it is possible to ethically meet this need through asking participants to complete a release of information, which limits the amount of information shared with the church. Essentially the professional counselor will be treating their collaboration of services as one would treat a colleague from an outside agency whom they are coordinating services with. In such cases, the client retains the right to determine how much, if any of the information would be shared with the partnering agency. This would be the same concept when partnering with the church. The client will retain the right to determine how much, if any, information will be shared with the church.

It is quite possible that parishioners may determine that they have no desire to share any aspects of their counseling sessions with church leaders. Under such circumstances it may be proposed that participants receiving counseling services complete an anonymous assessment of well being, followed by several periodic assessments throughout the counseling process. While the pastor may not know the details of the counseling sessions, or even who is receiving counseling services, he/she may be presented with the number of participants that are attending counseling as well as

the results of the comparison of the well-being assessment. This approach could be utilized in individual, family, couple, and group settings without fear of breaching the confidentiality of participants.

When preparing the results of the evaluation it is important to remember that there is a possibility that the pastor/church administrator that will be receiving the results is not aware of the various meanings of statistical data. Thus, it is important that the results of the well-being assessments that are used are communicated in a non-intimidating and non-academic language. The professional therapist wants to ensure that all of the information is easy to understand for all parties involved. A possible method for measuring well-being could be to utilize a psychological well-being scale developed by Ryff (1989). Ryff's scale is an 84 item scale that measures participants' well-being along six dimensions: 1) Autonomy (the ability to function independently and resist societal pressure), 2) Environmental Mastery (a feeling of being able to effectively control one's own life), 3) Personal Growth (the presence of self-actualization), 4) Positive Relations with others (the presence of healthy and fulfilling relationships with others), 5) Purpose in Life (possessing a sense of purpose and direction in life, and 6) Self-acceptance (possessing a positive attitude toward one's self). The ability to compare participants' pre, intermittent, and post scores will provide the pastor with an awareness of the effectiveness and impact of services.

Implications for Teaching and Practice

Access to the African American church is initiated through a shared sense of spirituality and/or community. Without these key aspects, it will be nearly impossible for any clinician to be able to establish and maintain a partnership with the African American

religious community. Outreach and advocacy are the cornerstones of being able to initiate and maintain relationships with other communities. The continued growth and academic emphasis of these two components in counseling education and supervision are a non-negotiable necessity.

While the counseling field does broach how to provide clinical services to the African American community, minimal attention is paid to how developing partnerships with African American churches may provide an opportunity for professional counselors to more easily disseminate resources to this community. This hesitation may be attributed to a thorough lack of awareness of the intricacies and nuances of the religious African American community from an emic perspective, which may be unwittingly fostered by a connection among its members that successfully keeps outsiders at a distance. It also may be attributed to a general fear of the unknown that may be hindering some counselors from pursuing such collaboration. Nevertheless, it is necessary that the scholarship of teaching and learning within the professional counseling community begin to foster a greater sense of advocacy among its students and professional members that regularly encourages them to step outside of the traditional four walls of academia and practice, to pursue and maintain relationships with minority populations such as the religious African American community. Through such relationships, counseling services are able to reach individuals who otherwise may not have been privy to them.

Recommendations for Future Research

The design of this study was an exploratory qualitative design with grounded theory tenets. When considering that the findings of qualitative studies are the researcher's interpretation of the participant's interpretation of his/her reality, replication

of this study's findings may be difficult (Merriam, 2002). While the design of the study produced sound and relevant findings, in that it was exploratory in nature, it would be beneficial if additional studies were conducted that could explore the effectiveness of the proposed model. Such work could be conducted via a mixed methods analysis of a pilot study of such a model to qualitatively and quantitatively assess its strengths and areas of need improvement. The study could be analyzed for its impact on both individuals' and congregation's mental well-being.

A possible approach to a mixed methods study could encompass surveys of perceptions of counseling conducted with both parishioners and church leaders. Future work could also compare the well-being of individuals and the overall well-being of two similar congregations after one of the congregations has participated in counseling services derived from the proposed model for a minimum of one year. Such an approach could be used to determine the impact of the social justice model of counseling intervention put forth in this research. In addition to studying the impact of the four social justice counseling elements derived from this study, future work could also examine the impact of various demographic factors of counselors and clients, such as race, gender, relationship status, and socio-economic status, on the reception and impact of counseling services in some African American churches.

Limitations and Weaknesses

The sample size of the study only consisted of eight participants; although this is sufficient for an exploratory study, it is a small sample size. As well, every African American church is unique, thus the findings of the study only represent a portion of the religious African American community within the Midwest. Additionally, the

researcher's personal experiences in the African American church community at times made it difficult to unabashedly receive some responses from participants. Some of the responses that were communicated by participants reminded the researcher of her personal reasons for conducting this study, as well as tapped into the history of hurt that she experienced in her personal life as it related to counseling within the African American church.

Conclusion

This study helped to identify the basic concepts necessary for counselors to understand in order for the professional counseling community to one day establish a social justice model of service delivery with the African American religious community. The study also provided a model of social justice intervention that requires additional study to determine the best methods of implementation. The study considered the participants' perspectives on the roles of the church both in the counseling process and in the counseling sessions. It also included an understanding of the participants' beliefs on what causes mental health concerns, as well as how potential clients could be identified and referred to the therapist. The study also examined the required personal and professional qualities of partnering professional counselors. The role of spiritual and community relationships between both entities was also investigated. Most importantly, the participants' recommended steps for establishing collaboration with the religious African American community were included. Additionally, ethical considerations regarding the evaluation process were examined. This study can benefit clinicians and counselor educators through providing a basic understanding of the intricacies of developing a partnership with African American churches for the purpose of providing

services. The study can also serve as a catalyst for additional research and discussion in the area of collaboration between the professional counseling community and the Black church.

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Appendix A

Interview Questions

First Question

- a) What city and state you were you born in?
- b) What is your relationship status?
- c) What is your highest level of education?
- d) What is your position at your church?
- e) What are your responsibilities at the church?
- f) Has your church ever worked with the professional counseling community before?
- g) If so, how did that go?
- h) How do you think the church views mental health issues?
- i) How do you believe the church addresses mental health issues, if at all?
- j) What do you see as the relationship between the professional counseling community and African American churches?
- k) How do you believe that professional counselors could be of assistance within your church?
- l) What personal qualities do you need in a professional counselor who provides counseling services at your church?
- m) What professional qualities do you need in a professional counselor who provides counseling services at your church?
- n) What are your recommended steps for a professional counselor to take in order to develop a collaboration with an African American church in order to provide professional counseling services to their parishioners?

- o) What do you think is or are the reasons that your church has not incorporated a relationship with professional counselors?

Second Section

- a) Let's imagine that your church did partner with a professional counseling organization, what expectations do you have about the results of the counseling services that would be provided at your church?
- b) How would potential clients from your church be referred to the professional counselor?
- c) What role would you or other church leaders have in the counseling process?
- d) What is your preference for how you and the counselor will work together to ensure that the parishioners who are in need of professional counseling receive it?

Third Section

- a) It is both unethical and illegal for counselors to share their clients' records with anyone without their written permission. How would it be for you to not have access to your parishioner's counseling records?
- b) What role do you expect to have in the counseling sessions?
- c) In what way (s) would you like for the professional counselor to educate you and other church leaders on the American Counseling Association Code of Ethics, which guides his/her counseling practice?
- d) In what way do you recommend educating counselors on the Code of Ethics that govern the church?

Appendix B

Demographic Survey

If you are willing to participate in this study please return the completed survey in the enclosed addressed and stamped envelope. Please contact Rachelle D. Smith, the principle investigator, at 314.744.9027 with any questions that you may have.

1. What city and state you were you born in? _____
2. What is your relationship status? _____
3. What is your highest level of education? _____
4. Self Description (please choose any or all that apply):

<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian-American/Oriental/Pacific Islander
<input type="checkbox"/> Asian East Indian	<input type="checkbox"/> Black/African-American
<input type="checkbox"/> Mexican-America/Chicano	<input type="checkbox"/> Puerto-Rican
<input type="checkbox"/> Other Hispanic	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Other	
5. What is the title of your position in your church? _____
6. What are your responsibilities in your church?

7. Are the majority of the members of your church African American? _____
8. Does your church currently have any partnerships with professional counselors?

If so, please explain.

Appendix C

Summary of Themes Derived from Axial Coding

in Relation to Research Questions

Research Question 1: How can professional counselors effectively work with the leaders of African American religious institutions to provide professional counseling services to their parishioners?

Themes Related to the Concept of Developing a Partnership between African American Churches and the Professional Counseling Community

- I. Collaboration between professional counselors and African American churches is not typical.
 - a. The majority of churches reported that there was no history of collaboration between their church and the professional counseling community.
 - b. One participant reported that there was a history of collaboration that was limited to referrals of parishioners to professional counselors.
- II. Collaboration with the African American church requires spiritual and/or social connection between the church and the professional counselor.
 - a. All participants expressed a desire for professional counselors to have a spiritual and/or social connection with their members.
- III. Causes of mental illness
 - a. Six of eight participants reported that their churches perceived mental illness as the result of spiritual concerns such as Biblical teaching, demonism, or sin

- b. Half of the participants acknowledged the role of non-spiritual factors as the cause of some mental illnesses
- IV. Vision of collaboration must be based upon the specific needs of each individual church congregation.
- a. Each participant communicated a desire for collaboration that was specifically based upon the needs of their individual congregations.
 - b. Shared spiritual beliefs and/or social connections with the congregation will assist the professional counselor in developing an understanding of the needs of the partnering church.
- V. The role of professional counselors within the African American church.
- a. All participants with the exception of one reported a desire for counselors to provide direct counseling services to their parishioners.
 - b. All participants wanted to utilize professional direct and/or indirect counseling services with their parishioners.
- VI. Personal qualities of a professional counselor.
- a. The majority of the participants preferred a counselor who is Christian.
 - b. Additional characteristics such as love, honesty, respect, warmth, trustworthiness, and kindness were also identified.
- VII. Professional qualities of a professional counselor.
- a. The counselor must be professionally trained
 - b. The professional qualities shared by the participants were in many ways reflective of the personally qualities that were previously reported.

- c. Several participants emphasized a desire for a counselor to carry him/herself as a professional at all times i.e. dress and behave professionally and be prompt.
- VIII. Developing rapport with the church administration, teachings, and/or parishioners in order to foster collaboration.
- a. Participants consistently reported that rapport needed to be established prior to providing services
 - b. Participants varied with whom rapport should be initiated with, it appears to be based upon the dynamics of the individual churches
- IX. Rationale for not presently collaborating with the professional counseling community.
- a. Lack of knowledge concerning the counseling resources that are available
 - b. The lead pastor provides the counseling services to the members
 - c. Professional counseling is sometimes viewed as anti-Biblical
 - d. Member sometimes hide their mental health needs behind religion
 - e. The expansion of the physical church delayed the expansion of services

Research Question 2: How do religious African Americans think that a model of professional counseling should operate in their church?

Themes Related to the Function of a Model of Professional Counseling within an African-American church.

- X. Expected results of a model of collaboration.
 - a. All but one participant described a desire for results that reflected growth in the client's overall development.

- b. Results must be measurable and/or observable.

XI. Counseling referral process.

- a. All participants, with the exception of one, preferred a referral process that was initiated by a church pastor or church representative.
- b. One participant preferred a referral process in which the church member could initiate counseling services with minimal involvement from church administration.

XII. Role of church leaders in the counseling process.

- a. Seven of the participants did not express a desire to have a consistently, active role in the counseling process beyond the referral process.
- b. One participant reported that they would remain involved in the process through receiving updates from both the client and the counselor.

XIII. Collaboration between the counselor and the church to identify clients.

- a. According to the participant responses the church would assume the responsibility of identifying parishioners in need of counseling.
- b. The identification of clients was similar to the process of referral clients to the counselor

Research Question 3: What, if any, are the ethical concerns that could arise from a social justice model of counseling service delivery that is implemented within an African American church?

Themes Related to the Concept of Ethical Concerns that may arise from a social justice model of counseling service delivery within an African American church

- XIV. Concerns regarding lack of access to parishioners' counseling records.
- a. All participants communicated that they would accept that they might not be able to view their parishioners' counseling records.
- XV. Church leader's role inside the counseling sessions.
- a. Seven of the participants reported that they did not expect to have a role inside the counseling session.
 - b. Half of the participants reported that they would participate in the sessions if requested to.
 - c. One participant indicated that they would maintain a consistent role of emotional support to the client in the counseling sessions. But, that they would be fine with not being present if the client was not comfortable with him being there.
- XVI. Education on the American Counseling Association Code of Ethics.
- a. All participants requested that the American Counseling Association Code of Ethics be taught to them.
 - b. Seven of eight participants requested that the training occur in a group setting, and one of these participants reported that they would be willing to

receive written material in lieu of a seminar/workshop in the event that information was not complicated.

- c. One participant did not specify a preference between group or individual training.

XVII. Education of counselors on the ethics that govern the church.

- a. Five of eight participants reported a preference would for the counselor to attend a workshop/training session that would be similar to the group setting that church leaders would have participated in to receive their counseling ethics training.
- b. Three of the participants stated that their preference would be to allow the counselor to self-educate on the ethical practices of the church through reading relevant literature such as a church handbook and church mission statement.