The use of referrals for therapeutic counseling by Catholic parish priests and the implications for clinical social workers

Mary Anne Zapor

Follow this and additional works at: https://scholarworks.lib.csusb.edu/etd-project
Part of the Religion Commons, and the Social Work Commons

Recommended Citation
https://scholarworks.lib.csusb.edu/etd-project/492

This Project is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.
THE USE OF REFERRALS FOR THERAPEUTIC COUNSELING BY
CATHOLIC PARISH PRIESTS AND THE IMPLICATIONS FOR
CLINICAL SOCIAL WORKERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Mary Anne Zapor

June 1995
THE USE OF REFERRALS FOR THERAPEUTIC COUNSELING BY
CATHOLIC PARISH PRIESTS AND THE IMPLICATIONS FOR
CLINICAL SOCIAL WORKERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Mary Anne Zapor
June 1995
Approved by:

__________________________
Lucy Cardona, MSW, LCSW, Project Advisor, Social Work

__________________________
Dr. Teresa Morris, Chair of Research Sequence, Social Work
Copyright 1995 Mary Anne Zapor
ABSTRACT

This positivist research design project focused on the question: How do parish priests deal with people who are in need of therapeutic counseling? Central to this study was the hypothesis, that priests refer people to professionals, when there is no conflict expected between the values and morals of the church and the values and morals of the professional therapist. The study sample consisted of 140 Catholic parish priests who were working in the Diocese of San Bernardino and Riverside counties. Each was sent a self-administered survey eliciting information on the types of problems the parish priest refers, and the concerns he has when considering referral to a professional therapist. Univariate and bivariate analysis examined the relationship between types of problems and referrals. The study found parish priests do refer parishioners to other therapists. The study also found that priests tend to handle parishioners problems themselves when they did not personally know and have confidence in a therapist, or when they perceived a lack of sensitivity to language and culture. The study offers increased understanding about the priest’s concerns regarding referrals to clinical therapists who serve the needs of parishioners.
TABLE OF CONTENTS

ABSTRACT .................................................................................. iii

LIST OF TABLES ........................................................................... vi

INTRODUCTION

Problem statement ................................................................. 1

Literature review ................................................................. 1

Problem focus ................................................................. 6

Purpose of the study ............................................................ 7

RESEARCH DESIGN AND METHOD

Research question ............................................................... 8

Hypothesis ................................................................. 8

Goal ................................................................. 8

Sampling ................................................................. 8

Data collection and instruments ......................................... 9

Procedure ............................................................... 11

RESULTS

Data analysis ............................................................... 12

Analysis of the findings .................................................... 14

DISCUSSION ........................................................................ 23

Study limitations ............................................................ 26

Implications ............................................................... 26

APPENDIX A: Therapy Referral Survey ......................... 32
<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Informed Consent</td>
<td>35</td>
</tr>
<tr>
<td>C</td>
<td>Debriefing Statement</td>
<td>36</td>
</tr>
<tr>
<td>D</td>
<td>Department of Social Work Cover Letter</td>
<td>37</td>
</tr>
<tr>
<td>E</td>
<td>Bishop Straling Cover Letter</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>BIBLIOGRAPHY</td>
<td>39</td>
</tr>
</tbody>
</table>
LIST OF TABLES

Table 1. Percentage of referrals to therapists according to the problem presented by the parishioner ................. 15

Table 2. Percentage of referrals to therapists according to broad categories of problems. .......................... 16

Table 3. Percentage of referral reasons according to broad categories of problems ........................................ 17

Table 4. Chi square analysis of person(s) referred to and reasons for referral, by problem area .......................... 18

Table 5. Chi square analysis of person(s) referred to by problem in parishes with over 50 percent Hispanic parishioners ........... 19

Table 6. Chi square analysis of reason for referral of parishioners with problems in parishes with over 50 percent Hispanic parishioners ......................... 20

Table 7. Rank order by reasons respondents consider when choosing not to refer a parishioner ......................... 21

Table 8. Rank order by reasons respondents consider when referring a parishioner ........................................ 22
INTRODUCTION

Problem statement

Division between the "secular world" and the "spiritual world" has been a pervasive force in American society for decades. The field of social work has upheld this practice and opted for formally relegating any spiritual dimension of the person to the church, as the social work focus remained secular in philosophy and practice (Kilpatrick and Holland, 1990; Dudley, 1990; Ganji-Fling and McCarthy, 1991; Cornett, 1992). This separation has also been supported by the church, as the priest saw the care of his parishioners the responsibility of the church and the parish priest as her agent (Curran, 1969). In recent times there has been a shifting of thought regarding this demarcation and practices within the Catholic Church. This shift calls for a re-evaluation concerning the reciprocal relationship between clinical social work and the church.

Literature review

Historically the Catholic Church, and especially the parish priest, has played a significant role in the lives of the men, women and children whose care is entrusted to the priest. When education was a privilege afforded few select individuals the priest was often the only literate and educated person in a village. He became the teacher, advisor, advocate, mentor, and counselor along with being the confidential confessor and spiritual director of the people. The guidance of the priest was often central in the lives of the people. While the priest’s training related to church law and spiritual direction, his role as counselor and even therapist for his parishioners was accepted
standard practice (Bausch, 1993).

From the time of Christ until well after the Reformation there was little differentiation between psychological and spiritual disorders. Demonic possession or moral deficiency was thought to cause many forms of insanity, which were seen as spiritual problems. Into the nineteenth century psychology remained bound to faith and morality. It was not until Sigmund Freud’s concepts of psychoanalysis and his theory that the human mind could be studied scientifically through observation and measurement that this bond began to loosen (May, 1982).

Within a generation of Freud’s appearance psychologists and psychiatrists became known to many as a kind of "new priesthood" as psychotherapy began replacing spiritual and moral guidance as the primary method of alleviating mental disorders. Many clergy, especially Protestants, took psychological training to keep up with the times. Few Roman Catholics moved in this direction, in part due to the strength of their tradition of formal spiritual guidance, which the Protestants lacked. Still, Catholic spiritual direction was becoming increasingly psychological in nature or was often limited to institutional models of dealing with sin and its remedies (May, 1982).

Traditionally the Catholic Church has depended largely upon ritualized practices, such as confession, to meet the needs of its people. The church has operated much more on a cerebral basis, preoccupied with the mind of the person over their heart or any emotional needs. Liturgy, the force of authority, and private prayer have been key elements in the church’s meeting people’s needs. Prayer seems to have been a common antidote for any mental afflictions (Lopez, 1994). While this met the more
generalized rather than specific needs of people, the influence of psychotherapy has helped move the church toward looking at this dimension in caring for her people (Jackson, 1975). Its acceptance became a struggle the church wrestled with and is still today an area of contention for some in the church.

Though very little literature exists detailing this component of a priest's duties, Curran (1969) provides some insight into the value which has been placed on counseling and psychotherapy.

There is a wide area of both theory and practice which clearly relates religious values to psychotherapy... [counseling] is mainly what is and ought to be done in an ordinary religious setting... [Psychotherapy] too has many dimensions that are complicatedly interwoven with religious issues... Obviously religion is both wider in extension than counseling or psychotherapy and fundamentally different in intent and purpose. We are aware, too, of the limited efficacy of both counseling and psychotherapy as judged by modern psychological research methods. We do not, therefore want to suggest some kind of panacea for the human condition that religion could borrow from counseling and psychotherapy.

On the contrary, genuine religious issues and concerns cannot be supplanted by methods of counseling and psychotherapy as is sometimes popularly suggested. Such a point of view, aside from its misunderstanding of religion, vastly exaggerates the significance and achievement of modern methods of counseling and psychotherapy (p. 46).

This reflects the struggle within the church to seek a balance of these two dimensions. Holling (1990) argues that the unique elements of pastoral psychotherapy lie in the fact that it is performed by an ordained pastor, a representative of the church. Scanty empirical data and client views see pastoral psychotherapy as closely related to secular psychotherapy. The pastoral psychotherapist, however, sees himself as having a mission to treat the whole person by virtue of his religious office and the
use of resources such as scripture, prayer, doctrines, rituals, and sacraments.

Curran (1969) would concur. He sees that with all their evident weaknesses, counseling and psychotherapy still offer religion one of the best approaches to modern man (sic) as he really is and that certain awareness adapted from counseling therapeutic knowledge and applied in a religious setting can be significant and effective aids. Formal training of parish priests in this area, however, is often minimal or nonexistent.

This dichotomous struggle in the church was also evident in society. In the 1970s a disenchantment with traditional and pop-psychotherapy found people still struggling with issues of meaning, purpose, and fundamental life-directions turning back towards spiritual direction. However, Evangelical, Pentecostal and Eastern churches seemed to benefit the most from this boom. The Protestants lacked many tested and accepted methods of individual spiritual direction and Catholics discovered many of their methods seemed poorly equipped to respond to the complex needs of modern people. The past decade has seen an enormous push to reclaim traditions of spiritual guidance and integrate them with modern understanding of spirituality (May, 1982). This movement, however, does not relegate psychotherapy to merely a component of spiritual direction, though it appears as though its application is still being explored within the church.

There has been an evolution through a time when the psychological aspect of individuals was seen only in spiritual terms, followed by a time when spirituality was often seen in psychological terms, and today’s reality lies somewhere in between.
Though there may be a temptation to blur differences, McNamara (1975) sees this as risking "psychologizing" spiritual direction. May (1982) believes bringing these two dimensions together could sacrifice the gentle spiritual attentiveness required in spiritual direction. He cautions that the argument that mind, emotions, relationships and all other aspects of a person are ultimately spiritual relegates the true nature of spiritual counseling to only one element among many, including psychoanalysis, Gestalt therapy, sex therapy, assertiveness training, and antidepressant drug therapy, among others.

Cavanagh (1984) questions the treatment of people's psyches by priests who would never dream of treating their body. He states that pastoral and spiritual counselors need to be aware of their proper role and area of competence. A person seeking spiritual help from a priest may really need psychotherapy or some other type of counseling or care instead, or in addition to spiritual counseling. Unless the priest is trained in that arena he is encouraged to intelligently and comfortably refer people to those with specific education, training and competence in the area of need. The parish priest increasingly refers parishioners in need of counseling or psychotherapy to clinicians trained in these fields of practice.

Today's seminary training recommends to the soon-to-be-priests that they refer people after the first or second session to qualified professionals. This is in part due to the litigious times and also due to a recognition of the value of qualified trained professionals (Lopez, 1994). The question remaining, though, is what referrals are being done, and what counseling needs are still being addressed by the priest?
As priests increasingly utilize professional therapeutic counselors for referrals of individuals, families and groups in the parish, the demand for these services increases. The implications locally for social workers is an escalating demand for direct practice services. But when does the priest feel a professional referral will benefit his client/parishioner, and when does a priest choose not to refer? An understanding of the framework from which the priest operates is essential to providing services that are sensitive to the concerns in serving the needs of his parishioners.

**Problem focus**

The church, particularly the parish priest, has had a long struggle with use of psychotherapy in counseling. Though spiritual counseling and the care of souls is defined as a proper duty of the priest (Documents of Vatican II) people seek him for other problems as well. The Joint Commission on Mental Health has documented that 42 percent of people with problems go first to their pastors, compared with 29 percent who seek out a physician or other professional (Jackson, 1975). Given that many priests may not be professionally trained to provide therapeutic counseling, the question of focus for this study is how do priests deal with people who are in need of therapeutic counseling? The general hypothesis of this study is that priests refer people to professionals, when there is no conflict expected between the values and morals of the church and the values and morals of the professional therapist.

A descriptive positivist study was used for this research project employing the three main elements of theory, operationalization and observation (Rubin and Babbie, 1993). Using the data gathered from a survey instrument the study focused on parish
priests within the 100 Catholic parishes of the local Diocese of San Bernardino, California, comprising San Bernardino and Riverside counties. The major social work practice role evaluated in this study was the role of direct practice.

An important component to this study is the response of the clinical therapist. While empirically-based therapeutic counseling is valued, so are religious beliefs. Religious beliefs and values may contribute as much or more to understanding human behavior and the environmental milieu of client (Ressler, 1992). As the church and the parish priest continue to explore the role of counseling and psychotherapy in the parish, the utilization of professionals is becoming more accepted. The licensed clinical social worker as a referral option needs to be able to work closely with the parish priest in providing professional services to meet the needs of the parish-referred client. Developing a working, trusting relationship with the priest affords the social worker an opportunity for an increasing expansion of practice and service in an arena that promises continued opportunities (Straling, 1995).

**Purpose of the study**

The purpose of this study was to describe the types of counseling needs and under what conditions Catholic parish priests will refer their client/parishioners to professional therapists. Understanding the types of problems parishioners have that parish priests refer to a therapist, and an awareness of the concerns a priest has when considering a referral to a therapist will help the clinical social worker and other clinical therapists to serve the needs of this referral clientele with sensitivity to their particular needs.
RESEARCH DESIGN AND METHOD

Research question

The positivist paradigm was used in this research. The objective was to use an empirically oriented methodology to discover the true nature of reality. A hypothesis was developed to test the theory. As is customary with this design, observations were made and generalizations were derived, which in turn produced modifications of the theory (Rubin and Babbie, 1993). The use of a positivist design in this study allowed for pure empirical data without subjective bias that could influence the outcome. The research question and hypothesis for this study, which were pre-determined, employed the positivist principles to describe the parish priest’s use of counseling referrals. The research asked the following:

"How do parish priests deal with people who need therapeutic counseling?"

Hypothesis

The hypothesis guiding the study was:

Priests refer people to professionals, when there is no conflict expected between the values and morals of the church and the values and morals of the professional therapist.

Goal

The goal of the study was to offer guidelines for the clinical therapist seeking to work with clients referred by their parish priest.

Sampling

The population of interest for this study was the Roman Catholic priests serving in
parishes in the Diocese of San Bernardino, comprised of San Bernardino and Riverside counties. At the time of this study 140 priests served in this capacity in the diocese and the study sample included all 140 parish priests. In selecting a sample the primary criterion of the quality of the sample is the degree to which it is representative of the population from which it was selected (Rubin and Babbie, 1993). Any concern for the representativeness of the study sample, setting and procedures was addressed via questions on the survey relating to the priests background and the parish environment.

The names of the parish priests were obtained from the annual directory of the diocese and the diocesan data processing department which keeps a computerized listing of all priests serving in the diocese.

Data collection and instruments

A written survey was developed to collect the data for the study. A survey is a relatively systematic standard approach to collecting data. Surveys question in a systematic fashion identified samples of individuals, and the use of surveys is particularly effective in descriptive studies, such as this one.

The survey sought to verify the hypothesis that parish priests refer people to professionals, when there is no conflict expected between the values and morals of the church and the values and morals of the professional therapist. The survey questions were designed to learn the conditions of therapeutic referrals. The survey examined the relationship between the client problem and what the priest does, as well as the reasons for his decision.
The independent and dependent variables used in the study were analyzed in
particular problem areas. The independent variable was the type of therapist referral
and the dependent variable was the reason for the referral. Type of therapist included
Licensed Clinical Social Worker (LCSW), Marriage, Family and Child Counselor
(MFCC) and clinical psychologist (PhD), in addition to Catholic Charities counseling
and the priest handling the problem himself. The expectation was that with various
problems the type of referral would show a relationship with the reason for the
referral. Using the client/parishioner or client problem as an independent variable, the
dependent variable was the type of therapist the priest uses as a referral (i.e. LCSW,
MFCC, PhD, Catholic Charities counseling). Another relationship explored was
between the independent variable of the priest’s referral to a therapist for a particular
problem area, and the reasons the priest chose that therapist as the dependent variable.

The sparse literature about the role of the parish priests in addressing the
therapeutic counseling needs of his parishioners does not present any instruments
which have been previously used to collect such data (Joseph, 1988, Loewenberg,
operating in the diocese as part of Catholic Charities has experience working with
many parish priests who refer parishioners to them. Based on their experience the
director was willing to provide input into the design of the survey.

The survey was created by the researcher, with input regarding additional variable
categories provided by Caritas Counseling. While Caritas expressed interest in the
results of the survey, because it was listed as a possible referral their input was
minimal, to maintain the objectivity of the survey results. The instrument created for the study was pre-tested to ensure clarity of the questions and survey design. Since the entire population of priests serving in parishes were included in the survey the pre-test was given to several priests in the diocese who did not work in a parish setting.

The benefit of this instrument is that it was designed according to therapeutic counseling needs of this region. The survey results can be of value to not only the clinical therapists in this region, but also to the Catholic priests, since their role in addressing the needs of their parishioners is in a period of redefinition. The results of the survey, while they may not be generalizable to other populations, can be beneficial in exploring local counseling needs. The survey was designed to be as concise as possible, requiring no more than 15 minutes to complete.

To address a possible instrumentation bias respondents were given an opportunity to add comments at the end of the survey. A potential weakness in data gathering was report bias in that priests are often reluctant to respond to surveys, and might have questioned the purpose of this survey. To help alleviate this concern cover letters from the School of Social Work and Bishop Phillip F. Straling, the bishop of the Diocese of San Bernardino, were included with the survey.

**Procedure**

A self-administered questionnaire was the method of gathering data. The survey was mailed out to the parish priests with a cover letter explaining the survey and the protection of confidentiality and anonymity of the respondents. Also included was a letter from the Department of Social Work at California State University, San
Bernardino (Appendix D) and a letter from Bishop Phillip F. Stfaling of the Diocese of San Bernardino (Appendix E), approving of the research study and survey.

The survey was conducted in the summer of 1994. Since parish priests often take a one month vacation during that time the survey was planned for a 45 day period, staggered between calendar months to obtain optimal participation. Participants were asked, however, to return their survey within two weeks to the Department of Social Work. A stamped, self-addressed return envelope marked "survey" was enclosed with the survey to ensure ease of return and anonymity. Since the surveys were to be returned anonymously, another stamped self-addressed return envelope marked "consent" was enclosed to ensure the return of the Informed Consent form.

The data was collected by the researcher, Mary Anne Zapor a graduate student in the Master of Social Work program at California State University, San Bernardino.

RESULTS

Data Analysis

The data collected during this research study was analyzed quantitatively. The data was collected via a self-administered survey sent to all parish priests in the Diocese of San Bernardino. The survey was comprised of questions pertaining to the parish priest’s referral of parishioners to therapists (see Appendix A). The hypothesis of this research project was that parish priests refer people to professionals, when there is no conflict expected between the values and morals of the church and the values and morals of the professional therapist. Twenty-one different problems were listed on the survey and the respondent was asked to check with which person(s) he generally
refers parishioners with this problem, and secondly, why that person(s) were checked.

For analysis purposes numerical values were assigned each variable, 0 indicates no check mark, and 1 indicates a check mark for that problem response. Additionally, the respondents were asked to rank in order of importance seven considerations the priest has when he chooses to refer a parishioner to a therapist and six reasons he chooses not to refer a parishioner to a therapist. A univariate analysis indicated the central tendency for each variable and the ranking of the referral reasons used.

To test the hypothesis, or more correctly to reject the null hypothesis, the relationship between variables was analyzed. Most variables in this study were nominal, such as the type of therapist parishioners are referred to, reasons for such a referral, and the concerns a priest has in referring some parishioners to a therapist. Since the dependent variables in the study are not interval or ratio measurements, the parametric tests did not apply in this study. Non-parametric tests used included frequencies and the chi-square. The chi square statistical test was used in tables which show a relationship between the independent variable, type of referral, and the dependent variable, reason for referral. The chi-square tests the significance of the relationship between the variables. The Fisher’s Exact Test was also used when the number in any cell in the 2 x 2 cell analysis was below an expected frequency of 5.

Based on the responses received, certain variables similar in nature were collapsed for ease of analysis. The variables sexual and physical abuse were grouped into a general variable called abuse. Marital problems and infidelity were grouped into marriage; family relationship, behavior problems with children and parenting problems
were grouped into *family*, and alcohol and drug abuse were grouped into *substance abuse*. Mental health became the grouped category which includes depression, mental illness, coping with loss, anger, stress, and suicidal; and teenage pregnancy, gender issues (homosexuality), HIV/AIDS and abortion were grouped into a problem area called *morals/values*. Spiritual problems remained a separate variable. Additionally, the LCSW, MFCC, and PhD referral options were grouped into a referral called *other*. For purposes of comparison, Catholic Charities remained a separate variable.

**Analysis of the findings**

Fifty-six parish priests responded to the survey, yielding a response rate of 40 percent. Of the 56 respondents three said they were recently transferred into their parish and did not feel qualified to respond, and were eliminated. Thus, 53 respondents completed the survey. In addition to the questions concerning referrals, several social and situational characteristics were solicited. The results from these questions are also presented.

According to the results, 87 percent of the sample indicated they did not have a degree in counseling. Respondents came from varied parish sizes. The numbers show that parish size was fairly evenly distributed with 26.4 percent indicating their current parish was small (under 1,000 families), 34 percent had medium size parishes (1,000 to 2,000 families), and 39.6 percent had large parishes (over 2,000 families). The ethnicity of parishes shows that 98.1 percent of the parishes have less than 25 percent African-American parishioners, and 88.7 percent have less than 25 percent Asian parishioners. Forty-five percent of the respondents were in parishes with over 50
Table 1. Percentage of referrals to therapists according to the problem presented by the parishioner

<table>
<thead>
<tr>
<th>Problem</th>
<th>Person(s) to whom respondents refer parishioner with problems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Catholic Charities</td>
</tr>
<tr>
<td>Spiritual</td>
<td>96.2</td>
</tr>
<tr>
<td>Depression</td>
<td>26.5</td>
</tr>
<tr>
<td>Behavior/children</td>
<td>33.3</td>
</tr>
<tr>
<td>Marital</td>
<td>44.2</td>
</tr>
<tr>
<td>Alcohol</td>
<td>17.3</td>
</tr>
<tr>
<td>Drugs</td>
<td>10.4</td>
</tr>
<tr>
<td>Family relationship</td>
<td>39.6</td>
</tr>
<tr>
<td>Infidelity</td>
<td>75.5</td>
</tr>
<tr>
<td>Mental illness</td>
<td>6.3</td>
</tr>
<tr>
<td>Teenage pregnancy</td>
<td>41.7</td>
</tr>
<tr>
<td>Gender issues</td>
<td>57.8</td>
</tr>
<tr>
<td>Coping with loss</td>
<td>72.3</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>35.7</td>
</tr>
<tr>
<td>Unemployment</td>
<td>56.4</td>
</tr>
<tr>
<td>Anger</td>
<td>57.7</td>
</tr>
<tr>
<td>Abortion</td>
<td>60.4</td>
</tr>
<tr>
<td>Stress</td>
<td>52.1</td>
</tr>
<tr>
<td>Suicidal</td>
<td>25.0</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>22.9</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>21.3</td>
</tr>
<tr>
<td>Parenting problems</td>
<td>29.4</td>
</tr>
</tbody>
</table>

N = 53  Note: respondents could select more than one person
percent anglo parishioners, and 34 percent have over 50 percent of their parishioners of Hispanic descent.

Respondents were also asked how many years they have been a priest. The mean number of years was 23, with one respondent indicating he has been a priest only one year, and one respondent indicated he has been a priest for 51 years.

Table 1 and Table 2 show the percentage of referrals to various therapists by the problem area. Respondents were able to select more than one option. The tables indicate that the percentage of respondents who handle their parishioner’s problems themselves is quite high, 50 percent or over, in all combined problems areas, except abuse and substance abuse. Table 2 also indicates that respondents referred their

Table 2. Percentage of referrals to therapists according to broad categories of problems

<table>
<thead>
<tr>
<th>Problem area</th>
<th>Person(s) to whom respondents refer parishioner with problems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Catholic Charities</td>
</tr>
<tr>
<td>Spiritual</td>
<td>96.2</td>
</tr>
<tr>
<td>Abuse</td>
<td>24.4</td>
</tr>
<tr>
<td>Family</td>
<td>50.0</td>
</tr>
<tr>
<td>Marriage</td>
<td>76.9</td>
</tr>
<tr>
<td>Mental health</td>
<td>86.8</td>
</tr>
<tr>
<td>Morals/values</td>
<td>77.1</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>17.0</td>
</tr>
</tbody>
</table>

N = 53  Note: respondents could select more than one person
parishioners to outside therapists at also equally high percentages. Two noted exceptions are spiritual and substance abuse problems. Ninety-six percent of the spiritual problems were handled by the priest. Thirty-four percent referred substance abuse to the combined therapist group, and 93.6 percent referred to a 12-step program.

Table 3. Percentages of referral reasons according to broad categories of problems

<table>
<thead>
<tr>
<th>Problem area</th>
<th>Reasons for respondents selecting person(s) for referral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Most Qualified</td>
</tr>
<tr>
<td>Spiritual</td>
<td>81.3</td>
</tr>
<tr>
<td>Abuse</td>
<td>73.3</td>
</tr>
<tr>
<td>Family</td>
<td>77.3</td>
</tr>
<tr>
<td>Marriage</td>
<td>87.8</td>
</tr>
<tr>
<td>Mental health</td>
<td>89.5</td>
</tr>
<tr>
<td>Morals/values</td>
<td>84.4</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>81.4</td>
</tr>
</tbody>
</table>

N = 53 Note: respondents could select more than one reason

The reasons a respondent selected certain persons for referral vary (Table 3). In general the priests felt fairly positive about their choices in referrals. In all combined problem areas the respondents felt their person(s) of choice was most qualified, with over 70 percent in every category. With the exception of substance abuse, which was 81.4 percent, being a member of the parish was generally not a highly chosen reason.
Table 4. Chi square analysis of person(s) referred to and reasons for referral, by problem area

<table>
<thead>
<tr>
<th>Person(s) referred to</th>
<th>Most Qualified</th>
<th>Parish Member</th>
<th>Roman Catholic</th>
<th>Fees</th>
<th>Most Convenient</th>
<th>Legal Issues</th>
<th>Language/Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spiritual</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>self</td>
<td>1.34</td>
<td>.04</td>
<td>.29</td>
<td>.14</td>
<td>.87</td>
<td>--</td>
<td>.36</td>
</tr>
<tr>
<td>Cath.Charities</td>
<td>.48</td>
<td>.04</td>
<td>2.68</td>
<td>6.82*</td>
<td>.62</td>
<td>--</td>
<td>.36</td>
</tr>
<tr>
<td>Other</td>
<td>13.86**</td>
<td>15.31**</td>
<td>8.58**</td>
<td>.21</td>
<td>3.46</td>
<td>--</td>
<td>.54</td>
</tr>
<tr>
<td>12-step</td>
<td>1.34</td>
<td>.04</td>
<td>.29</td>
<td>.14</td>
<td>.62</td>
<td>--</td>
<td>2.10</td>
</tr>
<tr>
<td><strong>Abuse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>self</td>
<td>.61</td>
<td>--</td>
<td>3.68*</td>
<td>.00</td>
<td>.17</td>
<td>.05</td>
<td>3.68*</td>
</tr>
<tr>
<td>Cath.Charities</td>
<td>.24</td>
<td>--</td>
<td>.17</td>
<td>1.73</td>
<td>.91</td>
<td>1.63</td>
<td>.12</td>
</tr>
<tr>
<td>Other</td>
<td>3.44</td>
<td>--</td>
<td>.65</td>
<td>.35</td>
<td>.07</td>
<td>.21</td>
<td>1.36</td>
</tr>
<tr>
<td>12-step</td>
<td>.54</td>
<td>--</td>
<td>3.10</td>
<td>4.24*</td>
<td>7.12**</td>
<td>1.82</td>
<td>3.10</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>self</td>
<td>.78</td>
<td>.99</td>
<td>.72</td>
<td>7.68**</td>
<td>5.80**</td>
<td>.26</td>
<td>9.11**</td>
</tr>
<tr>
<td>Cath.Charities</td>
<td>.02</td>
<td>.99</td>
<td>1.18</td>
<td>2.95</td>
<td>.01</td>
<td>2.93</td>
<td>3.73*</td>
</tr>
<tr>
<td>Other</td>
<td>1.03</td>
<td>3.96*</td>
<td>4.32*</td>
<td>.31</td>
<td>.27</td>
<td>.01</td>
<td>1.55</td>
</tr>
<tr>
<td>12-step</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Marriage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>self</td>
<td>.28</td>
<td>.74</td>
<td>.23</td>
<td>4.07*</td>
<td>3.27</td>
<td>.73</td>
<td>5.15*</td>
</tr>
<tr>
<td>Cath.Charities</td>
<td>.25</td>
<td>.01</td>
<td>5.00*</td>
<td>1.50</td>
<td>1.21</td>
<td>.04</td>
<td>.33</td>
</tr>
<tr>
<td>Other</td>
<td>4.08*</td>
<td>1.39</td>
<td>5.41**</td>
<td>1.15</td>
<td>2.11</td>
<td>.02</td>
<td>.16</td>
</tr>
<tr>
<td>12-step</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>self</td>
<td>.72</td>
<td>.01</td>
<td>.12</td>
<td>1.65</td>
<td>.80</td>
<td>.46</td>
<td>1.16</td>
</tr>
<tr>
<td>Cath.Charities</td>
<td>.23</td>
<td>.53</td>
<td>.07</td>
<td>.83</td>
<td>4.82*</td>
<td>.36</td>
<td>1.49</td>
</tr>
<tr>
<td>Other</td>
<td>2.68</td>
<td>2.48</td>
<td>3.78*</td>
<td>2.14</td>
<td>.85</td>
<td>1.08</td>
<td>.88</td>
</tr>
<tr>
<td>12-step</td>
<td>.56</td>
<td>.02</td>
<td>.89</td>
<td>.0251</td>
<td>.51</td>
<td>6.89**</td>
<td>3.60*</td>
</tr>
<tr>
<td><strong>Morals/Values</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>self</td>
<td>1.40</td>
<td>.01</td>
<td>.25</td>
<td>1.82</td>
<td>2.51</td>
<td>.89</td>
<td>1.01</td>
</tr>
<tr>
<td>Cath.Charities</td>
<td>.23</td>
<td>.23</td>
<td>.71</td>
<td>.04</td>
<td>4.00*</td>
<td>.34</td>
<td>.66</td>
</tr>
<tr>
<td>Other</td>
<td>.19</td>
<td>3.07</td>
<td>3.44</td>
<td>.00</td>
<td>.83</td>
<td>1.22</td>
<td>.98</td>
</tr>
<tr>
<td>12-step</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>self</td>
<td>.99</td>
<td>.99</td>
<td>.17</td>
<td>4.77*</td>
<td>1.25</td>
<td>2.27</td>
<td>7.54**</td>
</tr>
<tr>
<td>Cath. Charities</td>
<td>.63</td>
<td>.63</td>
<td>.88</td>
<td>.01</td>
<td>.91</td>
<td>.84</td>
<td>.16</td>
</tr>
<tr>
<td>Other</td>
<td>.62</td>
<td>.00</td>
<td>.01</td>
<td>.30</td>
<td>.00</td>
<td>.14</td>
<td>.04</td>
</tr>
<tr>
<td>12-step</td>
<td>.46</td>
<td>.46</td>
<td>.42</td>
<td>2.20</td>
<td>1.91</td>
<td>.15</td>
<td>.52</td>
</tr>
</tbody>
</table>

N = 53  
* p≤.05  
** p≤.01
Being Roman Catholic was the most important in the area of mental health, with 44.7 percent, followed closely by morals/values with 37.5 percent, then family and marriage, also receiving over 30 percent selection. The fees charged by therapists showed its highest selection in mental health with 23.7 percent, followed by family and marriage. Convenience received a high percentage of selection in the mental health area, 60.5 percent, followed by morals/values at 40.6 percent. Legal concerns generally was not high on selection, the highest being abuse problems with only 17.8 percent. Finally, language and culture did not have generally high selection with only 24.5 percent in marriage problems as the highest selected.

Chi square values showed a significant relationship between the selection of

Table 5. Chi square analysis of person(s) referred to by problem in parishes with over 50 percent Hispanic parishioners

<table>
<thead>
<tr>
<th>Problem area</th>
<th>Person(s) to whom respondents refer parishioners with problems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self</td>
</tr>
<tr>
<td>Abuse</td>
<td>1.96</td>
</tr>
<tr>
<td>Family</td>
<td>.13</td>
</tr>
<tr>
<td>Marriage</td>
<td>2.55</td>
</tr>
<tr>
<td>Mental health</td>
<td>3.73</td>
</tr>
<tr>
<td>Morals/values</td>
<td>5.13</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>6.40</td>
</tr>
</tbody>
</table>

N = 18  *p ≤ .05
person(s) to refer to and the reasons for the referral in each problem area (Table 4). The figures show there is a relationship between other outside therapists (independent variable), and being Roman Catholic (dependent variable), in the problem areas of spiritual (p<.01), family (p<.05), marriage (p<.05) and mental health (p<.05). A significant relationship exists between a therapist's fees and the respondents handling problems themselves in the areas of marriage (p<.05), family (p<.01), and substance abuse (p<.05). A relationship between respondents handling family problems and convenience is also indicated (p<.01) as well as between convenience and Catholic Charities in mental health (p<.05) and morals/values problems (p<.05). Other findings show a significance relationship between language/culture and the respondents

Table 6. Chi square analysis of reason for referral of parishioners with problems in parishes with over 50 percent Hispanic parishioners

<table>
<thead>
<tr>
<th>Problem area</th>
<th>Reasons for respondents selecting person(s) for referral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Most Qualified</td>
</tr>
<tr>
<td>Abuse</td>
<td>.94</td>
</tr>
<tr>
<td>Family</td>
<td>.42</td>
</tr>
<tr>
<td>Marriage</td>
<td>.67</td>
</tr>
<tr>
<td>Mental health</td>
<td>.21</td>
</tr>
<tr>
<td>Morals/values</td>
<td>1.29</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>.16</td>
</tr>
</tbody>
</table>

N = 18    *p ≤ .05    **p ≤ .01
handling problems themselves in the areas of abuse (p<.05), family (p<.01), marriage (p<.05), and substance abuse (p<.01).

No significant relationships were shown between problems and referrals and the number of years a respondent has been a priest. To have a degree in counseling (independent variable) showed a significant relationship with the priest handling problems himself (dependent variable) in the areas of infidelity (p<.01), gender issues (p< .01), and abortion problems (p<.05).

Table 7. Rank order by reasons respondents consider when choosing not to refer a parishioner

<table>
<thead>
<tr>
<th>Reason</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feels capable of dealing with problem himself</td>
<td>1</td>
</tr>
<tr>
<td>Parishioner cannot afford therapist's fees</td>
<td>2</td>
</tr>
<tr>
<td>Does not personally know any therapist</td>
<td>3</td>
</tr>
<tr>
<td>Feels therapists not sensitive to spirituality of persons</td>
<td>4</td>
</tr>
<tr>
<td>Feels advice/counsel given may contradict church teaching</td>
<td>5</td>
</tr>
<tr>
<td>Feels therapist won't be sensitive to language/culture</td>
<td>6</td>
</tr>
</tbody>
</table>

N = 46

The relationships between the size of the parish and Asian or African-American parishioners was not measurable due to insufficient quantity in the data set.

When the relationships were examined in parishes with over 50 percent Hispanic population there were several positive findings. Table 5 shows a relationship of
(p<.05) between referrals to other outside therapists and mental health problems. Table 6 shows a relationship between family and morals/values problems and the therapist being Roman Catholic (p<.05). Additionally, a significant relationship of (p<.01) was found between language/culture and every combined problem area, which included abuse, family, marriage, mental health, morals/values and substance abuse.

Table 8. **Rank order by reasons respondents consider when referring a parishioner**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist's expertise in particular area</td>
<td>1</td>
</tr>
<tr>
<td>Respondent knows therapist personally</td>
<td>2</td>
</tr>
<tr>
<td>Therapist's morals/values or religion</td>
<td>3</td>
</tr>
<tr>
<td>Therapist's fees</td>
<td>4</td>
</tr>
<tr>
<td>Therapist's knowledge of Catholic teachings</td>
<td>5</td>
</tr>
<tr>
<td>Type of license of therapist</td>
<td>6</td>
</tr>
<tr>
<td>Therapist's language/culture</td>
<td>7</td>
</tr>
</tbody>
</table>

N = 43

Table 7 ranks the responses according to measure of mode. The reasons respondents consider when they decide not to refer a parishioner were ranked as follows. The highest ranked reason was the respondent priest feels capable of dealing with the problem himself. Therapist’s fees were ranked next highest, followed by the respondent not personally knowing any therapist. The lowest mode was a 3, which
closely ranked therapists not sensitive to spirituality of persons, feeling advice/counsel
given may contradict church teachings, and feeling therapists won’t be sensitive to
language/culture.

Table 8 shows the rank order of what respondents consider when referring a
parishioner. The highest ranking was the therapist’s expertise in a particular area,
followed by the respondent knowing a therapist personally. Therapist’s morals/values
and therapist’s fees followed, receiving a mode rank of 2. Knowledge of Catholic
teachings and type of therapist’s license received a 3 and 4 rank respectively, and the
therapist’s language/culture was ranked 7.

**DISCUSSION**

Based on the data analysis it appears that the null hypothesis, that priests do not
refer people, when there is no conflict expected between the morals and values of the
church and the morals and values of the professional therapist, cannot be rejected.
While priests do refer parishioners to therapists the data does not indicate that the
exception is in areas of morals and values. The chi square analysis indicates a trend
when the relationship between a therapist being Roman Catholic is examined with
referrals to other therapists. However, this trend is in the problem areas of marriage,
family and substance abuse. The trend is also seen in the area of mental health when
crosstabulated with Catholic Charities. The data does seem to show a significance in
the area of language/culture, especially in the primarily Hispanic parishes.

A statistically significant relationship exists between referrals to other outside
therapists and the therapist being Roman Catholic in the problem areas of spiritual
problems, family, marriage and mental health issues. Add to this the respondent’s highest ranking priorities of personally knowing a therapist and the therapist’s morals/values.

Tying in the additional comments written by respondents, a key reason the respondent priests want to personally know a therapist is so they can have confidence in their referring one of their parishioners. The priest looks for someone whose qualifications and expertise include acceptable standards of morals and values that do not contradict or conflict with those of the Catholic Church.

This explanation is strengthened by the comments respondents made, negative and positive, about each of the therapist referrals. One respondent noted that LCSW therapists were non-Christian and another noted that they are Humanists. Under Catholic Charities respondents felt positive about providing a spiritual dimension to their therapy and that they are implicitly Catholic in their background. One respondent noted that persons he refers to Catholic Charities are, “‘confident’ about Catholic institutions.” Even those who were negative about Catholic Charities emphasized religion, noting that they did not feel Catholic Charities was religiously tied to the faith enough in their counseling emphasis.

Therapist’s fees was also a major consideration in referrals. With a ranking of 2 on both Table 7 and Table 8, the comments of respondents noted often that the high fees of therapists were often a deterrent to referrals. In all but two problem areas fees showed statistically significant when paired with either a priest handling problems himself or referring to Catholic Charities. Based on the data and the comments this
indicates that often a parish priest will handle a problem himself or refer to Catholic Charities, because the fees are affordable.

Having a degree in counseling showed a statistical significance between respondents handling the problem themselves and problems of infidelity, gender issues, and abortion. However, the data indicates that those respondents with a counseling degree were more likely to refer a parishioner to another therapist and not handle it themselves. With an understanding of the value of professional counseling, those with counseling degrees recognize the importance of professional intervention by therapists with qualifications in specific areas, such as those indicated.

The data, along with the comments noted on respondent’s surveys, seems to provide the most insight when the reasons why other therapists are not used. The chi square results show a relationship most often when language/culture is a variable. When looking at parishes with over half the population Hispanic, language/culture is a significant factor in all problem areas. The ranking of factors to consider when deciding whether to refer a parishioner indicates personally knowing a therapist and their expertise in a particular area are high considerations. Though the therapist’s language/culture sensitivity was ranked lowest, it did become important when the respondents considered the specific problem areas noted on the survey.

A number of the respondents comments noted, along with high fees, that a consideration for referring was a language problem. Several priests noted that they handle problems themselves because they cannot find and do not know a therapist who speaks Spanish (one respondent noted speaking Vietnamese was a concern). One
respondent said other therapists are unqualified or unprepared to handle problems of immigrants and were not culturally sensitive to the Hispanic community. Another respondent noted that his large Hispanic population often do not have the financial and social resources to do anything about their problems. He said that the language barrier, lack of money, isolation, and low self-esteem characterizes a number of his parishioners.

**Study limitations**

The study was conducted with the entire population of Roman Catholic priests in a parish placement in the two counties of San Bernardino and Riverside comprising the Diocese of San Bernardino, located in Southern California. Forty percent of the priests receiving the survey responded and the analysis was compiled on a total of 53 surveys. Since the total number of respondents was relatively small, the test for statistical significance often just barely met the minimum cell requirements for expected frequency. While the results cannot be generalized to the entire population of parish priests, the analysis can be used to indicate trends in other populations of parish priests.

**Implications**

The findings indicate that parish priests are willing to refer their parishioners to qualified therapists in their community. The findings also indicate, however, that primary considerations for referral include personally knowing a therapist. The data indicates that without this familiarity and assurance of the qualifications of the therapist, the priest will not utilize an unknown clinician as a referral. As part of
"knowing" it is important that the priest feels confident with the therapist’s ability to be sensitive to the cultural and language needs of his parishioners. Additionally, the therapist needs to appreciate what might be referred to as a Catholic culture, in terms of being aware of Catholic values as they may pertain to a parishioner in a therapeutic setting.

The research findings indicate that priests will refer to therapists who have knowledge and understanding about the influence of spiritual values on their clients. Thus clinical social workers need to be cognizant of the concerns expressed by parish priests if clinicians seek to provide therapeutic counseling for those persons whose first contact may be their priest. Despite social work’s emphasis on issues of diversity, the recent educational focus has not included spiritual concerns. The Council on Social Work Education (CSWE) Curriculum Policy Statement sets guidelines for social work degree programs. Since 1984 it has included neither direct nor indirect references to human spiritual growth and development. The recent CSWE statements provide no guidelines to facilitate student’s understanding and knowledge of the influence of diverse spiritual perspectives on clients (Marshall, 1991). Social work schools would enhance their student’s abilities by incorporating the spiritual dimension of therapy into their curriculum.

The findings show that priests are concerned about therapists’ awareness of the spiritual dimension of the individual. The therapeutic community has made some progress in this direction. Spirituality is the last taboo area for therapists. Previously unwilling to talk about people’s spirituality, therapists are now getting curious and
beginning to explore this dimension (Titone, 1992). There has been a growing emphasis on spirituality in literature, including the need for professional knowledge and sensitivity about the impact of ethnicity on spiritual and religious needs (Logan, 1990). There has also been a change in social worker’s attitudes toward religion. There is a greater realization of the necessity of developing a coherent body of knowledge assessing the impact of religion on people’s personal philosophy and attitudes towards society (Judah, 1985; Sheridan and Bullies, 1991; Singh, 1992).

The findings indicate that a therapist’s inability to be culturally sensitive, or to counsel a parishioner in their native language is a detriment to receiving referrals by priests. These findings are supported by the bishop of the study area. Bishop Phillip F. Straling, bishop of the Diocese of San Bernardino, which was the focus area of the study, is also a licensed Marriage, Family, and Child Counselor. Straling spoke with the researcher regarding the studies’ findings. He said that the statistical significance of language/culture concerns, even at times over the concern about morals and values, was not surprising. Cultural identity is deep-seated in the Hispanic population, and while the parish priest may be seen as a viable extension of the family, a large segment of the Hispanic community is cautious about venturing into the therapeutic community for help. The therapist becoming familiar within the Hispanic community is a positive step toward acceptance by this population. The inability of many therapists to communicate with a potential client in their language, within their environment, is an added dimension that alienates many clinical therapists from a notable segment of the community (Straling, 1995). The training received by clinical
social workers does emphasize cultural sensitivity, though it fails to encompass important aspects of cultural identity. This includes not only a spiritual component, previously discussed, but also the impact of language on a client. Therapists needs to make a greater effort to address the cultural and language needs of the community.

The findings support a concern for religion in the areas of abuse and mental health and with a largely ethnic population. The findings in this study are consistent with a survey of 328 social workers and other therapists that found that the religious/spiritual dimension often played a role in a client’s therapy (Sheridan and Bullis, 1991). Oates (1955) long ago noted that religion is of great importance to the mentally challenged and is central to their struggle for identity and meaning in life. Research has indicated that spiritual beliefs and practices are associated with an increased sense of personal well-being and can be effectively employed as a coping strategy in times of stress (Sullivan, 1992). Several areas of clinical practice are likely to find an element of spirituality manifested in many clients. These areas include addiction and recovery, acute hospital care, chronic and terminal illness, work with the elderly, work in minority or ethnic cultures where spirituality is an important dimension with special individual or community values and work with persons with psychotic problems (O’Brien, 1992).

The study indicates that a significant segment of the population is not being properly served by the therapeutic community. Though the findings did not specifically address educational training of therapists, an important component to social work curriculum is developing an understanding of spirituality in a helping role.
with clients. Even though schools of social work often do not emphasize this spiritual dimension, clients continue bringing their spiritual concerns to social work practice settings. Without an adequate understanding of or sensitivity to these concerns, social work practitioners are ineffective in serving these clients (Marshall, 1991). As clinicians, social workers are trained to work with clients within their environment.

An awareness of this dimension and the ability to either integrate the spiritual dimension, or at least fully acknowledge and respect the beliefs and practices of the client, is essential to providing clinical therapy that addresses the needs of the client within their environment.

The research findings indicate that the priest "knowing" a therapist was very important in his decision whether to refer a parishioner to a therapist. Consequently, if the therapeutic community wants to be utilized as a resource by parish priests then they need to get to know the priests and the parish community. The involvement of the priest on community boards could enhance the relationship between priests and therapists in the community who are also active on community boards. The priest could also be invited to luncheons where a rapport can begin to develop. Priests do not refer parishioners solely based on the expertise or the therapeutic techniques of the clinician. The priest is cognizant of the counseling environment when he decides whether he will refer a parishioner. The priest also need to see the results of a therapist's work among his parishioners. "The clergy don't just open a phone book to find a therapist," said Straling. The priest needs to be comfortable with the therapist, almost like two friends. If he is to entrust members of his congregation to someone,
he needs to feel they will be not only of help from a therapeutic standpoint, but that they will respect the spiritual and cultural values of the client/parishioner (Straling, 1995).

The research study findings show that the clinical social worker, and any clinical therapist seeking to respond to the needs of the persons with ties in a local parish community, must be able to meet their needs affordably, and with appreciation and respect for their values, spirituality, language and culture. Developing a positive working relationship with the parish priest can be an effective step in reaching a population underserved by the therapeutic community. To refer his parishioners to a therapist the priest needs to be reassured that the therapist will counsel the parishioner with an appreciation of and a sensitivity to their religious and cultural background.
### Appendix A

**Therapy Referral Survey**

This survey should take no more than 10-15 minutes to complete. Your responses are anonymous and confidential. The first few questions are for classifying general categories only.

**Number of years a priest: _____**

**Do you have any degree in counseling?**
- □ no
- □ yes

**My current parish size is:**
- □ small (under 1000 families)
- □ medium (1000-2000 families)
- □ large (over 2000 families)

**My current parish ethnic composition, in approximate percentages is:**

<table>
<thead>
<tr>
<th>African American</th>
<th>Hispanic/Latino</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>under 25%</td>
<td>under 25%</td>
</tr>
<tr>
<td>25-49%</td>
<td>25-49%</td>
</tr>
<tr>
<td>over 50%</td>
<td>over 50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Anglo/White</th>
<th>Asian</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>under 25%</td>
<td>under 25%</td>
</tr>
<tr>
<td>25-49%</td>
<td>25-49%</td>
</tr>
<tr>
<td>over 50%</td>
<td>over 50%</td>
</tr>
</tbody>
</table>

**Q.1:** In general, when a parishioner comes to you for help and has one of the following problems how are they usually dealt with, and why.

*For each problem please check the type of counseling referral, if any. After each problem please check why you generally make this choice. The referrals are listed alphabetically. Key: Handle myself = choose to work with parishioner instead of referring elsewhere; Caritas = Catholic Charities' Catholic Counseling; LCSW = Licensed Clinical Social Worker; MFCC = Marriage, Family and Children Counselor; PhD = Psychologist; 12-Step = Alcoholics Anonymous, Al Anon, Overeaters Anonymous, etc.; Unknown = suggested counseling but gave no particular referral or don't know the type of license of the therapist.

**CHECK ALL THAT GENERALLY APPLY**

**a. spiritual problems I usually refer to:**
- □ Caritas
- □ LCSW
- □ PhD
- □ Unknown
- □ Handle myself
- □ most qualified
- □ other (explain)

**Why?**
- □ therapist is parishioner
- □ therapist's fees
- □ legal concerns

**b. depression I usually refer to:**
- □ Caritas
- □ LCSW
- □ PhD
- □ Unknown
- □ Handle myself
- □ most qualified
- □ other (explain)

**Why?**
- □ therapist is parishioner
- □ therapist's fees
- □ legal concerns

**c. behavior problems with children I usually refer to:**
- □ Caritas
- □ LCSW
- □ PhD
- □ Unknown
- □ Handle myself
- □ most qualified
- □ other (explain)

**Why?**
- □ therapist is parishioner
- □ therapist's fees
- □ legal concerns

**d. marital problems I usually refer to:**
- □ Caritas
- □ LCSW
- □ PhD
- □ Unknown
- □ Handle myself
- □ most qualified
- □ other (explain)

**Why?**
- □ therapist is parishioner
- □ therapist's fees
- □ legal concerns

**e. alcohol problems I usually refer to:**
- □ Caritas
- □ LCSW
- □ PhD
- □ Unknown
- □ Handle myself
- □ most qualified
- □ other (explain)

**Why?**
- □ therapist is parishioner
- □ therapist's fees
- □ legal concerns

**f. drug problems I usually refer to:**
- □ Caritas
- □ LCSW
- □ PhD
- □ Unknown
- □ Handle myself
- □ most qualified
- □ other (explain)

**Why?**
- □ therapist is parishioner
- □ therapist's fees
- □ legal concerns

**g. family relationship problems I usually refer to:**
- □ Caritas
- □ LCSW
- □ PhD
- □ Unknown
- □ Handle myself
- □ most qualified
- □ other (explain)

**Why?**
- □ therapist is parishioner
- □ therapist's fees
- □ legal concerns

32 (over)
I. HIV or AIDS I usually refer to:
- Handle myself
- LCSW
- PhD
- Unknown

Why?
- Most qualified
- Therapist is Catholic
- Most convenient
- Language/culture

Other (explain)

II. Mental illnesses I usually refer to:
- Handle myself
- LCSW
- PhD
- Unknown

Why?
- Most qualified
- Therapist is Catholic
- Most convenient
- Language/culture

Other (explain)

III. Unemployment I usually refer to:
- Handle myself
- LCSW
- PhD
- Unknown

Why?
- Most qualified
- Therapist is Catholic
- Most convenient
- Language/culture

Other (explain)

IV. Anger I usually refer to:
- Handle myself
- LCSW
- PhD
- Unknown

Why?
- Most qualified
- Therapist is Catholic
- Most convenient
- Language/culture

Other (explain)

V. Gender issues (homosexuality) I usually refer to:
- Handle myself
- LCSW
- PhD
- Unknown

Why?
- Most qualified
- Therapist is Catholic
- Most convenient
- Language/culture

Other (explain)

VI. Coping with loss I usually refer to:
- Handle myself
- LCSW
- PhD
- Unknown

Why?
- Most qualified
- Therapist is Catholic
- Most convenient
- Language/culture

Other (explain)
### g.2: In general, when referring a parishioner to a professional therapist or a program what are the positives and negatives you consider when you seek out the following. Please respond for each category.

**Catholic Charities’ Caritas Counseling**

<table>
<thead>
<tr>
<th>Licensing</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCSW</td>
<td>Licensed Clinical Social Worker (LCSW)</td>
</tr>
</tbody>
</table>

### g.3: When referring a parishioner to a therapist what are generally the most important considerations you have? Please rank, with 1 being the most important, 2 the second most important, 3 the third, etc.

<table>
<thead>
<tr>
<th>consideration</th>
<th>ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>type of license of therapist</td>
<td></td>
</tr>
<tr>
<td>know therapist personally</td>
<td></td>
</tr>
<tr>
<td>therapist’s expertise in a particular area</td>
<td></td>
</tr>
<tr>
<td>therapist’s language/culture</td>
<td></td>
</tr>
<tr>
<td>therapist’s morals and values or religion</td>
<td></td>
</tr>
<tr>
<td>therapist’s knowledge of teachings of Catholic church</td>
<td></td>
</tr>
<tr>
<td>therapist’s fees</td>
<td></td>
</tr>
<tr>
<td>other (explain)</td>
<td></td>
</tr>
</tbody>
</table>

### g.4: When you choose not to refer a parishioner to a therapist it is generally because: Please rank, with 1 being the most important, 2 the second most important, 3 the third, etc.

<table>
<thead>
<tr>
<th>consideration</th>
<th>ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel I am capable of dealing with the problem</td>
<td></td>
</tr>
<tr>
<td>I don’t personally know any therapist</td>
<td></td>
</tr>
<tr>
<td>I feel advice/counsel given by a therapist may contradict church teachings</td>
<td></td>
</tr>
<tr>
<td>the parishioner cannot afford therapist’s fees</td>
<td></td>
</tr>
<tr>
<td>I feel a therapist won’t be sensitive to the language/culture of the parishioner</td>
<td></td>
</tr>
<tr>
<td>I feel therapists are often not sensitive to the spiritual part of the person</td>
<td></td>
</tr>
<tr>
<td>other (explain)</td>
<td></td>
</tr>
</tbody>
</table>

Any other comments. Use back of this sheet if more space is needed.

**IMPORTANT NOTE!** Thank you for your responses. Please return this survey only in the stamped self-addressed envelope marked survey. Also, please return your signed consent form in the stamped self-addressed envelope marked consent.
Appendix B

Informed consent

The study in which you are about to participate is designed to describe when and why the parish priest will refer a parishioner to a professional therapist for help. The study is being conducted by Mary Anne Zapor under the supervision of Lucy Cardona, LCSW, professor of social work. This study has been approved by the Institutional Review Board of California State University, San Bernardino.

In the study you will be asked to indicate your general response when parishioners come to you with a problem. A series of common problems will be listed and you will be asked whether you generally tend to refer a parishioner with this problem to a professional therapist or you choose to handle it yourself. You will then be asked your concerns and considerations when deciding whether to refer a parishioner and why you might choose not to refer. The survey takes approximately 10 to 15 minutes to complete. There are no foreseeable risks or discomforts to you. This study will help researchers gain further understanding as to the use of referrals to professional therapists by priests and will provide insight for therapists seeking to work with parishioners referred by their parish priest.

Please be assured that any information you provide will be held in strict confidence by the researcher. At no time will your name be reported along with your responses. All data will be reported in group form only. Any questions you may have about the study will be answered by the researcher named above or by her supervisor. Your responses will be kept anonymous and confidential and you will be asked to return the completed survey in a self-addressed stamped envelope. At the conclusion of this study you may receive a report of the results upon request.

Please understand that your participation in this research is totally voluntary and you are free to withdraw at any time during this study without penalty.

I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and I freely consent to participate.

_____________________________  __________ Date
Participant Priest’s Signature

_____________________________  __________ Date
Researcher’s Signature

Please return in the pre-stamped envelope marked consent.
Appendix C

Debriefing statement

The purpose of this study was to describe when and why the parish priest will refer a parishioner to a professional therapist for help. The research question under study was "How do parish priests deal with people who are in need of therapeutic counseling?" As parish priests increasingly utilize professional therapists for referrals of individuals, families and groups in the parish, the demand for these services increases. The survey indicated that priests generally refer parishioners who have problems to a professional therapist. However, primary consideration for referral includes personally knowing a therapist and feeling confident with the therapist’s ability to be sensitive to the cultural and language needs of his parishioners. Additionally, the therapist needs to appreciate what might be referred to as a Catholic culture, in terms of being aware of Catholic values as they may pertain to a parishioner in a therapeutic setting. The survey provides greater insight as to the overall conditions and considerations that factor into a priest’s decision regarding referral of parishioners to professional therapists. Increased sensitivity by clinicians seeking to work more closely with parish priests who refer parishioners for therapy will benefit the priest, parishioner and therapeutic community.
July 1994

Dear Father:

My name is Mary Anne Zapor and I am a student in the Master of Social Work program at California State University, San Bernardino. For my master’s research project I have chosen to do a study on the parish priests’ use of referrals to therapeutic counselors for parishioners seeking help. This survey is being sent to all priests currently working in parishes in the Diocese of San Bernardino.

The survey is anonymous and confidential. There are no right or wrong answers. The survey results will help the therapeutic community working to best serve the needs of you and your parishioners. This research project is approved by the Institutional Review Board of California State University, San Bernardino. A letter is also enclosed from Bishop Phillip F. Straling supporting the survey. The survey should take no more than 10 to 15 minutes to complete, and your candid response would be greatly appreciated.

Enclosed is a copy of the survey (yellow paper). Please complete all three sides and return it in the self-addressed stamped envelope marked survey. This will ensure your anonymity. If you have just changed parishes, you may respond based on your previous parish.

The university requires all participants in a study to sign an informed consent form (green paper) indicating you understand the nature of the study and you are willing to participate. This form must be returned if you choose to participate in the study. A second self-addressed stamped envelope is enclosed for return of this form separately to keep your survey anonymous.

I realize your time is very precious, and I appreciate your valuable input into this study. Please respond within 10 days if possible. The research results will be published next spring and a report of the results will be available to you upon request.

Thank you again for your time and your valuable input. If you have any questions please feel free to call me or my project supervisor.

Sincerely,

Mary Anne Zapor  Lucy Capdona, LCSW
MSW Student  Faculty Supervisor

5500 University Parkway, San Bernardino, CA 92407-2397
Appendix E

Diocese of San Bernardino
Office of the Bishop

June 1994

TO BROTHER PRIESTS:

I write this letter as a way of introduction to Mary Anne Zapor and her research project which is a partial fulfillment of her requirement of a "Masters in Social Work" from California State University, San Bernardino that she is undertaking. Since she is an employee of the Diocese of San Bernardino, I am happy to support any of our people who are furthering their on going education so they can be of help and assistance to the Church.

Any help that you might be able to give her in her project, which treats the question of "How do parish priests deal with people who are in need of therapeutic counseling?" would greatly be appreciated.

I thank you in advance, for any help that you might give her in her project.

Sincerely yours in Christ,

[Signature]

Most Reverend Phillip F. Straling
Bishop, Diocese of San Bernardino

PFS/cg

cc: California State University, San Bernardino
Bibliography


