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How Can Ecclesiastical Leaders, LDS Social Services Practitioners, and Community Professionals Coordinate Efforts to Assist Church Members?

Cover Page Footnote
Brian Swinton, Rich Cannon, Sharon Staples
Introduction - Val MacMurray

Recently my wife and I returned to the Salt Lake area after a ten year period, having spent approximately five years in Boston and five years in Canada. Last year was the first time I had attended an AMCAP meeting for the past ten years, and I must say that I was impressed with the growth of the organization and its influence in the profession.

Fifteen years ago I sat in a BYU leadership conference as Aspen Grove and I recall Elder Marion D. Hanks telling a couple of short stories that I think have some relevance for us today. Elder Hanks said he once heard of an encounter between a little boy and Billy Sunday, the Billy Graham of another generation. Billy Sunday had arrived in the town to evangelize and, being widely known in his time, assumed that all would recognize him. He was a little bit disappointed when he went outside and said to the little boy selling papers there, "What's the way to the post office?"

"Well, sir, you go two blocks that way, and then you go two blocks that way."

"Oh," said Billy Sunday, "thank you. Do you know who I am?"

"No, sir."

"I'm Billy Sunday."

"Oh."

"Well, don't you know who Billy Sunday is?"

"No, sir."

"I'm an evangelist."

"Oh."

"Don't you know what an evangelist is?"

"No, sir."

"Well," he said, "I tell people how to get to heaven. Tonight I'm holding a tent meeting right down town here and I'd sure like you to come. I want you to be my special guest. Will you come?"

"No, sir. You don't even know the way to the post office."

And then he told another story very similar about an encounter which ended a little more quickly--this time between a traveler and a boy who, when asked how to get into town, said, "I don't know."

"Well," he said, "there's a highway here. Would you help me find it on the map?"

"No, sir, I don't know where you are."

Two or three questions were asked until the man finally said in disgust, "You don't know very much, do you?"

"No, sir, but I ain't lost."

It's my hope today that our panel presentation, in a preliminary way, may be useful in suggesting a direction we might pursue to orchestrate available resources for the benefit of those who seek assistance.

The topic that we're going to address today is:
How ecclesiastical leaders, LDS Social Services practitioners, and community professionals can coordinate efforts to assist Church members.

The purpose of the panel today is two-fold. First, to discuss current challenges involved in providing mental health services to Church members, and second, to propose methods that would enable more effective coordination of services provided by ecclesiastical leaders, those in LDS Social Services and professionals working in the community.

We have selected individuals to address the issues who represent a variety of areas. We're going to hear first from Marjorie Gibbons. Marge is currently a stake Relief Society President in the S.L. area. We will then hear from Corydon Hammond. Cory is Co-Director of the Sex and Marital Therapy Clinic in the College of Medicine at the University of Utah. We will then hear from Ken Matheson. Ken has been Director of the LDS Social Services agency in Southern California and has recently been appointed as Director of the Provo agency, located in the Comprehensive Clinic at Brigham Young University.

Following Ken, we will hear from Brian Swinton, who is currently stake president in the Salt Lake University Second Stake. We will then hear from Rich Cannon, who is Bishop of the Salt Lake University Sixth Ward and finally from Sharon Staples, who is Chairperson in the Department of Human Services at Utah Technical College in Orem.

What we will do is give each panelist ten minutes to make a brief presentation. I have asked each of them
to address a particular issue related to their own work.

Marjorie Gibbons

My first experience with LDS Social Services was when I was living in Oklahoma. I was a ward Relief Society President there, and not having lived in Utah for about ten or twelve years because of my husband's work and school and military, I wasn't really very familiar with the agency. We had adopted children, but we were out of the state at the time. I knew that there was this great group called LDS Social Services, but my first experience was really a learning one that I appreciated. We had a girl in our ward who was going to have a baby out of wedlock. She came from a poor home, poor circumstances. It was decided that she would give the baby up for adoption. I counseled with the bishop at that time to see how he wanted us to handle it, and we did get in touch with Social Services here in Salt Lake. One of the social workers flew out to Oklahoma at the time the baby was born, brought a suitcase full of clothes for the child, and was to take the baby back.

The girl signed over the papers and everything went fine until the airline lost the suitcase full of baby clothes. That was the first crisis I ever encountered with Social Services. We were able to have some donations made and the social worker did return to Salt Lake with the baby and a new layette, other than the one she brought.

But I gained an appreciation there for these people, you people, who are able to come in at a time of crisis like that and not only help the person who is having the crisis, but help those of us who hadn't had that experience before and give support and love at a traumatic time like that.

The second opportunity that I had as a ward Relief Society President was with a young girl who was just 14, who came from a family of six children. The mother was not well emotionally and as a result she took out her frustration on the 14-year-old girl, who was not well at that time. As we entered in to see how we could help, we tried to give support to the girl in the ward, because she didn't really know she had friends at home. She was just too mixed up at this point to even realize that we wanted to be her friends and she sought other companions, started sluffing, using pot and this type of thing. So we felt like we needed more help than we could give her in the ward and we did call in LDS Social Services. The bishop made the referral. This girl is doing much better now because of the counseling and help she's receiving.

Another experience that I had was a very great learning experience also. There was a sister within our ward who had been a missionary and had been married in the temple. She came from a family of ten children. Apparently, because there was such a large family, she was afraid as a child that she wasn't going to get enough to eat and this manifested itself in that when she was a young mother, she would always feed herself first before she fed the children. It was very obvious that the children were suffering from poor nutrition. There were quite a few neighbors in the neighborhood who complained about this sister because, as a routine, she would get up in the morning, put her babies in the stroller and go visiting. As I talked to her and as I talked to the bishop and sought his counsel on what we could do, it became very obvious that she needed a lot of help. But where to start?

I made an appointment with her, went to her home and “just visited.” Eventually we opened up to each other about how we were doing as homemakers. She realized that she wasn't doing very well. Her personal appearance was unkempt and the home was not being cared for. Then I asked her if we couldn't just talk some of these things over together. So we evaluated together that day in her living room what she felt she needed to do to improve, and she wrote down some goals. Before I left we had prayer together, and I felt like maybe we were on our way. But because of her insecurities, she didn't make very much progress. So after she and her husband had been interviewed by the bishop, he called in a case worker from LDS Social Services. I took her to her first appointment. I talked to the social worker after. They didn't gain much ground, but he felt that she was beginning to open up.

As I talked with the counselor several more times following her appointments, they reached a standstill, and she wouldn't go any more. I was brought into it again because of the grandmother in the case, also in our ward. She became really frightened by the children not being cared for. They weren't receiving the attention or the help in any way that she felt they needed. They were not even being kept clean.

At this point we had to call in some community resources: The Women, Infants, Children Program sponsored through the Salt Lake City/County Health Department. We were able to get an appointment for her and she went. I tried to give her some counseling in nutritional snacks and how to prepare more nutritious meals. We tried to use the facilities we had within the ward, but she didn't want to learn that much. She just wasn't conditioned. It was threatening to her and she didn't want to learn. Through the WIC
great concern to me, because I'm a mother of a boy who uses pot. There are other problems involved and it's with sadness in my heart that I see this happen because it's a special little family that needs this help.

Back to our young sister—she was seen at the WIC program and was helped some, but now another report. She has decided that she doesn't need anybody to help. I guess she got to the point where she felt too threatened by everybody. She's moving out of state, and it's with sadness in my heart that I see this happen because it's a special little family that needs this help.

As the Church seems to be narrowing in more and more on the individual needs of the members of the Church, there is a specific area that has become of great concern to me, because I'm a mother of a boy who uses pot. There are other problems involved and I felt so inadequate when I found this out that I didn't know where to go for help besides to my Heavenly Father. I think this is something that we need to get ready to help with.

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As we think about what our ideal concept would be of the Church Social Services system, another aspect is that of prevention. One of the specialty areas that I've had contact with is alcoholism. Recently my stake president had the foresight to call together an advisory committee in our stake, because he believed that there was a serious alcohol and drug problem among many of the youth. He got input from this committee and eventually formed several sub-committees. The one that I was asked to chair has been preparing lessons to be presented to the bishops, the young men's priesthood leaders, and the young women's counterparts, over an eight-week period, training them in human relation skills and educating them about alcohol and drug issues. Other committees in the stake are evolving special family home evening lessons and lessons for parents of teenagers. I was a little overwhelmed by the magnitude of the undertaking as we've become involved in this and I know that at one point, as I started preparing for this panel, I thought how valuable it could be to have the Church Social Services involved in a lot more preventative work like this. They could be valuable consultants for training Church leaders in human relations and counseling skills, parenting skills, etc.

Cory Hammond

I'm speaking from the perspective of a clinician working in several capacities. One is seeing people occasionally referred by bishops to me in private practice for counseling—private practice as a psychologist and a marriage counselor. Also seeing people over a nine-year period, who were referred to the alcohol and drug abuse clinic at the University Medical Center, where I still spend a portion of my time. And then in the last three and a half years, seeing people coming to the Sex and Marital Therapy Clinic at the Medical School.

Perhaps I could talk a little about Social Services and something that I think many clinicians may have felt over a period of time. Particularly in the past, I have felt very strongly a vagueness about what LDS Church Social Services does. To me, there has often seemed to be a lack of communication with clinicians in the community about what the programs are and what services are available in social services. Therefore, I found myself and many colleagues often wondering about this and how we could coordinate things between us, and what we were doing that duplicated efforts. There was an impression among some of us several years ago that it seemed as though Church Social Services was moving in the direction of becoming a massive mental health clinic. More recently it has seemed to me, from the outside, as though they're moving more in a direction of becoming a referral resource. This is something that I feel can be a very valuable role of Church Social Services with regard to specialty areas.

As I've tried to think about what my ideal concept would be of the Church Social Services system, another aspect is that of prevention. One of the specialty areas that I've had contact with is alcoholism. Recently my stake president had the foresight to call together an advisory committee in our stake, because he believed that there was a serious alcohol and drug problem among many of the youth. He got input from this committee and eventually formed several sub-committees. The one that I was asked to chair has been preparing lessons to be presented to the bishops, the young men's priesthood leaders, and the young women's counterparts, over an eight-week period, training them in human relation skills and educating them about alcohol and drug issues. Other committees in the stake are evolving special family home evening lessons and lessons for parents of teenagers. I was a little overwhelmed by the magnitude of the undertaking as we've become involved in this and I know that at one point, as I started preparing for this panel, I thought how valuable it could be to have the Church Social Services involved in a lot more preventative work like this. They could be valuable consultants for training Church leaders in human relations and counseling skills, parenting skills, etc.

Going back to the concept of referrals, another specialty area where this seems appropriate is in the area of couples having sexual difficulties in their marriages. This is a specialization area in which most marriage and family counselors and psychologists...
have not received training and supervision, and yet studies suggest that probably one of every two couples struggles with sexual problems. And I think that there are other specialty areas where we need community resources and where referral can be a very appropriate function of LDS Social Services.

One of the things that has been very encouraging to me as a clinician in the community in the last couple of years is the fact that Social Services personnel have seemed to be more and more open to learning. We've had them come to the Alcohol and Drug Abuse Clinic at the University and to the Summer School on Alcoholism and Other Drug Dependencies to become more knowledgeable. I understand they've developed program materials of their own around alcoholism. The only unfortunate thing, I think, is that there hasn't been more communication with some of us who've been out in the community so that we can coordinate efforts with them.

Another thing that's been very encouraging to me about the openness of the agency has been that in the past year, several workers in Church Social Services have taken a Division of Continuing Education class at the University on Human Sexuality. They felt that they needed to become more sensitized to these issues, recognizing that many of the couples they saw had problems in this area and they were uneasy about talking openly with them, and about where they could refer them. Recently they have even come to the Sex and Marital Therapy Clinic and suggested the possibility of having us conduct a workshop for LDS Social Services counselors to help them feel more at ease in dealing with problems when they are brought up in therapy. So I think these are some encouraging sorts of things that I've seen.

Now speaking to the ecclesiastical people on our panel, there have been a few times that I am aware of as a practitioner when a bishop, an ecclesiastical leader, has referred someone to me without talking with me about what their expectations were regarding feedback. Because of that, I have been trying to remember to ask them at the time of the referral if they want further contact with me, if I should have the couple or the individual sign a release of information form so I can provide some information to them, or what their needs are in that regard. I wonder if something more might be said about how to make referrals. I know that one of the lessons that we've been preparing in our stake on alcohol and drug issues contains a list of referral sources here in the Salt Lake City area for alcohol and drug problems and some suggestions about how to make referrals. And that's appropriate to a professional agency.

These are some of the rambling thoughts and concerns and things that I've experienced out in the community from sort of another perspective.

Ken Matheson

At the outset I would like to clarify two points: First, my comments are based mainly on my experiences in Southern California. I know that in other locations experiences would be different because of circumstances. Second, I do not speak for LDS Social Services. Just because I say something here today doesn't mean that that's the way it's going to be within the system.

I would also like to state some assumptions that I believe are false in regard to social services. Elaboration of these assumptions will not be made in this presentation; however, implications of each are interwoven in my comments. 1) LDS Social Services is the only agency where counselors utilize gospel principles. I think this organization knows that, but there are other persons who don't. 2) Within LDS Social Services are the best LDS practitioners. Even though they are well-qualified, there are also well-qualified LDS practitioners outside Church employment. 3) LDS Social Services agencies are equipped to handle every case referred to them.

Now to the main part of the presentation. The three areas that Val wanted me to cover are: 1) the working relationship with ecclesiastical leaders--the positive and the negative aspects associated with that; 2) the utilization of the professionals in the community, both members and non-members; and 3) my ideal model as to how LDS Social Services can be used and should be used.

The first critical issue that we as LDS Social Services workers need to assess is that of the confidence, trust and respect of the priesthood leaders with whom we work. We say many times within the system that our client is not the member in need, but rather the priesthood. Respect is something that is earned. It's not just given because we "represent" the Church as an organization. That respect will be developed on an individual basis. We develop that respect by responding to requests, being professional in our dealings with them, showing them we have something to contribute (either in interviews over the telephone), and attending meetings where we can become more visible. If the priesthood or other individuals have a complaint, we as social service practitioners ought to use all the clinical and problem-solving skills we have available to listen to that complaint and not project blame, thinking that if there is a difference, the other person is wrong. When a crisis arises, we usually deal with the crisis, we don't problem solve.

Sometimes the problem is that there is a gap between what the expectations are of those who don't know us and the service we deliver. We need to do a better job of orienting the priesthood leaders.

The second area is the utilization of professionals in the community. We need them, especially in
Southern California. There are not many qualified LDS psychiatrists, psychologists, social workers, or marriage counselors. As a result, we have had to refer to some non-LDS professionals. I don't think that that's ideal, but it is better than having no referral service, especially when the catchment area of an office is large. And so the identifying of both LDS and non-LDS professionals is very important.

There are some tremendous programs outside the system that the Church will probably not get involved with; such as group homes, inpatient homes for alcoholism, retirement homes and those types of programs. We therefore need to identify competent community programs and utilize them. I don't think we ought to use them blindly either. Social Service workers need to block off time to go out and make on-site visits. I never refer a person to someone with whom I haven't first talked or to a facility I haven't seen. I want to see the facility and talk to them. In a case of a private clinician, I usually try to have them come to the office and meet the other staff members who will also be making referrals.

Now, as far as the model goes that I've been contemplates to assist Church members. I hope that sometime in the near future Social Services will be given the sanction to become more preventive oriented than we are now. Right now we've the ambulance at the bottom of the cliff, and I hope that we can be given the license to become more preventive oriented and be the rail at the top. In the older edition of the welfare manual, there is a sentence that states the main aim of welfare is prevention. Right now when we get members referred to us it's usually too late, and that's sad. Some how we need to help priesthood officers identify problems at an earlier stage and help them become more preventive oriented also.

As was stated this morning by Harold Brown, Commissioner of LDS Social Services, in referring to a recent talk given by Elder L. Tom Perry, he indicated that LDS Social Services practitioners needed to become more the coaches. I think that's a role that we're going to see more and more of in the future. Social Service practitioners tend to get so overwhelmed with the work that we are not as current on certain issues and research as we should be. We need to reach out a little bit more and get ourselves involved in some stimulating kinds of programs. This can be accomplished by training our staff more, and Val has begun some tremendous thinking in this area where our staff can become better trained.

The main reason for establishing LDS Social Services agencies has been for the licensed work. I believe it's time that we raised the banner in the clinical area, not at the expense of licensed work—we need that—but it's time that we gave more emphasis to the clinical area. If you will read the November, 1974, Ensign, you will note that Bishop Brown surveyed wards in the Church and discovered that the main concern that priesthood leaders had were couples having marital problems. The same conclusions were reached from a survey that was conducted in 1978 in Southern California, namely that the main concern of the priesthood leaders was couples with marital problems. We need now to address that area with more vigor. The majority of calls we get, besides Lamanite students having problems (and those problems that are always going to be perennial), are dealing with the clinical area. In the broad sense, clinical problems are the main concern priesthood leaders have, and I think that that's the area that Social Services should focus on—again, not at the expense of the licensed area.

To better accomplish this, it will be necessary to orient priesthood leaders in larger numbers. However, we can only orient or train priesthood leaders at their request. We're not to go out and ask them.

One last comment. LDS Social Services can be the main resource system for the Church in social-emotional problems. It's our responsibility to identify resources that are appropriate so that when priesthood leaders call us we can either evaluate or consult with them about the case, and where necessary as part of the treatment team concept, refer them to facilities that they can use.

I would like to see LDS Social Services viewed, then, not just as the place to go that has all the answers, or as the first call that should be made, but as part of the treatment team, having certain skills and expertise that can be offered in the licensed area or in the clinical area. And when the situation calls for services not offered by us, we will be ready with a list of qualified and proven resources to which to refer priesthood leaders with their member cases.

Brian Swinton

To many ecclesiastical leaders, the first time they're sitting across the desk or next to someone who is expressing the feelings of depression or saying in essence, "I'm useless and unless I find a solution, I'm going to take my life," it comes as a shock. Likewise, a case of self-abuse or hospitalization as a result of an overdose. These are the kinds of things that since 1973, from time to time, I have been involved in, as most of my ecclesiastical work is done with singles. And so I have a certain bias toward LDS Social Services personnel and other practitioners. I have seen, on a weekly basis, as an ecclesiastical leader, practitioners in both the private sector and the Church sector who have been used to dealing with different problems like these.

There are some aspects of Social Services that I'm not too familiar with, such as the adoption areas, and
the clinical areas. As I contemplated saying a few things, I thought it may be important to capsulize what I saw from a priesthood leader's eyes as the main issues.

First, any ecclesiastical leader, with the exception of those few who have been through some educational training, is a neophyte in the area of doing some of the counseling that needs to be done. And he recognizes that fact about the first time he has an emergency. I think we have learned over time to use basic, true Church principles, but we also recognize that at some point we need professional help. And so the frustration for most ecclesiastical leaders is, as I see it, initially in three areas: First: What am I going to do with this person sitting by me or in front of me? That question is often answered in terms of who I know. I've asked, in preparation for this talk, some of my bishops and others and found that most of them do not have the resources to even know where to turn. They answer by calling upon LDS Social Services and when asked, "Do you know anyone other than LDS Social Services?" the answer is often, "No." So Church Social Services is presently getting burdened with most of our problems.

Second, most ecclesiastical leaders don't even have an understanding of the capabilities of any practitioner, whether they are in Church Social Services or out in the community. When we hire an accountant, a lawyer, or any other specialist from a business standpoint, we know that person's credentials; we know something about them; we know them from reputation. However, in an ecclesiastical sense, we have a person with a problem but we don't know enough about the practitioners to make a comfortable judgement. That, for most leaders including myself, is a real frustration. I know the names of a few people--but I don't have any idea or understanding of their training, their specialties, their background, and their emphasis. The question we're asking as ecclesiastical leaders, whether you've got a drug problem, a homosexual problem, a depression problem, a suicide problem, or any other problem, falls in that great composite we call "social problems." And we end up calling the only person we know, generally a person in Church Social Services. And when we call, we expect that the answers will be forthcoming.

Third, is the area of cost. One of the questions that each bishop has to ask is, "what's the capacity of the person to pay. And if I call a private practitioner, how do I use my fast offerings, if at all?" And so the normal reaction, again, is to call Church Social Services with the notion that they can solve any problem.

In summary, the ecclesiastical leader really wants to have more understanding of the program, more information about the practitioners or where, specifically, to go for answers. We really need help in serving our parishioners. From this group in particular, which is made up of both practitioners inside and outside LDS Social Services, we also need help in educating ecclesiastical leaders in some of the following areas.

We need to know some basics about the method of solving a particular problem, the method that you're going to take as a practitioner. We need to know something about the content of the method so we have a sense of what will take place. We also need to know the time table involved, the follow-up procedures, and the reasonable expectations for change and improvement.

Time and time again we see a person with a problem, we call an "expert," and we see the person back in our office three weeks later saying, "They didn't do anything for me." We often may have unrealistic expectations of what those practitioners in the private sector and in the Church Social Services can really do. What we need is some additional information. Simply stated, "What can be done, how will it be done, and what should we be doing from an ecclesiastical standpoint to assist?"

I would make the following recommendations to this group or any group of LDS practitioners on any level who would listen:

First, I believe that ecclesiastical leaders need to be trained. We have started to do that here in University Second Stake by bringing in individuals and calling together high councilors and bishoprics and having training sessions. The purpose of these sessions is to train those of us who are neophytes in some basic kinds of understanding of what's happening and why. I think that's helpful. At least it gives us a feel for how well we are doing and how far we can go, and at what point we have to break off and go for expert help. These training sessions should be used wherever the Church exists.

Generally, private practitioners feel uncomfortable about going to ecclesiastical leaders and saying as they hold out their card, "I'm in the business." In fact, we understand that most practitioners feel this would be unethical. I just want you to know that as an ecclesiastical leader, we need to know who you are, what you are, where your specialties are, what your credentials are, and how you approach the problems. Some way or another, this information has to get to ecclesiastical leaders. We can't always sit back and wait until an ecclesiastical leader, in a moment of emergency, remembers that he knew someone in the ward that he used to be in who had something to do with social problems or counseling. But I'm afraid that's what we're doing very often.

Secondly, I think that we need to, and Ken has already pointed this out, deal with the whole idea of prevention. We are generally seeing people across our desks who are past the point of prevention and need some clinical help. We have to, in a unified way, begin
to deal with that. I hope this body will do what it can do to begin to develop and encourage the implementation of programs" that ecclesiastical leaders could use in prevention programs.

A third area that I've touched on and I'm just reemphasizing, is that we need lists of private practitioners. For most of us, LDS Social Services and their telephone number is the only thing we know. We need to know what private practitioners are available. Cory has pointed out that these are some areas that, in fact, private practitioners may be better able to handle than LDS Social Services itself. We need to know some of those people and their specialties.

A fourth area is that we could surely use some manuals, some other materials--very basic, straight forward--we're not trying to become psychologists or social workers ourselves, but we could use some fundamental material. This group could be the entity that begins to develop this type of material in conjunction with LDS Social Services. It would be a great asset.

And fifth, we need to be able to sit down, one on one, as ecclesiastical leaders with professionals to learn some basics about counseling. I'm not talking now about just the general kind of training, but the one-to-one counseling. Church Social Services is, in my opinion, doing a good job of this right now, but in the outlying areas of the Church, I think some of you private practitioners could really help. We've called to our high council a psychiatrist, and he has become a valuable resource. You private practitioners need to make a living, hence, it's unfair to use your services extensively for no fee. I think that it's important that you know that most ecclesiastical leaders realize that. It is not uncomfortable for me to go to someone with whom we deal in the stake as a private practitioner and for me to say to him or her, "I need some help," and for them to say back, "But it's going to cost a certain amount," and we talk about the amount and arrive at a fair fee. I think too often we expect you private practitioners to give all of your time, or significantly more of your time than we should.

Those are some areas of need that I see and I think this group can greatly assist the ecclesiastical leaders in many of these areas.

Rich Cannon

I'm a bishop in one of the wards in President Swinton's stake. I must say that the program of training that he's provided for us has been extremely helpful to me personally. I would have to second his thoughts and feelings. Still, the area in which I feel the most inadequate is in evaluating those members who sit across the desk and in determining when they should be referred and to whom. I remember one evening getting a call from a young man in my ward who said he needed to talk. I asked him to come to my home because my wife was out and I was baby sitting. As we were sitting in the front room, there was some work being done on my house and an air-conditioning system was being removed from the basement. As this young man was explaining to me very vividly these horrible dreams of torture that he was having nightly, my 15 month old pulled the grate off of this air-conditioning system and went eight feet into the basement. I ran downstairs and picked him up and he wasn't scratched or hurt, but as I walked upstairs, I thought, "That's just what this young man needed to see!"

What options are available in dealing with someone like that? How seriously ill is he and where should we refer someone who obviously has emotional problems beyond the scope of ecclesiastical counseling? Fortunately with him I said, "Well, have you ever had this before?" and he said "Yes." I said, "Well, who helped you?" and he told me the name and I said, "Let me get him on the phone." Not always do we have that option open to us and as it turned out, in the long run probably it was still not the best option. He eventually ended up seeing someone else (a psychiatrist) and being helped tremendously.

Those very difficult, serious problems are seldom encountered, but now, after a little more than two years as a bishop, they are not completely new either. I would say that in those two years there have been probably eight or ten people who have had serious emotional problems and needed professional counseling. They, in fact, had more than just mild depression or some of the minor adjustment problems that we often deal with.

The training in terms of how to deal with those people, in the resources that are available to us, in who we can call and say, "Hey, I have so and so with this kind of a problem. What do I do?" is extremely helpful. LDS Social Services has been particularly helpful to me and I believe other bishops in our stake in dealing with members with serious mental and social problems. Homosexuality problems are some of the most difficult. LDS Social Services has been most helpful, both as trainers and in using a combined professional and ecclesiastical approach. These people often need new friends and a lot of support and we've even engaged other people in our ward in helping some of these people deal with that issue. Sometimes, if the professional is comfortable about including the ecclesiastical leader in the counseling of the member, it can be beneficial not only to the member, but to the ecclesiastical leader. The next time the issue arises, he may be much more capable of dealing with that issue and may actually ask for another audience with you in dealing with it with other members in his ward.

One problem that I've encountered: the professional will give us a 27-point program--and my brain doesn't work after about five points. I think that
the member’s doesn’t either, so that the program of communicating needs to be as simple as possible and still get the job done. In those kinds of difficult issues, it becomes very helpful to meet jointly with the professional counselor.

What about the confidentiality of those situations? Someone mentioned a release of information. I would hope that the communications are such between both the member and the bishop and the ecclesiastical leader and the counselor that there’s a fairly open flow of information, except in some circumstances where that flow of information may jeopardize the correction of the problem, or the treatment of the patient, at which point the counselor should be very free to say, “Bishop, it’s time to back off—I can handle this better on my own.” And I would feel very comfortable with him saying that if he would define for me how I might be helpful in an ecclesiastical way. More often than not, I think joint treatment of the patient or the member can be very helpful and that can only occur when that flow of information is free.

The other thing that I’ve found helpful is to separate the ecclesiastical and gospel-directed counsel from the professional counsel. We can then define the lines of responsibility in the patient or member’s life and at times it becomes easier for them to sort out exactly what the issues are in terms of their adjustment problem. Again, that takes good communication between the bishop or the ecclesiastical leader and the professional.

In summary, my plea would be that you train us to recognize problems and help us deal with those problems that are minor, that we might be able to deal with, and recognize those that need to be referred. President Swinton and the high councilor in our stake designed a questionnaire in which we asked, in those six areas of personal preparedness, what the individual needs were of the members of our stake. It was interesting, there were five questions in each of the six areas: Social, Emotional, and Spiritual Strength questions ranked as the top five with both the men and the women. All five questions were ranked higher than any other question on the questionnaire, which was interesting to us. Students identified those areas as the most difficult areas in their lives to deal with. We need help in knowing how we can more effectively help them deal with problems of loneliness, isolation, and depression, which they often have.

Sharon Staples

I’m Sharon Staples and I work in an institutional setting, educational-institutional setting, as well as in private practice, and I have also worked in LDS Social Services for a number of years. I think that in the interest of time (the comments I was going to make have already been made) I’ll just summarize briefly what I have heard here this afternoon. And that is that each of us, regardless of where we are and where we serve, needs to know the strengths and limitations of the resources around us. We need to know what the limitations and strengths of LDS Social Services are and how we can best use them to help the members of the Church. The same is true for private practitioners. What strengths do each of these practitioners have that we can rely on to help the person who’s coming to see us? I think if we were all better informed as to who is doing what and to what degree and why, then the improvement of the client who may come to us would be enhanced. I think we just need to be aware of our own skills, our own weaknesses, and where we can turn to get the best help for the individual member of the Church.

A number of questions and comments from the audience preceded the following:

Summary and Conclusion (Val MacMurray)

In conclusion, I’d like to express appreciation to Allen Bergin who invited us to address this topic, one that I think is extremely important. I’m new to LDS Social Services. I was invited to join them just a little over a year ago, and when you’re new in anything, you always have a little honeymoon phase where, if you put your foot in your mouth, it’s simply written off as ignorance. I will invoke that honeymoon prerogative here. One of the things that I found, coming into the LDS Social Services system, is that there’s a schism between those who are in the system and those who are outside the system, whether they’re Church members or not. One of the things I hear from those in the system is: “Those outside LDS Social Services, even though they are members of the Church, are too secular in their approach... And we’re a little afraid of that.” From the community professionals, I hear comments like: “I’m not sure LDS Social Services practitioners are competent or adequate in their professional training.” So I hear allegations going back and forth. If, indeed, there are schisms or differences, as I’ve suggested, I think it would be well for us to begin to make positive assumptions about one another, while, at the same time, recognizing limitations and strengths. If we do that, there can be an orchestration of our best resources to assist members. In areas of weakness there needs to be an openness and willingness for further training or simply to function in areas of personal competence.

What about the future? What are we going to do when we have 8 or 9 million members of the Church? It’s absolutely clear that there is never going to come a time in the Church when we put an agency in every stake. Economically it’s impossible; it’s just not feasible. And so, it seems to me, we do have to begin thinking of other approaches that will expand what we know and what may be useful to our people.

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Let me briefly tell you some things that are occurring within the area in which I work. I have just recently been asked to be manager of Research, Development and Management Services within LDS Social Services. This involves responsibility for three major areas: 1) Research and evaluation, 2) Staff development, and 3) Materials development. Let me start with the last one first. We're doing some interesting things right now, trying to develop some materials that are very similar to what we've discussed today.

Currently we are interested in developing and pilot training self-help modules to support the work of ecclesiastical leaders. We are also developing materials that would be useful to the on-going development and training of our own practitioners. This includes materials to increase the diagnostic and consultation skills within our system.

In the area of staff development, we hope to develop a more aggressive training program that would allow professional development leaves for staff so they can re-tool in specific areas and learn new skills in others.

In the area of Research and Evaluation, we have recently initiated a major comprehensive needs assessment and evaluation project.

I mention these activities as evidence that we hope to meet some of the challenges undoubtedly ahead of us in the 80's and beyond. I also think these activities cut across many of the comments, ideas, and problem areas we have discussed as a panel. We started today with the hope of providing some direction and suggestions that would help us in orchestrating available resources for the benefit of those who seek our assistance. It seems to me that a number of the comments made today identify key areas for our continued focus and best problem-solving abilities. In pursuing these, I hope we will do so with both spiritual and intellectual excellence. Thank you.

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