

Behavioral Health within the Faith-based Community and Pastoral Care as a Modality

By Rev. Ruben D. Brazzile, Tacoma, WA

March 20, 2010 (updated 4/18/2011)

Short Bio: Ruben D. Brazzile, is Chaplain at National Association of Black Veterans local # 004 Tacoma, WA., Ordained Minister Faith and Works Christian Fellowship, Ordained Pastor, Founder and the Elected Executive Director of the Pastoral Care Management Services Faith Health Services organization located in Tacoma, WA, a registered religious nonprofit corporation. He retired as Chaplain Brigadier General and Commissioned Officer with the United States Corps of Chaplains where he served as the Commanding Officer of the Western Division consisting of twenty five (25) states. He has been certified as a Mental Health Recovery Facilitator, certified Peer Support Counselor, certified Pastoral Care Specialist and an extensive host of other specialized training and continuing education and participation in Addressing Health Disparities, Working to end domestic and sexual violence, and continuing education in Mental Health, Disaster Mental Health, Behavioral Health, and Pastoral Care.

SUMMARY

The faith based community has a long history of providing *health services* within their faith community and local wider community. This brief addresses the viability of establishing Pastoral Care and Pastoral Care Management as a *Modality for Behavioral Health Issues within the Faith-based Community*.

Pastoral Care as a Modality presents a unique conceptual alternative to mental health and behavioral health wellness and recovery practice and Pastoral Care as a systems alternative for healthcare reform will not be addressed in this brief. This brief will give you an understanding the Etymology of Pastoral Care, and how the clergy role interacts with health, mental and behavioral health services and service systems, and taking in consideration of the National Consensus Statement on Mental Health Recovery, presents a unique approach for individual wellness and recovery.

This paper works to identify what types, and level of service that certified and licensed clergy can provide with focus on addressing behavioral health issues within the faith-based community.

We will consider how *pastoral care* can provide support or facilitate access to the next level of care as needed and can be a option to address some behavioral health issues within the faith-based community and local wider community.

The Faith-based and faith health community, meaning the larger population of people whose spirituality or belief system is centered around spiritual support who might seek out clergy, and religious ministry organizations to seek support for their health as it relates to Thinking, Mood and Behavior as well as religious related thoughts, concerns and emotions.

In the process of time entities have begun to accept the fact that there are some individuals who get their support and recovery from their 'spirituality', or spirituality related concepts and that spirituality is significant in the issue of 'recovery' in the lives of many people. In fact, more

research shows that many individuals feel more comfortable opening up and disclosing with their trusted spiritual advisor than public health and mental health practitioners.

“Healing, Wellness or Recovery can not be restricted to concepts of a singular culture or group of people. Recovery must embrace a broad range of concepts that produce clear and specific outcomes for the individual whether or not those concepts are accepted by another individual or culture.” - Ruben D. Brazzile

The faith-based community or those who have a faith-based belief system continue to seek out, and will continue to seek out clergy and faith-based ministry organizations to receive encouragement or support for their health care needs including emotional and spiritual support, and guidance.

The faith based community has a obligation to meet those needs to the best of their ability with their respective faith.

The Faith health community has been involved with Health Services Promotion and Preventative Services, and providing faith health services.

The faith based community is in a unique position with all of the people in their congregation or who go to the church for their support. Clearly, the church has always been involved in health related services and mental health related individual issues, and have been involved in care and treatment.

When it comes to mental or behavioral health care, Clergy have been involved in a significant role in how they as individual pastoral care providers or as ministry organizations have been apart of the healthcare system and have worked to facilitate to the next level of care.

In times past Clergy were not always seen as care ‘professionals’ and were not seen as being able to contribute to the service systems identified by the secular government oriented organizations. This went on for some time until it was recognized that Clergy, while clergy may not be care professionals in the traditional sense, they have been caring professionals in there role as clergy and many of these clergy seek out or obtain additional personal development training and specialized training in accepted standards or techniques to aid them in their pastoral care duties, these clergy have significant and substantial contributions, including skill sets that could link the faith based system of care with all other systems of care because Clergy have always played a significant role in the day to day lives of those with a faith-based background. Clergy encounter, interact, and collaborate in developing approaches and ways to provide support to their members.

Some research studies show that a significantly high number of many individuals have preferred talking with their Pastor or Clergy about personal health concerns more readily than traditional public mental health. Today, Clergy and those who provide pastoral care are faced with adult individuals, children and families with many complex cultural histories, including mental health conditions, and traumatic experiences. Trauma is well known to lead to Substance Use,

Depression, Irritability, Stress, family problems, relationship problems, employment problems,....social problems all equal 'society' problems even in the faith oriented communities.

What can the faith based/oriented community do, what can clergy do?

It is clear that the role of Clergy and Faith-based Community Leaders goes beyond the pulpit with interacting with the public, preaching and teaching. More emphasis today is being placed on the church providing support, '*pastoral care support, a hands on ministry; A hands on practice*', getting involved and partnering with individuals and becoming that conduit in their lives or helping them create and find more supports or outcomes based programs that inspire Hope, and that promote recovery, healing and wellness.

Pastoral Counseling versus Pastoral Care, are they the same?

Pastoral Counseling has been defined as Counseling provided by an ordained Pastor, or Counseling provided by an ordained pastor who is professionally licensed as a state licensed counselor or pastoral counselor. A Pastoral Counselor can be both ordained and ordained and academically degreed practitioners. When Pastoral Counseling is provided it is typically faith based talk therapy.

Pastoral Care on the other hand involves a wider range of support objectives articulated through it's standards of practice and through faith-health community based programs development.

Pastoral Care services are provided by a pastor or trained pastoral care practitioner who offers not only pastoral counseling as a form of care, but a long list of faith-based supportive community based programs designed to provide short and long term support for individuals needing to be seen on a regular and continuing basis or for ongoing recovery care needs to include quality improvement monitoring, counseling, independent living programs, and care management services.

Depending on where you go Clergy who provide pastoral care may lack adequate knowledge, training or experience, additionally, the *Type, Description, Level of Pastoral Care training and Quality of Pastoral Care skill* must be articulated by the clergy credential but often is not. All traditional Clergy credentials do not adequately reflect knowledge or level of skill of a particular clergy. Focus must be laid on the enhancing clergy credentialing standards.

Clergy are generally vulnerable to a number of risk that could result in a number of liabilities. But, addressing faith-based health services, pastoral care credentialing standards, and ensuring and enhancing competent practice we can reduce public safety concerns.

This report determines the need to enhance Pastoral Care practitioner and credentialing standards, forming a uniform standard, with unique faith based practitioner credentials that identify ones level of Knowledge, Training and Experience and networking all faith-based service providers through a faith based registration system. This system will establish it self as a faith-based, or faith-health services system of care and provide adequate support to meet the needs of the people including trauma survivors, substance users and those who have mental

health conditions within the faith-based community, among other issues. This is of fundamental necessity. Similarly, the need to provide effective and comprehensive training to those clergy who provide pastoral care to the public including training in standards of practice in sexual harassment, privacy of information, clergy misconduct and mandatory reporting requirements is also of fundamental necessity.

Consumers procure services that deal with their health through many service systems including the faith-based community.

Mental and Behavioral Health touches every aspect of life, breaking all boundaries and barriers, even in the faith-based community. Behavioral Issues such as:

- Clergy Misconduct
- Lack of adequate support for Mental/Behavioral Health
- Lack of adequate support for Domestic Violence Survivors
- Lack of adequate support for Trauma Survivors

Etymology of Pastoral Care

The word itself is derived from the Latin word *pastōr* which means *shepherd*.

The usage of pastor comes from its use in the Bible. In the Hebrew Bible (or Old Testament), the Hebrew word *רעה* (transliterated: *ra`ah*) is used.

The word 'Pastor' is used **173** times, and is used to describe feeding sheep like in Genesis 29:7 and also in regards to human beings like in Jeremiah 3:15, "*And I will give you pastors according to mine heart, which shall feed you with knowledge and understanding*" (KJV).

In the New Testament, the Greek word *ποιμην* (transliterated: *poimēn*) is used and is normally translated pastor or shepherd.

The word is used **18** times in the New Testament. For example, Ephesians 4:11, "*And He gave some, apostles; and some, prophets; and some, evangelists; and some, pastors and teachers*" (KJV). Jesus also called himself the "Good Shepherd" in John 10:11.

Historical usage: Around 400 AD, Augustine, a famous North African bishop, described a pastor's job

"Disturbers are to be rebuked, the low-spirited to be encouraged, the infirm to be supported, objectors confuted, the treacherous guarded against, the unskilled taught, the lazy aroused, contentious restrained, the haughty repressed, litigants pacified, the poor relieved, the oppressed liberated, the good approved, the evil borne with, and all are to be loved".

Pastoral care in America has been practiced as a biblically based concept, to perform a ministry of care and counseling by pastors, chaplains and other religious leaders to members of their

church, congregation or persons within a faith-based community organization or general local community.

Many Protestants use the term pastor as a title (e.g., Pastor Smith) or as a job title (like Senior Pastor or Worship Pastor). This usage is particularly common among Protestants who believe in the priesthood of all believers, and, therefore, they reject the use of the term priest for their leaders. Such denominations include the Lutherans, Mennonites, Methodists, Presbyterians, Reformed tradition churches, Baptists, Pentecostals and most non denominational churches.

In Christianity

The Bible does not explicitly define the role of a Pastor, but does associate it with teaching. Pastoral care involves shepherding the flock. This is a loving way of caring for people rather than controlling them.

Psalms 78: 52; 23

..Shepherding involves protection, tending to or caring for needs, strengthening the weak, encouragement, feeding the flock, making provision, shielding, refreshing, restoring, leading by example to move people on in their pursuit of holiness, comforting, guiding.

Ephesians 4:11 –12

11 And he gave some, apostles; and some, prophets; and some, evangelists; and some, pastors and teachers; 12 for the perfecting of the saints, for the work of the ministry, for the edifying of the body of Christ:

The Pastor's Role

There are many assumptions on what a Pastor's care is. Commonly, some see the Pastor's main job is to preach messages in mainline Protestant churches, while others see the Pastor's role in a much more broader realm.

In addition to preaching sermons, Pastors are also assumed involved in local ministries, such as pastoral care, chaplaincy, visitation, funerals, weddings, providing emotional and spiritual support and organizing community activities.

Pastoral care, therefore, is care provided by a Pastor, Other Clergy or faith based practitioner, under the direction of a Pastor, Other Clergy or faith based practitioner and is both *encouraging, and providing support, identifying needs of the people*, helping with individuals attain *empowerment* to address their own needs and live in joy, happiness and peace bringing new people into the church, performing good works, preparing people for works of service, so that the body of Christ may be built up and doing what they were ordained to do.

Roman Catholicism

In Catholic theology, pastoral care for the sick and infirm is one of the most significant ways that members of the Body of Christ continue the ministry and mission of Jesus. Pastoral care is considered to be the responsibility of all the baptized.

'Pastoral care' is also a term applied where people have offered help in the form of care, support, and advocacy for others in their church or wider community.

Pastoral care in this sense can be applied to listening, supporting, encouraging and befriending; visiting at the residence, or in the community i.e.: hospitals, nursing homes, and jails.

Pastoral care can also be a term generally applied to the practice of looking after the personal and social wellbeing of any individual, but also has referred to children under the care of a teacher. It can encompass a wide variety of issues including health, social and moral education, behavior management and emotional support.

Providers of Pastoral Care have been working in a care giving capacity for years.

- PROVIDING FAITH-BASED COUNSELING
- GIVING EMOTIONAL AND TRAUMA SUPPORT
- CARING FOR PEOPLE
- PROTECTING THOSE THEY CARE FOR
- TENDING TO NEEDS
- STRENGTHENING THE WEAK
- ENCOURAGEMENT
- FEEDING THE FLOCK
- MAKING PROVISION
- SHIELDING
- REFRESHING
- RESTORING
- LEADING BY EXAMPLE
- MOTIVATING PEOPLE ON THEIR PURSUIT OF HOLINESS, HEALING, COMFORTING AND GUIDING
- PROVING A MINISTRY OF CARE AND COUNSELING.

SO WHAT CAN BE SAID OF *PASTORAL CARE*?

Pastoral Care is a old yet unique concept of care that offers a wide range of strategies and interventions including community based programs and activities associated with providing pastoral care within the faith-based community or local wider community. There are a variety of interventions that can come through Pastoral Care including crisis intervention and support, Motivational Interviewing, brief talk therapy, and ongoing care as it relates to the behavioral health of those needing services, provided by clergy, usually pastors, or other faith-based credentialed practitioners.

Holistic Recovery is cited as a component to individual motivation as it encompasses an individual's whole life, including mind, body, **spirit**, and community.

Holistic recovery is an integral part to an individual's personal recovery process. Recovery embraces all aspects of life, including housing, employment, education, mental health and health-care treatment and services, complementary and naturalistic services, addictions treatment, **spirituality**, creativity, social networks, community participation, and family supports as determined by the person.

Consistent with the concept of Holistic Recovery, Pastoral Care, while having its roots in the bible is also a holistic recovery, and holistic recovery is nationally recognized as a component to individual recovery as cited in the National Consensus Statement on Mental Health Recovery.

Pastoral Care and Pastoral Care Management as a Modality concept

- A. a Pastoral Care Management program can be a structured and designed with adequate clinical supervision, and set practitioner credentialing standards, to provide a high standard of uniform safe and effective faith health services to provide support, to meet regularly with individuals, and family members on a regular ongoing and continuing basis as needed.

- B. A Pastoral Care Practitioner can facilitate access to the next level of care as needed;

- C. Pastoral Care Management allows a pastoral care practitioner to offer and perform a wide range of support services including:
 - 1. Conduct community and residential contact visits;
 - 2. Perform quality improvement monitoring and supervision including providing support to families, and those individuals needing monitored or supervised support.
 - 3. Screen & Assess needs, and evaluate risk and history relating to individual,
 - 4. Provide family empowerment and mediation;
 - 5. Provide encouragement and spiritual support;
 - 6. Conduct skill building inventories and exercises;
 - 7. Facilitate problem solving.
 - 8. Facilitate access to the next level of care through assessment, evaluation and referral.
 - 9. Connecting person's in need of services to community systems or local resources to meet immediate and long term needs;
 - 10. Provide continuous evaluation of an individual's progress;
 - 11. Intercede, as an advocate on behalf of an individual client to support or assist client with navigating systems;
 - 12. Function as the representative or designated advocate for individuals affected by sexual trauma and other forms of trauma;
 - 13. Provide crisis intervention and planning for individuals in need;
 - 14. Work to assure equity, both in the specific case and for any larger group or class to which the client might belong;

- c.) This person is a mandatory reporter as defined by state law.

National Consensus Statement on Mental Health Recovery

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
SAMHSA
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov

Background

Recovery is cited, within **Transforming Mental Health Care in America, Federal Action Agenda: First Steps**, as the "single most important goal" for the mental health service delivery system.

To clearly define recovery, the Substance Abuse and Mental Health Services Administration within the U.S. Department of Health and Human Services and the Interagency Committee on Disability Research in partnership with six other Federal agencies convened the National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation on December 16-17, 2004.

Over **110** expert panelists participated, including individuals affected by trauma, family members, providers, advocates, researchers, academicians, managed care representatives, accreditation organization representatives, State and local public officials, and others. A series of technical papers and reports were commissioned that examined topics such as recovery across the lifespan, definitions of recovery, recovery in cultural contexts, the intersection of mental health and addictions recovery, and the application of recovery at individual, family, community, provider, organizational, and systems levels.

The following consensus statement was derived from expert panelist deliberations on those findings

*"Mental health **recovery is a journey** of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential."*

'The 10 Fundamental Components of Recovery'

Self-Direction: Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.

Individualized and Person-Centered: There are multiple pathways to recovery based on an individual's unique strengths and resiliency as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

Empowerment: Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

Holistic: Recovery encompasses an individual’s whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and health-care treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

Non-Linear: Recovery is not a step-by step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.

Strengths-Based: Recovery focuses on valuing and building on the multiple capacities, resiliency, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, and employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

Peer Support: Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

Respect: Community, systems, and societal acceptance and appreciation of consumers — including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in one’s self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.

Responsibility: Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

Hope: Recovery provides the essential and motivating message of a better future— that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier Nation.

Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

Pastoral Care is commonly known to be integral to health care and ministry world wide. Individuals, faith based ministries, and clergy provide various forms of pastoral care, and the level of care provided depends on the beliefs of the particular faith group.