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# Exploring Perceived Attitudes of Counseling between LDS Religious Leaders and Mental Health Therapists

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*Perceived attitudes between mental health therapists and local congregational LDS religious leaders regarding the value, function, and efficacy of mental health therapy were qualitatively examined. Qualitative data emerging from 4 LDS religious leaders (all male; 3 bishops and 1 stake president) and 7 mental health therapists (5 females, 2 males) were analyzed. Results showed differences in attitudes related to the collaboration process as well as the efficacy and process of counseling between local mental health therapists and LDS religious leaders in a specific Southwest region of the U.S. Additional results are reported. Implications are discussed related to these findings.*

*Keywords: Mental health therapy, counseling, mental health referral collaboration, Latter-Day Saints.*

The general view of mental health professionals toward religion and its contribution to positive mental health has fluctuated over the years. This is shown as early as 1927, in Sigmund Freud's book titled, "The Future of an Illusion" in which he refers to religion as a form of childhood neurosis (Freud, 1927). Albert Ellis (1958) suggested that "Religious creeds encourage some of the craziest kinds of thoughts, emotions, and behaviors and favor severe manifestations of neurosis, borderline personality states, and sometimes even psychosis." Concurrently, up until the publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, 1994), religious and spiritual experiences were referenced as characteristics of psychopathology such as paranoia, delusions, hallucinations and schizotypal symptoms (Levin, 2010).

Despite early psychotherapists who supported religion and spirituality (i.e., Carl Jung), the negative view of religion held by psychotherapists was widespread. Only more recently have the relationships among religiosity and spirituality been examined with significant emphasis on efforts to strengthen its positive impact on mental health (Witztum, 2011; Allen & Heppner,

2011; Allen & Wang, 2013; Yeh, Arora & Wu, 2006; Yeh, Inman, Kim, & Okubo, 2006).

It is somewhat common for highly religious individuals in need of mental health services to first seek help from their religious leaders. Consequently, this religious setting can potentially become a channel through which referral to professional mental health assistance can be considered (Kloos, Horneffer & Moore, 1995). The perceptions that religious leaders and clergy may have toward mental health therapists and vice versa may also be impacting this potentially collaborative healing process. Such perceptions could enhance or diminish the treatment opportunities and positive outcomes of people seeking help. Kloos and colleagues (1995) suggested that, overall, religious leaders are willing to collaborate with mental health professionals.

In a two-part study (Foskett et al, 2004) involving both mental health professionals and religious leaders,

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researchers gathered and quantified a portrayal of the perceptions of both mental health professionals and religious leaders toward each other. In general, mental health professionals reported that there is a significant and meaningful link between religious belief and mental health when working with some clients, and this could possibly help therapists better understand clients' religious framework in session. A majority of religious leaders also identified a significant link between mental health and religion. However, over half of all religious leaders thought that exposure to mental health therapy could also confuse individuals about their religious faith and practice. These results suggested that mental health professionals are more understanding and open to collaborating with religious leaders and the beliefs of religious clients than are religious leaders toward mental health professionals (Foskett, Marriott, & Wilson-Rudd, 2004).

The perceived attitudes of mental health therapy/therapists by religious leaders, and mental health therapists' attitudes of religious leaders' beliefs and practice are essential to examine. There may be incorrect assumptions and biases of each other, which then can negatively impact the referral process that could otherwise potentially assist either a client or church member in distress. There is very little research regarding these perceived attitudes among mental health therapists and Latter-day Saint (LDS) religious leaders. Thus, this study seeks to answer these following questions:

1. What are the LDS religious leaders' attitudes that may delay the referral collaboration process between mental health therapists and LDS religious leaders?
2. What are LDS religious leaders' perceptions of and attitudes toward mental health counselors?
3. What are the perceptions of mental health professionals towards LDS religious leaders' function when working with members who struggle with psychological difficulties?
4. What differences might exist in LDS leaders' perceptions of LDS therapists/LDS Family Services therapists and Non-LDS therapists/non-LDS Family Services therapists?
5. What perceptions do mental health therapists have toward LDS religious leaders' referral processes?

## Method

### *Participants*

Qualitative data for this study were collected in a southwest region of the U.S. Participants were specifically targeted and recruited for 2 specific participant groups: (1) LDS religious leaders [3 bishops and 1 stake president] and (2) mental health therapists (5 females, 2 males; consisting of licensed psychologists, clinical social workers, and professional counselors). Therapists' religious affiliation was not assessed. The mean ages for the 2 groups were 51.6 for LDS religious leaders and 42.8 for mental health therapists. All therapists have at least 10 years of clinical experience.

### *Procedure*

The following is a 6-step data gathering and qualitative analysis process by interviewing participants through a method called Narrative Research Analysis (NRA; Ollerenshaw & Creswell, 2002; Clandinin and Connelly, 2000): (1) Sharing personal experiences, (2) Identify significant statements, (3) Group into "meaning units" or themes, (4) Describe verbatim examples, (5) Describe "how" they experienced it, and (6) Integrate descriptions, meaning units, and themes into the "what" and "how" they experienced it, culminating into the "essence" of their experience. This analysis allowed the authors to elicit personally meaningful and rich experiences from these two groups regarding information about their perceptions, attitudes, and assumptions of each other. Below are the questions posed in the interviews.

### *Questions for LDS Religious Leaders:*

1. What is your overall view on mental health therapists and psychology in general?
2. What is your overall view on mental health therapists in this region?
3. What has been your experience when you have been working with a member of your congregation who is also seeing a therapist or who has seen a therapist?
4. What has been your experience with referring the members of your congregation to the local therapists in this area?

5. To whom do you usually refer your members; to non-affiliated LDS Family Services therapists or those who directly work for or affiliated with LDS Family Services? And why to either?
6. At what point during your counseling meetings with your member do you feel like it's time for the member to seek out professional counseling services? In short, how do you assess when it is time to involve a therapist?

#### *Questions for Mental Health Therapists:*

1. What is your overall view of LDS religious leaders in this area related to helping their members with psychological or emotional difficulties?
2. What has been your experience with the referral process when working with the local LDS religious leaders, either referring your clients to or receiving referrals from them to work with their members in session?
3. If you had an active LDS client who struggled with religious issues in his/her life, would you send your client to their bishop or stake president for further help that they may need? If so (or not), why?
4. In what ways has working with these local LDS religious leaders related to the referral process been (or not been) helpful?
5. At what point during your counseling sessions with your client do you feel like it's time for the member to seek out ecclesiastical counseling services from their LDS religious leader? In short, how do you assess when it is time to involve the bishop or stake president?

## **Results**

#### *Qualitative Analysis*

The following are the questions and corresponding transcribed responses to each question for both LDS religious leaders and mental health therapists.

#### *LDS Religious Leaders*

1. What is your overall view on mental health therapists and psychology in general?

#### **Bishop 1:**

"I think it's beneficial to certain people. But I don't always think that the person being diagnosed in need of counseling is accurate, because I've seen a lot of counseling for individuals with no results. As an untrained professional it's hard to see someone struggling so much go through counseling and see no results."

#### **Bishop 2:**

"Yes, I think it's helpful to people, but only if that individual is willing to accept the help and put in the work."

#### **Bishop 3:**

"I think it's a very valuable asset for those who need it. I think that the quality level of therapists is in a broad spectrum based upon training and clinical experience, but I generally have a very high view of the industry."

#### **Stake President:**

"I think there is certainly a need for that, I think there's a need for mental health and psychology and it's needed. There are those that need it and those that are trained can help those that need the process."

2. What is your overall view on mental health therapists in this region?

#### **Bishop 1:**

"I've only worked with a handful of them, but in my opinion the ones in this region that I have worked with have been extremely skilled and wonderful to work with for the most part."

#### **Bishop 2:**

"I think they are very competent. I haven't worked with tons of therapists, but the ones who have worked with my family have been experts and the ones I worked with since being a Bishop have been successful for the most part."

#### **Bishop 3:**

"I think generally there's a limited amount of quality therapists in this region, that's a function of the population. There are exceptional therapists that I've worked with as a bishop, but there's I think a bit of a shortage, especially I think as it relates to adolescent and teen mental health, as well as addiction."

Stake President:

"From the experience that I've had I feel very comfortable. There's been a lot out there to offer I think in this area we've been blessed with a lot of directions to go where to go."

3. What has been your experience when you have been working with a member of your congregation who is also seeing a therapist or who has seen a therapist?

Bishop 1:

"I've been disappointed with the results in most cases."

Bishop 2:

"I have seen mixed results, but my experience has been mostly positive in most cases. A lot of the time when results are disappointing I think it's more because of the individual than the therapists' abilities."

Bishop 3:

"It's been excellent actually, with permission of the member of my congregation, or the client, we cooperate quite closely with the therapist and it helps a lot."

Stake President:

"Well I think for the most part it's been positive, it's been a positive thing. There have been a variety of different issues that we see and I think from many times there are addictions and there can be some positive things happen."

4. What has been your experience with referring the members of your congregation to the local therapists in this area?

Bishop 1:

"Again I've seen mixed results, like I said I have been disappointed, but we do refer."

Bishop 2:

"For the most part it has been a good experience. Like I said earlier, when things have been disappointing I think it has been because the individual doesn't really have a desire to change their situation. That is hard when that happens."

Bishop 3:

"Well I have generally only referred members of my congregation to a couple of therapists, that I have comfort level with and it's been good as a result and I've been a bishop for a little over four years and I've generally determined where the best fits lie, and so it's a fairly limited number of therapists that I've referred."

Stake President:

"You know in my area I probably refer them to LDS family services. Many of them have been missionaries, with a variety of problems—depression, some addictions, and some eating disorders. Those are some of the things that we have seen and we've had some good success. Not always are they solved, immediately, and you know that, it's not a go and take a pill and they're better like sometimes they are here [veterinarian hospital] but it would be a process that take some time in route. I've felt very good about it."

5. To whom do you usually refer your members; to non-affiliated LDS Family Services therapists or those who directly work for or affiliated with LDS Family Services? And why to either?

Bishop 1:

"LDS Family Services is easier from our standpoint because of the church connection. But I have not used only those people. I'm not bound to that and I have some members know who came in with a therapist in mind and so we work with that therapist. I've seen better results when the member themselves wants counseling and already as someone in mind they can trust and work with, so I am not bound with only Family Services. I've enjoyed working with a mixture of therapists in the community."

Bishop 2:

"Well as I am a Bishop I have been given training. I don't know much about the therapy process so the church has the LDS family services for us to refer to. I usually go with what I know, like in anything. The connection with the church makes it easiest for me to refer my members to LDS Family Services. I wouldn't be opposed of referring elsewhere necessarily, but when my members come in and accept or want counseling they know less than I do often. So I go with what I know and with the ties of the church LDS services is the easiest way and a good one I think."

Bishop 3:

"It depends on the circumstance. I would say I've referred more to non-affiliated therapists. I have made referrals to affiliated therapists. It depends upon the issue that's being faced by the member of the congregation. There are therapists that are affiliated with LDS Family Services that have specialties that are consistent with the needs and I've referred them to that therapist at the time."

Stake President:

"We typically refer to the LDS Family Services. Many of those are pre-missionary evaluations and they require that for the mission. And so we have often times, if they have been to another therapist, we have gotten information and added that to what's already there if they have been working with a therapist outside of LDS Family Services."

6. At what point during your counseling meetings with your member do you feel like it's time for the member to seek out professional counseling services? In short, how do you assess when it is time to involve a therapist?

Bishop 1:

"There are a couple of things I've used as guidelines, one is addiction. When I can identify that it's an addiction issue, I think professional counseling is best. Or if I think they are at risk to themselves or someone else. It's hard to analyze that with the few times you meet with them as a church leader. Some you meet with a lot, but a lot of the time I would prefer them to seek out counseling themselves, but that's usually when I get people who just want the church to pay for it."

Bishop 2:

"Now I am no professional, but I usually bring up counseling to a member when I think there is more going on than just the individual seeking support or forgiveness. When I start feeling like an individual's problems are psychological problems, that's when I think they need more help than just from me. It's a hard thing to know, but if I start worrying at all I ask my member if they would like it or think it's necessary."

Bishop 3:

"Well I think a lot of that is dependent upon the bishop's experience and capability in the area but as for me

when it's clear that the amount of time and the severity of the mental health challenge is significant then I will bring a therapist in, not to pass the member of my congregation off to the therapist, but to bring that therapist in as a member of my team."

Stake President:

"In my situation, I've seen what's there and many times that's written down and they will say "we've had this issue, we've had that problem" and so as I look at those things, there are certain things that require to be evaluated before they go on a mission-eating disorders for example would be something that would need to be evaluated by a therapist, and so we would, rather than try to do the therapy ourselves, we would try to assess how much it is and what's going on there and then we refer to them. You know there are some things that we see that we will try to work with and help. For example, an addiction for pornography would be something we would try to work with and try to do the things that we could do on the basis of just being a church leader that we would try to help, and there are times that we would, could see that we don't necessarily give traction in and maybe need help. So at that point after with them a little bit and seen that we're not making any progress on what happened we refer them."

*Mental Health Therapists:*

1. What is your overall view of LDS religious leaders in this area related to helping their members with psychological or emotional difficulties?

Female Therapist 1:

"They don't refer to professionals as often as they should. Too many LDS leaders try to counsel themselves and go into areas that they really should refer out to professionals."

Female Therapist 2:

"Reluctant, I don't think they buy into the concept. Not to say there aren't several that are willing to help, there are. I'm just not sure they understand what counseling is and that makes them fearful. They have a lack of information."

Female Therapist 3:

"Well, from my experience that's one of the first things they (leaders) ask is if they need counseling and help with paying for therapy. I think their pretty good at trying to get the individual to pay what they can and

then their willing to help with the rest. From my experience religious leaders are open to it and willing to help and support their members. With the information they have they are helpful in getting people the help that they need.”

#### Female Therapist 4:

“I think generally I worry that bishops and stake presidents are unskilled when they try to do too much in the area of emotional and psychological therapy counseling and health. I have worked with bishops who were really great at assessing, like ‘there is a problem that goes way beyond the scope of what I am going to do as your bishop, let’s get you into counseling.’ I personally really appreciate when a bishop sort of recognizes that ‘this is beyond the scope of what I can do to help you, so let’s get you into therapy.’ I think that occasionally, I don’t know that I have necessarily ran into this a lot, but I think occasionally bishops feel like, ‘yeah lets work on this together and I’m like no that’s a bad idea, you are in over your head.’”

#### Female Therapist 5:

“I would say that in general my overall view is probably that they, I have to say, that they try to keep in within the context of religion, like mental health therapy. And so probably want to, as much as possible to have the bishop do most of the people thing, I guess with their members. And partly I think that... I feel so weird making blanket statements because my experience has been kinda mixed. But I think that with religious issues that maybe contradict church teaching; I think that definitely there is more of an attempt, a stronger attempt, to keep things within the religion for mental health or therapy.”

#### Male Therapist 1:

“I don’t have that much experience with dealing with the religious leaders and so forth. Primarily I have worked with bishops and taking overflow and people that have requested to see me. But as far as religious leaders being accepting and so forth I think they are open to using myself and they don’t question us about what we are doing and let us do what we are doing. And I use different forms of therapy such as hypnotherapy and so forth and I’ve never had anything negative come back.”

#### Male Therapist 2:

“LDS religious leaders feel they are over and almost responsible for the members of their congregation. I’ve

seen many leaders work with their members to help them and they do, but sometimes I feel like they (leaders) try to deal with psychological problems too much. It’s almost discredits the training I have received, well that’s what I have felt and experienced a lot.”

#### 2. What has been your experience with the referral process when working with the local LDS religious leaders, either referring your clients to or receiving referrals from them to work with their members in session?

##### Female Therapist 1:

“I don’t think I’ve ever had a referral from an LDS leader. My own Bishop... I’ve counseled actually people in my own neighborhood so to speak; ward area, and they have come into me on their own, but not through a recommendation from the church. I try really hard to keep religion out of the office. If somebody asked me directly I usually counter that with “Why do you need to know that?” Because I have been a very traditional LDS individual, but in my practice I think I’m really liberal as far as bringing the church into it. I just don’t do that.”

##### Female Therapist 2:

“It has been very good, to financially support that, that is. LDS Family Services has been good at seeing clients, it’s a very comfortable process. It’s a very good educating process for them, at least that’s my impression.”

##### Female Therapist 3:

“I work under some other therapists, so they are the ones that get the referrals and then give them to me. I then will send an update every once in a while to the Bishop who is also working with my client. You know it seems like most of the time they just refer straight to LDS Family services unless they knew a therapist who is LDS also and he (the Bishop) knew that therapist was a strong active member in the LDS church. That’s been my experience and perception anyways.”

##### Female Therapist 4:

“I have experienced it both ways, usually most of the referrals I have received from bishops have been into my private practice, when I was doing private practice, and not through CAPS. Most of my experience with bishops has been really supportive and I think really interested in the people they work with and counsel in sort of helping and supporting them in what they can

do. I have nothing but good experiences with bishops who are supportive to counseling. I have had a couple of occasions when a student who works with me who has an institute teacher or a bishop who also wants to touch base and just offer some support and help in the experience. I think it has been a little more when I have referred people to their bishops. Usually... I don't think I ever necessarily say, you should go to your bishop, but I will sort of talk about; would it be helpful to go to your bishop and maybe nudge people toward their bishop in that way. And I think that sometimes bishops are really great and really supportive and really helpful. I think that other times students sort of feel like that wasn't helpful at all, I didn't feel understood or I sort of feel frustrated or judged or something like that."

Female Therapist 5:

"Well my experience has been kinda mixed. I have had some good experiences where I have felt that bishops have completely supported me regarding treatment of individuals, without questioning of my religious background. And then completely the opposite, which is a denial of referral or a denial from a client who requested to see me; through using church funds because I am not LDS and that they should best go to, like LDS Family Services. Tends to be the go to LDS Family Services because they can provide better treatment for you, with in the context of your religion. Now, on the other side of that the support has been, like when it is supportive, it is really supportive. It's like black and white."

Male Therapist 1:

"Again, they have been open, flexible, I've only had like one bishop request information. The rest of them have pretty much allowed us to do what we need to do and not added input and gotten into my business."

Male Therapist 2:

"Well typically they refer their members to their own counselors, but I have seen some clients who have been members. I will discuss with them about seeing their Bishop if I think it will help that individual. It all just depends on my client."

3. If you had an active LDS client who struggled with religious issues in his/her life, would you send your client to their bishop or stake president for further help that they may need? If so (or not), why?

Female Therapist 1:

"Well that is going to depend individually. I wouldn't automatically, though. Because I think if they've come to a private practice they're not going to be really receptive to me sending them back to the church, if they haven't approached their church then that is their issue. I don't think I should even go there. So no, I would not I think that is crossing the boundary."

Female Therapist 2:

"That's a very hard question. It really depends on the client and their needs, it's not my call."

Female Therapist 3:

"Yes for sure. If my client feels they need it that is a barrier I can't help them with."

Female Therapist 4:

"Yes I would. I feel like I do pretty routinely. I am pretty clear that I have no ecclesiastical authority, I am LDS, but certainly I cannot help you repent from sin or clarify some sort of ecclesiastical or doctrinal sorts of issues. And I think that sometimes it is really helpful for students to go in with somebody who has ecclesiastical authority through that process. It kind of varies; I mean it really kind of depends a lot on what the concern is. So, if somebody comes in and they are struggling with, for example, masturbating and pornography; I am not going to necessarily refer them right to their bishop because I have had some really mixed experiences with that. So bishops are really helpful and supportive and some bishops are really punishing and severe. I don't know, I don't necessarily see you need to go right to your bishop with that. I think you can make progress on it through counseling. But I am thinking about another student I worked with a few years ago who was kind of going through a faith transition or a faith crisis. Trying to figure out what do I really believe? I have never really felt the spirit the way everybody says I should feel the spirit and I have done everything right. I have gone on a mission I've done it all. I don't get it and we talked a lot about where could you get support and where could you get help with this? What would some good resources be? And is there anyone that you trust that you could talk to about these things, these concerns and these question that you have, who could maybe... had more wisdom and could provide some guidance? And I think that's been the best thing. You know my bishop from my home ward is a really awesome guy; I really trust him and I would like to talk to him. And so yeah."



Female Therapist 5:

"If it was my client? I think it would depend on what they wanted. I think it would depend on their relationship with that religious leader, if they thought that it would be helpful or not. I don't know if I could say yes or not to that. Yes, if it's going to help, but I think that sometimes they (client) have already seen that person and they don't feel like it would be helpful or useful. So sometimes I am a more objective person, you know because I don't have the same religious beliefs."

Male Therapist 1:

"I was born and raised LDS myself and so forth, I am not active, but if I got into some areas that I felt that it would be beneficial I would get a signed release first from the client to talk to that Bishop and see where we'd go from there. In most cases I have always kept my clients and the Bishops have not jumped in and or whatever but if there is a need then I'm open."

Male Therapist 2:

"Again, it really just depends on the client. If they feel it would help them or if I think they can't get over something like guilt without seeing their Bishop, I may ask if that is something they would see as beneficial for them."

4. In what ways has working with these local LDS religious leaders related to the referral process been (or not been) helpful?

Female Therapist 1:

"I don't think I've ever had a referral. I think that is because most refer to LDS social services. I've had it mentioned to me that I ought to get connected to them but I am not sure if that is where I want to go."

Female Therapist 2:

"There have been some struggles. The Bishops and State Presidents approaches are very religious based. They may be a good person, but if they haven't been trained properly, they lack the skill level in dealing with large issues, like rape and incest. They can offer guidance as a cleric but not "therapize" you correctly. A cleric may say pray more, however, that may not be the whole cure, very myopic view. It may be a piece but not a cure all, not the big picture. Positives would be the LDS 12 step program in relation to drugs and alcohol

abuse, its spiritual based and on a more spiritual track. I think that may be caring, I think . . ."

Female Therapist 3:

"It is helpful working with Bishops who know they don't have the education and training as we do as therapists to help their members and they don't act like they do, so I can use my training to help that individual. At the same time I can't act like I have the authority of an individual that their church leader does. It's helpful when they refer to us to just trust us in the process. I haven't experienced anything not helpful for the most part."

Female Therapist 4:

"I think that I always really appreciate it when a bishop is just supportive, supportive of the counseling process. I think a lot of bishops are really supportive in terms of helping to pay for counseling, which is an incredible resource. When bishops are willing to help pay for it, willing to help support it, wants to check in and touch base on how things are going, that's really great. I think probably something that would be less helpful would be like: a lot of questions, wanting to know a lot of specifics, or when will this wrap up and kind of pin down a lot of details that I think are kind of hard to do in counseling. Counseling is more of an art. It's not the same as going to a doctor asking, how long until the broken arm fixes? It feels like there is pressure like, when will this be fixed or what are you doing? How's it going? you know . . ."

Female Therapist 5:

"I think that it has been very helpful. I don't know if I could provide a more elaborate answer than that. It's pretty easy, I could say that. It's easy, useful and helpful. I like getting checks from the LDS church."

Male Therapist 1:

"Yes, I have worked with and known of a couple of Bishops and so forth and received some referrals from them. Primarily it is word of mouth from clients that have asked questions to their friends and I have received many clients that way, referrals from their friends and recommendations for their friends and so forth. Word of mouth."

Male Therapist 2:

"Well as I said earlier, I haven't worked with the religious leaders much as they seem to always refer to their counselors. But the few I have worked with been very different. Sometimes it has been good and sometimes

it has not been. It has been successful when the Bishop has trusted me to do my job, but in all honesty that hasn't happen often."

5. At what point during your counseling sessions with your client do you feel like it's time for the member to seek out ecclesiastical counseling services from their LDS religious leader? In short, how do you assess when it is time to involve the bishop or stake president?

Female Therapist 1:

"I don't. I think it is appropriate for the individual if they ask for advice or for direction with that. To encourage them if that is what they need or want. If I can see if that is a desire that they have then certainly I would encourage them to go that direction but I certainly wouldn't make a referral. I wouldn't even ask to get involved."

Female Therapist 2:

"That's the client's call, not mine. It comes up; each religion has a repentance process. I would be supportive of whatever they chose."

Female Therapist 3:

"From my experience ecclesiastical leaders have already been involved. If I had a client come that hadn't been referred I would see where the client is at. If I felt like they needed it I would ask them if they wanted to see their Bishop as well or ask if the client wants their Bishop involved. It all depends on what the client wants."

Female Therapist 4:

"That's a good question. It kind of goes back to that therapy is more of an art than a science. I don't have that rubric I use to assess it more when it feels relevant or feels pressing. Again I am not necessarily saying, you should go talk to your bishop I am saying, would it be helpful, like you have this fear that you have repented of past sins, but maybe not fully enough. I don't think that's the case when it helps you talk to your bishop that you get somebody with ecclesiastical authority that helps weigh in on the matter. And the client to say, yeah I would like to do that or no I don't think that will be helpful."

Female Therapist 5:

"Again I think that it really depends on what they want and I don't think that I can, I don't think that it is my job to make that call really. I think that's their job to decide. If they are doing something that they feel is against the teachings of their religion and they are going to continue to suffer guilt because of it, then I might ask if they think that going to help by speaking with their bishop. I usually ask them that question to kinda assess when or not it might be useful or helpful. But I think that it really depends on the person. I don't see it as something that has to be done. It is really up to what they want."

Male Therapist 1:

"Either the request from the client / patient or else... you like you know the first thing that popped into my head was abuse issues and that and so forth but by law I am supposed to record those. I would refer to the Bishops as needed in general, but I would be cautious, at the state of Utah, professional laws and so forth I have to follow as a guideline but then also is that if this person needs religious support and assistance and we should check out that route, again get a release of information and making sure that the client is on board and feels comfortable and I would go with if necessary to support or provide assistance where needed."

Male Therapist 2:

"I feel that is usually completely separate from me working with my clients. If they feel they should do that great, but that is not my job. There have been times clients have expressed this need to talk to their Bishop, but they are too scared, so I will help them work through that. It really just depends on what the client wants to do. Often times clients I have worked with in the LDS community have already involved their Bishop and have come to me separately."

Below are the themes and meaning units that were generated from the data responses of both LDS religious leaders and mental health therapists.

#### *LDS Religious Leaders' Attitudes of Mental Health Therapists and Therapy*

LDS religious leaders tend to:

- ♦ Have an overall positive attitude around therapy/ therapists and the assistance they can provide.
- ♦ See quality therapists as valuable/needed in some limited circumstances. There may be a shortage of

- qualified, good therapists. However, most therapists are skilled and qualified.
- ✦ Feel somewhat discouraged with therapists/therapy when “results” do not come or do not come quickly.
  - ✦ See therapy as a system for “symptom relief” as opposed to understanding the developmental process of therapy and the broader implications of therapy (i.e., identity development or values clarification) as indicated by being “disappointed” with the lack of results.
  - ✦ See the responsibility for change should lie mostly with client.

#### Collaboration:

- ✦ Favor LDS Family Services as it’s easier, they understand the needs of the members, and due to the connection with the LDS Church, but would refer out to non-affiliated therapists if needed or if member chooses their someone outside of LDS Family Services.
- ✦ Be selective with therapists because of “mixed” results (poor therapeutic outcomes)

#### *Mental Health Therapists’ Attitudes of LDS Religious Leaders*

Therapists believe LDS leaders tend to:

- ✦ Be helpful and supportive in general around counseling.
- ✦ Lack skills, training, and competence, and may go beyond the scope of their function with their members related to psychological processes and adjustments.
- ✦ Be reluctant and fearful about therapy/therapists; may be specifically due to the local mental health therapists in the region.
- ✦ Devalue the mental health field when they may not use mental health therapists for their members, and may try to work with members themselves.
- ✦ Lack trust around therapy/therapists, but in some cases can be open to allow the therapist to do their work.

#### Collaboration:

- ✦ Prefer LDS Family Services therapists as first choice, or will refer to a therapist who they know is active in the LDS Church.

- ✦ Show mixed results around collaboration.
- ✦ Helpful in supporting their members financially for counseling.
- ✦ Could be a better resource with working with “guilt” or “sins.”
- ✦ Tend to see referral as a one-way street with bishops referring to them, but not vice-versa.

### Discussion

Some of the existing research suggests that mental health professionals are more understanding and open to collaborating with religious leaders and the beliefs of religious clients than are religious leaders toward mental health professionals (Foskett, Marriott, & Wilson-Rudd, 2004). However, the qualitative findings in this study may not clearly support this result. For example, among the mental health therapist participants, there appears to be specific discouragement toward LDS religious leaders, particularly around (1) their perceived belief that LDS religious leaders may discredit their field, (2) lack of trust and increased fear around counseling, and (3) the perception that they may not be qualified to work with some members’ issues. These issues could potentially contribute to a poor working relationship and stifle collaboration. Although some results show a disappointing attitude about the lack of “results” when their members go through therapy (these LDS leaders may tend to misunderstand and oversimplify the process of therapy) or that there may be a shortage of qualified therapists, the themes also seem to be positive towards therapy and therapists by LDS religious leaders. For example, during the referral process, some LDS leaders have observed, in most cases, that mental health therapists are “skilled,” “competent,” and they feel “comfortable” referring to therapists in their region.

However, there seems to be a positive bias held by LDS leaders towards therapists affiliated with LDS Family Services than therapists who are unaffiliated with the LDS Church. It is possible such a bias is not only due to the easiness of the referral or that LDS Family Services therapists “understand” their members’ issues, but could also be based on leaders’ concerns, fears, and worries around the approach taken by many therapy/therapists in this specific region. Another potential explanation around this bias is that

LDS religious leaders may also want to maintain the reputable name and image of the LDS Church by safeguarding and protecting it.

Conversely, attitudes of mental health therapists about referring a client to a local LDS religious leader to seek ecclesiastical guidance seems to be positive and based on exploring this possibility further. Therapists may be more open to the client deciding whether a referral to the LDS leader would be another resource for help or not (i.e., be less likely to discourage collaboration with a religious leader), as indicated by the statement, "it's the client's call" or "if it's helpful, it really depends on the client." In addition, therapists seem to believe that it would be important that LDS leaders take the lead and work more with spiritual struggles such as "guilt" and "sin." These results may suggest that therapists in this study may hold less negative bias or be less fearful about what local LDS leaders do to help their congregations. However, a potential weakness of this study is that therapists' personal views of the religion were not assessed, therefore such a finding could be due to therapists who are also active LDS members and who also support their leaders.

The findings also show that therapists tend to believe some local LDS leaders may work beyond their scope of expertise based on overlapping ideas between "psychological problems" and "sins." While feeling competent in dealing with the sinful behaviors of their members, leaders may need to refer out for those experiencing significant psychological struggles. Thus, a lack of trust and failure by local LDS leaders to collaborate may ensue around therapy/therapists due to some of their perceived attitudes as well as their negative experiences with therapists in this area. This lack of trust may contribute to a poor LDS religious leader/therapist collaboration and suggests that LDS leaders in this sample may fear that therapists hold divergent worldviews about the developmental needs of individuals seeking help. Although these results may expand our thinking of cross collaboration and the referral process between mental health therapists and LDS religious leaders, the results may not be generalizable across all LDS congregations, LDS clients, and mental health therapists due to the small sample size as well as the unique and specific (seemingly unfavorable) experiences in this region between mental health professionals and LDS religious leaders.

However, the results do help us to be aware of this possible collaborative dialog and make potential implications. It is important that mental health professionals educate other helpers (clergy) about the process of mental health therapy and better understand what it is that mental health therapists actually do and don't do. Likewise, it is vital for mental health professionals to be open and understanding towards religious diversity and the meaningfulness one's spiritual life. For example, mental health therapists should strive to practice cultural competence with highly religious individuals, the institution and their leadership (i.e., LDS Priesthood structure), and how they view spiritual healing. When mental health therapists are able to be culturally sensitive to spiritual diversity, appropriate communication and education regarding the therapy process between mental health therapists and LDS religious leaders can be achieved. Productive and effective conversations between clergy and mental health professionals are needed, but in a fashion that fosters mutual understanding of each other's role, cultural sensitivity, religious respect, and establishing a healthy and open dialog between the two healing services to meet the client's needs. First step could be to begin with a discussion perhaps 2-3 meetings with these 2 groups of helpers (or have ongoing meetings when new mental health therapists are in the area and new LDS leaders are called) examining underlying assumptions about the helping process so both mental health therapists and clergy can better understand each other's roles. Then, moving to demystify and deconstruct certain assumptions and biases that may exist towards each other. This could entail mental health therapists learning about the LDS church, their beliefs, and how they view psychological struggles, while LDS religious leaders educate themselves in the general, ethical, and effective practices of psychotherapy. Both can be familiar with and understand clearly what will take place when the mental health therapist receives an LDS client and when the LDS leader refers his members to a mental health therapist. Future research could explore how this cultural, mental health, and religious education between these two groups can be improved to raise more awareness, foster more cultural sensitivity, and establish healthy working relationships between mental health therapists and LDS religious leaders.

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