

Consultation Paper

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The proposed consultation will be for myself, Brandon Waggoner, to conduct a four-session training program for the pastors and staff at Mount Calvary Baptist Church in Charleston, West Virginia. The training program will be counseling specific in order to help with the request of the Senior Pastor who states there are no Christian counseling services to which he can refer his congregation. He also states that he feels he and his staff are not equipped to handle some of the mental health “issues” that arise.

Rationale

The rationale for this consultation comes from the need that the Senior Pastor, Jesse Waggoner, has noted in several cases within his congregation. Since there is no Christian counseling agency that he feels comfortable referring his cases, the purpose of the training is twofold. First, the three pastors on staff as well as other support staff directly involved in the ministry of the church will be trained as the consultees in order to help them recognize and conceptualize any issues that arise with the parishioners of the church. The model will be an indirect service delivery model as outlined by Benes, Walsh, McMinn, Dominguez, & Aikins (2000). In this model, there is no direct contact between the client (the parishioners) and the consultant (myself). Instead, there is a collaborative relationship between the consultant (myself) and the consultee (the staff at the church). The second purpose is to directly address the problems that the staff is encountering within the church. Thus, two of the training sessions will be dedicated to specific problems that the staff is having and addressing those issues within the framework laid out in the conceptualization phase of training.

Model of Consultation

The model for consultation will be behavioral in structure and implementation. In this model, “learned and current behavior is replaced with new, more acceptable behavior” (Scott, Royal, & Kissinger, 2014, p. 97). The staff at the church has taken a behavioral stance of acting (or lack of action) on their limited knowledge of mental health. Thus how they interact and determine the needs of their parishioners will be changed by use of these training sessions.

The training sessions will happen over the course of several weeks as determined by the consultee. Once the time frame is agreed upon, the joining process can begin after the initial session. I will make myself available on predetermined days for phone or skype consultation with any of the staff that have specific questions regarding the mental health of those in their ministry. By working to reinforce the skills and framework laid out in the training sessions, the goal of building confidence in the staff to conceptualize better will be reached.

Assessment and Diagnosis Plan

The assessment of the presenting problem will be conducted by interviews, observations, as well as research in the needs and demographics of the church attendees and surrounding area. A group interview will be conducted in the first training session in order to determine the current level of knowledge in the mental health of the church parishioners as well as the ability to conceptualize and implement correct interventions. The diagnosis plan will come from a determination of the knowledge level of the staff in the two different types of problems that pastoral counseling often encounters. These types are, “Factor 1—grief, death and dying, anxiety, and marital problems; and Factor 2—depression, alcohol/drugs, domestic violence, severe mental illness, HIV/AIDS, and suicide” (Polson & Rogers, 2007, p. 73). While most pastors reported in the above study that they have confidence in the Factor 1 problem, they are

less confident and likely to seek help in the Factor 2 problems (Polson & Rogers, 2007). Thus, the diagnosis of the problem will center around the knowledge area and frequency of these problems with this staff. Their ability to identify, conceptualize, and determine proper interventions will be evaluated and specific training or referrals will be given to them.

The definition of the problem, which may change once an assessment and diagnosis is complete, would be a lack of knowledge in the Factor 2 problems, as well as a lack of known resources to help the staff when knowledge is lacking. In overcoming this problem, the specific goals will be focused on three areas of growth. The three goals will include increasing counseling capabilities, continued education in counseling, and developing a referral program and process. While these goals are able to be changed by the consultee along the way, there are several operational steps to these goals to determine the accomplishment of the goal. With each of these, there would need to be a determination of the biggest area of need for more education and the biggest lack of counseling skills for the staff. Using demographic data and current pastoral counseling procedures, these areas of need can be determined. Additionally, examining the current resources available to the staff will allow for more specific identified needs to which a referral program can be beneficial. Also of operational importance would be designing an evaluative process to determine the effectiveness of the training and application of counseling skills.

Interventions

While there are several interventions which could be used, the ones chosen will be in line with the goals listed above. Workshops will be the preferred method of intervention in order to facilitate the improvement of all three goals. Workshops are the most common form of

collaboration between clergy and mental health professionals (Edwards, Lim, McMinn, & Dominguez, 1999). Utilizing the four sessions into a workshop format will allow the church staff to gain a better knowledge in conceptualizing their counseling with parishioners. It additionally will allow a format for the staff to convey what they know and begin to develop a plan to grow their skills as well as to know when to refer to another professional. Direct services will be offered in order to address specific cases that the staff may have. This type of intervention is less common and more dependent on a strong mutual respect for the professionalism of both the clergy and the mental health professional (Edwards et al., 1999). Thus, all of the interventions will be dependent on the consultation relationship between myself and the staff at the church.

Additionally, the development of a referral program will be done through the workshop format. While most church staff encounter many mental health issues, they are not as likely to know of the resources available to them or reach out for consultation (Moran, Flannelly, Weaver, Overvold, Hess, & Wilson, 2005). Thus, a psychoeducational approach to working within a workshop or direct services will be beneficial in developing and implementing an effective referral program. These interventions will incorporate a cycle of “reevaluation, recycling, and reformations” (Scott, Royal, & Kissinger, 2014, p. 86). This cycle will allow the consultee to provide feedback as well as to allow the consultant to evaluate if the interventions are not working.

Evaluation and Termination

In order to determine if the interventions are meeting the stated goals, a formative evaluation will be initiated. This type of evaluation will evaluate both the intervention and its implementation (Scott, Royal, & Kissinger, 2014). The method in which this will be done will be

in the form of a self-reporting pretest and posttest which all of the church staff will complete.

The pretest will consist of questions and ratings on the knowledge and preparedness of the staff to handle different presenting issues based on the two factors listed in the assessment. By comparing the rise, fall, or stagnation of the scores between the pre and posttests a formative evaluation can be completed. Each rating will focus the questions on the three stated goals listed above.

Termination will happen after four training workshops. The dates of these will be determined by the church leadership. All individual and direct services will stop at the conclusion of the workshop period. However, if the evaluation determines that more consultation is needed, the option is available to discuss continuing the relationship and a new consultation contract will be issued and signed.

Ethical and legal issues that should be known include several aspects. First, consultant competency will be evaluated throughout the process. If at any point the presenting issue falls outside of my expertise and training, this will be made known to the church staff. The referral program will be highlighted and even modeled to the staff how to refer when issues go beyond the expertise of any individual. Secondly, since the consultation will take place in a different state than that in which I practice, the laws governing counseling and consultation must be made known and adhered to within the state of West Virginia. Finally, an evaluation form will be given to all staff members in order to determine and evaluate the nature of the consulting relationship. Opportunities for continued consultation or workshops will be discussed and offered to the church staff as well.

Consultation Contract

between
Brandon Waggoner, MA (consultant)
 and
Mount Calvary Baptist Church, Charleston, WV (consultee)

Scope of Work to be Completed:

The consultant will provide four training workshops over a period of time mutually agreed upon in the coming year, 2017. The training will be for the purpose of increasing counseling capabilities, continued education in counseling, and developing a referral program and process. An evaluative process will be undertaken in the form of pre and posttests in order to determine the effectiveness of the consultation relationship.

Roles and Responsibilities

The consultant agrees to provide all materials for the workshop as it relates to meeting the goals stated above. The consultee is responsible for providing the logistics for training including workshop location, facilities, announcements, and registration (if needed). The consultant will report directly to the Senior Pastor. All materials and recordings of the workshop are the property of the consultee and can be reproduced and used for their use at their discretion.

Compensation

In return for the provision of the services above, Mount Calvary Baptist Church agrees to pay the consultant fee in the amount of \$X. This fee includes the time preparing for the workshops, research done, and direct services offered beyond the workshops. The amount should be paid within two weeks of the church receiving the summary evaluation.

 Brandon Waggoner, MA

Date

 Jesse Waggoner, Senior Pastor

Date

References

- Benes, K. M., Walsh, J. M., McMinn, M. R., Dominguez, A. W., & Aikins, D. C. (2000). Psychology and the church: An exemplar of psychologist–clergy collaboration. *Professional Psychology: Research and Practice*, 31(5), 515.
- Edwards, L. C., Lim, B. R., McMinn, M. R., & Dominguez, A. W. (1999). Examples of collaboration between psychologists and clergy. *Professional Psychology: Research and Practice*, 30(6), 547.
- Moran, M., Flannelly, K. J., Weaver, A. J., Overvold, J. A., Hess, W., & Wilson, J. C. (2005). A study of pastoral care, referral, and consultation practices among clergy in four settings in the New York City area. *Pastoral Psychology*, 53(3), 255-266.
- Polson, L. M., & Rogers, R. K. (2007). Counseling and Mental Health Referral Practices of Church Staff. *Social Work & Christianity*, 34(1).
- Scott, D. A., Royal, C. W., & Kissinger, D. B. (2014). *Counselor as consultant (counseling and professional identity)*. Los Angeles: SAGE Publications.