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Why we pay outsiders to counsel our congregation members: investigating the motivation for funding a congregational assistance plan

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ABSTRACT

A Congregational Assistance Plan (CAP) is a formalized mechanism of counseling, premised on the model developed offering support to workers, Employee Assistance Programming, except for members of a church community. This Canadian study involved 44 church leaders representing both urban and rural congregations. Participants reported that they used church funds to pay for CAP for both spiritual and pragmatic reasons. CAP is viewed as an extension of the church's ministry while also recognizing it was an economically efficient manner to help members of the congregation with psychosocial issues they did not feel comfortable sharing with ministers and deacons and often issues deacons. Ministers did not have the ability or comfort with which to assist.

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Introduction

What if there were a mechanism in place to provide congregation members with free professional, personal, family, and mental health counseling external to traditional church resources? What would lead congregation leaders to decide to spend their finite resources on such an endeavor? This article explores this concept: why church decision makers, from both urban and rural settings, in Ontario, Canada have chosen to use parish funds to finance free, external, and professional counseling for their congregations. Primarily provided by social workers, establishing the first Congregational Assistance Plan (CAP) in Canada.

The church has historically been an institution that has provided healing, education, comfort, and support for members of its congregations. However, this has not only been in a spiritual fashion. Hospitals, schools, and counseling services have all arisen from the church and continue to be supported by individual churches (Himchak, 2005; Husslein, 1928; Kerby, 1907; Task Force

on the Church and Higher Education, 1981; White, 2000). Numerous denominations, directly and indirectly, support medical facilities, schools, and community-based counseling (Flessa, 2005; Fraser, 2016; Gibelman & Gelman, 2003; Tangenberg, 2005; Yancey & Atkinson, 2004). Over time, the role of the clergy has changed as the church has evolved from only caring for members of its congregation, to caring for the entire community (Schwartz, Warkentin, & Wilkinson, 2008). No longer were clergy asked to provide health care, or secular education, though they were and are still expected to provide emotional comfort and psychological support to congregation members (Hedman, 2014; Stansbury, Harley, King, Nelson, & Speight, 2012).

The increasing socio-emotional needs of congregation members, along with the increasing demands placed upon clergy within their roles, has led many to feel overwhelmed by the responsibility of counseling in the contemporary milieu (Bledsoe, Setterlund, Adams, Fok-Trela, & Connolly, 2013; Francis, Loudon, & Rutledge, 2004; Miner, 2007). As well, many have indicated that they have not had adequate training and education in order to fully address the needs of their congregation members in this area (Ebear, Csiernik, & Bechard, 2006; Pickard, 2012).

Like medicine and education, counseling has become a far more complex area of practice. Multiple specialized, professional practice fields have emerged, with social work being among the most prominent. A core function of social work is to engage with individuals, families, communities, and institutions to alleviate social problems. It developed, in part, from the altruistic acts of church based and motivated individuals who envisioned a society based upon humanitarian and egalitarian values (Graham, Coholic, & Coates, 2006). While social work separated from its religious beginnings in part to gain legitimacy as a profession, the two have continued to interact, both in partnership and in contest. Faith-based organizations have continued throughout the 20th and 21st centuries to provide significant social support and assistance in serving those with great needs such as impoverished and homeless individuals (Garland & Bailey, 1990; Gibelman & Gelman, 2003; Gill, 2019; Marshall & Keough, 2004; Yancey & Atkinson, 2004).

Most of the social services provided by Canadian faith-based organizations have become so fully integrated into the community that their work is typically viewed as merely another component of the continuum of care as highlighted by organizations such as Jewish Social Services, Salvation Army Shelters, or Catholic Children's Aid Societies (Barr, 2005; Kane, 2001; Lewis, 2003). In the United States, legislation has encouraged faith-based organizations to take on an even greater role in delivering social services to the community in areas such as addiction, adoption, criminal justice, homelessness, and, immigration (Cnaan & Boddie, 2002; Lewis, 2003; Morris, Rambo-Freeman, & Powell, 2005; Sherman, 2000; Snyder, Bell, & Busch-Armendariz, 2015; Staral, 2000). In both nations, social workers are

prominent in providing those agencies' direct and administrative services. This has led to a variety of innovative responses (Lewis & Trulear, 2008; Smidt, 2009) including a new initiative developed by the Shalem Mental Health Network in Ontario, that is led and staffed by MSW level social workers in Ontario, Canada: The Congregational Assistance Plan (CAP). Shalem's (2018) stated values are to create mutual relationships and to be transparent and accountable while providing professional counseling service rooted in the spirit and principles of the Gospel.

The congregational assistance plan

The first academic documentation of a Congregational Assistance Plan appeared in the 1990s (Carlson & Cyper, 1994) though at least one program, operated by Pine Rest Christian Mental Health Services, has been functioning in Michigan and Iowa since the 1980s (Vernon, 2017). CAP was premised upon the principles and practice developed by workplace-based Employee Assistance Programming (EAP). EAPs are the first point of contact for millions of North American workers and their families with respect to prevention, evaluation, and resolution of issues where employee personal problems and employer performance and productivity concerns intersect. EAPs expanded from a specialized focus on alcohol abuse in the 1940s and 1950s, into a broad array of services including mental health issues, marital and family concerns, child and elder care, interpersonal violence, and, legal and financial matters (Csiernik, 2005). The CAP that Carlson and Cyper (1994) discussed used a voluntary Member Assistance Program (MAP) EAP template, but rather than delivering counseling services to employees, their target was individuals and family members of religious communities. They discussed how they had implemented the idea within an Episcopal church in Rochester, New York. In contrast, Kelly (1995) wrote about attempting to develop a CAP among churches in Illinois in the early 1990s using the same traditional, external, and professional EAP model as the foundation.

In 2005, executive directors of two Ontario, Canada faith-based mental health organizations, Shalem Mental Health Network in Hamilton and Christian Counseling Services in Toronto, sought to develop a creative means of offering faith-based psychotherapy services to congregations. Numerous pastors and pastoral care leaders had expressed to the directors their frustrations and difficulties in encouraging parishioners to seek personal counseling services. Some of these pastoral care leaders identified that at times they too felt overwhelmed and less than qualified to deal with some of the challenging personal and mental health issues presented to them. At the same time, issues of stigma, combined with the shame of asking for financial support if needed, appeared to act as substantive barriers for parishioners to

receive the necessary community-based counseling support (Smit-Vandezande, Vander Vennen, Van Wyk, & Csiernik, 2013).

In the context of that expressed need, a program was developed to provide services to congregations based upon the EAP approach of delivering brief, solution-focused counseling services but, adapted to a congregational context. Those seeking assistance would be eligible for up to eight counseling sessions of 1 hour each, with the provision for additional support as clinically determined. If a family had more than one issue it wished to explore, for example, both a concern involving a couple's relationship and their child's acting out at school, eight counseling sessions could be allocated for each. With CAP, a church would purchase all of its congregants' counseling sessions for a fixed annual fee based upon the number of households and a set anticipated utilization rate. Counseling services would be provided by local counselors with Master of Social Work and Master of Divinity degrees coordinated through a central service provider. Congregation members would call a toll-free number and state to which church they belong, describe the presenting issue, and any preference for the sex of the counselor to an intake worker. An appropriate affiliate provider in the congregation member's community would then be assigned and the counselor would be asked to directly contact the individual for an appointment. Each provider in the network, along with having a minimum of a Master's degree in a counseling profession, was required to belong to a recognized professional association following prescribed ethical guidelines, provide evidence of current professional liability insurance, and had to be able to articulate the integration of their Christian faith with their clinical practice (Vander Vennen, Smit-Vandezande, Van Wyk, & Csiernik, 2013).

In the first five years, from 2005–2010, CAP grew from the 2 inaugural pilot churches to 15. In the following 6 years CAP has expanded to 55 congregations spanning from Chatham in western Ontario to Belleville in eastern Ontario. The total number of families that have access to counseling services paid for by congregation donation is now over 6,000. There are over 2,500 counseling sessions per year provided with a utilization rate that hovers between seven to 8% per annum. This continuing growth and expansion have led us to ask why. Why, given all the demands on a congregation's funds, have these churches decided to pay an outside organization to take care of the well-being of its members? Additionally, why overtime have they continued to support this initiative?

Methodology

A purposive sampling model was used to select seven (7) churches that represented the range of participating congregations along three variables:

- (1) urban versus rural (over 100,000 in the community versus under 50,000);
- (2) larger versus small congregation (more than 100 families versus less than 100 families); and,
- (3) older versus newer members (membership of over 5 years in CAP versus membership of under 5 years).

Leadership of each selected church was approached by the Congregational Assistance Plan coordinator to inquire if they would like to be involved. Representatives of the churches that indicated they were interested in participating were invited to select six to eight members, over the age of 18, to attend a 60-min focus group held in the evening. Individuals needed to be aware of the mandate of CAP and also needed to be directly involved in the budgeting and funding decisions their church made. Focus groups took place within the churches themselves. The interview schedule consisted of 10 questions ([Appendix A](#)) and was voice recorded using two digital recording devices. The same questions were asked in each of the focus groups in the same order. Participation was voluntary and those present were free to answer any or none of the questions posed. Research ethics approval was obtained through King's University College, London, Ontario.

Seven focus groups were held between April and July of 2017. In total, 44 individuals (mean 6.3/group, median = 5 with a range of 4–12) participated, 18 females and 26 males. The average length of the session was 35 min with a range of 24 to 48 min per focus group. Focus group recordings were transcribed verbatim. The analysis was informed by a process of qualitative coding that considered conversation in focus groups via a lens of co-creation of interaction. This process works to identify commonalities in clusters of conversation to isolate common themes within and between participants and groups. The method not only looks at the content of conversation, but also considers what people say, when, how, and why people participate in dynamic discussions, building on comments to create a core understanding of the group process. In theory, this method is utilized to ascertain a rich perspective of meaning in the context of focus group interviews. Exemplars supporting each theme were used as a cross-reference mechanism.

Findings

In general, the individuals who volunteered to participate in the focus groups had positive thoughts, opinions, and reflections regarding CAP. There were numerous exemplars from each of the seven sessions laden with favorable reviews, depicting CAP as an accessible service that they have come to rely on to foster an environment of support for members within their church communities.

I think the main thing that I like is that (before CAP) many people may not seek help and because of this program enough barriers are broken down, they have a specific recommendation that other people have said are good, they have no financial restraints, and they're more likely to seek help that they absolutely need, and therefore we're providing care for people over top of what they would usually get, and I love that, that we can hopefully provide good care and grow our community for people even though we don't know who is accessing it; that we're helping even not knowing, I think that's great. (1F4)¹

I think just acknowledging that we talk about brokenness, or the need for grace and God's love (is a positive). I think when I was growing up particularly, my impression was that the Church really had its head in the sand in regards to really what brokenness can really look like in our lives, and acknowledging any breakdown of any kind, except maybe a broken leg or something, was almost not biblical to have a broken anything – a broken relationship, a broken mind, it just, you know – was almost like a sin that was on – it was irredeemable almost, and it wasn't acknowledged, and the suffering people had – must have had until the Church started to really be honest. And I think (funding CAP) is part of being honest and being – freeing the chains that Jesus talked about the Gospel doing when He came – prisoners to be free and all those things, that's – I think it's our mandate. (7F2)

Why join CAP?

In each of the seven focus groups, concrete examples were identified that contributed to and fueled their respective Council's decision to financially support CAP. Some of the focus groups discussed a specific individual within their congregation who took the initiative, acting as a program champion or catalyst, leading their church to join CAP.

If I dare say, there was a family in the congregation who were going through a very difficult time, and they came across (CAP). And I'm not sure whether they went for counseling with Shalem or not, but apart from that, the gentleman took up the whole idea, researched it a bit, and then presented it to us as a congregation via Council. (3F1)

In some of the focus groups, specific critical incidents were identified that broadened decision makers' awareness of need within the church congregation and the greater community. Experiencing these incidences prompted them to consider CAP as a method of additional, specialized support to congregation members experiencing crisis in their lives beyond that which could be properly supported by the minister or deacons.

Well, I think there was a whole awareness of mental illness and how to respond to it. And I guess in the past we could try to help people on an individual basis if they needed counseling and that didn't work all that well because mostly people didn't come forward. It was an obstacle for them to even make that first step to contact or be aware that they may be needed some help ... they just didn't come around to

help even if they needed help. So sometimes we suspect they probably held off getting help when they should've so we felt this was a more discreet way of them being able to take that first step without having to feel that financial burden that it might bring on, to ease that. (5M1)

I was one of the deacons on at the time and a crisis happened ... and just like that (CAP) was needed. (6M1)

Congressional needs identified

Several focus group conversations included discussions regarding the increased awareness of psychosocial needs within their congregations that required attention as part of the motivation for funding CAP. Some of the respondents discussed how, over time, they had gained greater insight into the broader challenges faced by families, were now more cognizant of mental health issues, and realized that their pastors could not always fully address these challenges.

I think for years it's been the acknowledgment with our Church and society in general with the stigma around mental health, I mean the Church, as a Church, we're no stranger to that ... so, it's nice for people who do have that burden that there is that acknowledgment that we are aware of this and I mean, as Christ says, come to me, all who are weary, who are burdened. And, it's a real thing. So, it's nice. I think everybody feels comfort and everybody knows people and it's nice that that network is there. I think it's benefited everybody individually and collectively. (2M3)

I was on the executive committee of the church when (CAP) was starting, and it was mainly due to the fact that we were a growing church. Prior to the year 2000, this church was actually dropping off a lot of membership. Post 2000 there was quite an explosion, and so we had a weakness in pastoral care on our ministry team, and it was felt that farming (counseling) out made a lot more sense to professionals. So that's the number one reason we did it. (1F2)

Acknowledging and reducing barriers

Discussions regarding a sense of collective responsibility arose during various focus groups, as it was repeatedly acknowledged that the cost of counseling was a significant barrier, decreasing the likelihood for many of their congregation members to seek services. Respondents, in general, indicated that by collectively funding CAP, it made counseling services more accessible to members and families as it eliminated the costs. Funding CAP was considered as part of building their church community.

Well, one of the reasons that I thought that it was such a great idea when it first came out was the fact that people that have less funds are still able to get counseling very, very easily ... as well as the anonymity, of course, which you

know is good, but there's a reluctance to spend money, I think, but if it's already being supplied and you can just go and do that, then you're able to ... then people are more likely to use that particular service. (6M3)

I think it's just, we feel the need to help. A lot of people, I don't think would use CAP if they had to pay to enroll. (7F1)

The other major barrier that emerged was the personal challenges of coming forward to access services. The historical context and the tight-knit nature of the church community were acknowledged as contributors to stigma. It was noted how the nature of CAP as an external service helped to reduce stigma in their congregation by extension of the privacy and confidentiality offered.

I think the hardest thing for members in the congregation is to open up to fellow members in the congregation because we all know each other so well. This gives the members of the congregation an opportunity anonymously to seek help and we try to provide that direction by letting the congregation know that that help is available. And, I think that's a good thing because not everybody can open up to people that they really know well. You know, it's something they have trouble sharing. (2M1)

I think people would hesitate to volunteer for any counseling if there were strings attached somewhere. So, I think both through this program, it is easier to talk about this program, so it becomes user friendly and individuals would use it because it's easy. It's easy to use. (2M2)

You don't have to go through your pastor. You don't have to go through your elder or your deacon. You just call it up. (3F4)

The gospel extended through CAP

Most of the focus groups made positive connections between the Gospel and the provision of services through CAP. Within the focus group conversations, it was revealed that CAP connected in principle to a personal and contextualized narrative held by this faith group. Some of the discussions also took a pragmatic outlook on the service and simply related funding CAP to their goal as a church to help others as the motivation for participating. Another common theme was that offering services through CAP was an example of how the love of Christ could be extended to others.

I think it is all about helping each other out and that is also reflecting the love of Christ by doing that. So, I think that's the whole purpose of doing this, is to show the love of Christ. For sure. (2M4)

I think it shows, demonstrates, the compassion of Christ through making the service available. Often times, I know I've had in the past before that you don't

know where to turn and I think that's part of God's hand in service to them would demonstrate Christ's love among the congregation and any of those we need to help. (5M2)

And I think in the sense of demonstrating an interest in the whole person that the gospel extends to all of our lives. It's not just a Sunday thing, not just a spiritual thing, but the goodness of Christ extends to our whole life. (5M2)

Other focus group conversations evolved into lengthy and detailed accounts, demonstrating how CAP connected theologically and philosophically to their purpose of making the program available for their church community. Discussions highlighted being in a place to welcome those in need, recognizing a current or historical stigma associated with seeking help, and the importance as leaders to promote the cause in their communities.

I think exegetically you would say that, you know, we are called to walk alongside the marginalized, right, that we shelter. And you know, in today's day and age that may look different than it did 2,000 years ago. But nonetheless, we are still called to walk alongside those that are in need, right? So those that are less blessed than us and that's been a theme of our church and so this fits into that theme and I mean more – and I've just been, honestly, involved probably since I was a chair council and then since coming on staff a year – just over a year ago. And you know, just the sheer number of people that while we were vacant would talk to me and I would point in the direction of CAP. (4M1)

CAP aligned with institutional vision and practice

Respondents also highlighted connections with CAP as an extension of the church in terms of outreach and building community, as well as their role in providing pastoral care both internally and externally. Sometimes, this was framed through interpretive references in biblical terms, recognizing and relating to the broad philosophical reasons that people connect to church communities.

When it started, I thought, "Ah, big deal. Who would use this?" And after a year or two, all of a sudden, I find that it's fully used, and it was a shock for me. And we are in the deacons to help and heal, and to me, that is a prime example of our duty. (3M1)

Our Church's vision, I don't know if it's our vision statement, but in a certain way our Church's vision, is that we focus upwards toward God, outward towards our community and inward towards each other. Those are three aspects that we really try to focus on, as we've identified those three things. And so, by focusing inward and trying to help each other, (CAP) certainly fits right in with that. (2M3)

Perceived benefits

There were many positive benefits for pastors and the congregation discussed by members of the seven focus groups as motivation for funding CAP. Themes highlighted the role of pastors and deacons in utilizing CAP;

the need to recognize the scope of responsibility that falls within church ministry practice and the duty to relieve people of their worries. Respondents viewed CAP as having added convenience, providing them with an increased repertoire of tools to utilize, and increasing the church's ability to offer support.

(CAP) extends our care to the whole person, so it's a big benefit. As an elder, when I do elder visits, it's just nice to have that extension to offer people, you know, things can come up that are beyond the scope of my abilities to deal with or ... talk with people about, so they need to go further. I think it's another venue that you give your members that opportunity to get that help. (5F3)

For me it also I think means that I don't have to research and interview all the counselors in this area so that I have an idea of who I could refer someone to. Or I'm not scrambling to talk to my colleagues and say "Someone made this request. Who would you recommend?" Because honestly I don't have the expertise even in some ways to be able to carry some of that out. (5M2)

You know, the redemption that God brings to us in Christ is body, soul, spirit, you know, whatever we want to divide people on, right, or even creation; and so it allows us to, as a church, to sort of highlight that element of God's redemption that includes a psychological aspect and a social aspect that people sometimes struggle with, and to find healing in those areas that ... we can do a lot of physical help, you know, hands-on help with people. We can do a lot of spiritual counseling. I can do that. But as soon as it gets into psychological then the rest of us in this congregation, it's out of our field. (6M2)

I think [name redacted] touched on it earlier too, I mean, in a church you just encounter some situations or stories that are just so overwhelming, perhaps to a lay leader, or even a pastor, so that I think having that additional support is just an invaluable resource, and just why it gets prioritized in budget. (7M2)

Administrative impacts

There were also a few focus groups that discussed the benefits of CAP on church administration. Some of the conversations highlighted the value of CAP being an external structure, including ease of referral and the transfer of liability. Most of the focus groups saw benefits in terms of the cost, compared to previous methods of offering assistance that had been attempted, and appreciated the predictability of cost from a budgetary perspective. Church councils were actively utilizing the quarterly statistical summaries provided by the counseling agency in an evidenced-based manner to justify including CAP as a fixed cost in their budgets.

I think the fact that when we initially enrolled, the fee was based on the percentage of – experience of percentage usage in other churches, but that it also would be tailored to our usage that helps too. (5M2)

It's cheap. To be quite crass, it's all about money for me. We're not having to hire an on-site counselor, we're not having to assume the legal liability of providing

very personal counseling sessions to people, there's a built-in confidentiality because it's not happening on-site. So, there's just all kinds of reasons why it's a very good – it's a win-win situation from a purely administrative point of view. Right? No one's going to sue us. They're suing you ... so the liability – the transfer of liability is extremely attractive to me right off the pop, and it's cheaper than hiring a full-time person. (1F2)

Impact on the ground

Focus groups participants noted the distinct impact CAP had with members and the overall church community as a major motivating factor for financially supporting it. They also saw their Church's utilization of CAP as an opportunity to open dialogue and to shift the culture and reduce the stigma around personal issues within the congregation.

I do know from my angle that the capacity to tell people ... you know, they might call me and they might divulge a little bit about why they're looking for the CAP phone number; and so I can tell them that I know of other people that have had those kind of things and they've called CAP, and I can tell some success stories, because there's a few that I know, which reduces that burden or that stigma, right? It says hey, there's lots of people using this program, so I'm not ... you know, I'm not loony because I'm calling CAP, right? (6M2)

... we've had a few testimonies in church to that effect. I'm thinking of one congregante in particular who spoke maybe a year and a half or two ago about receiving some assistance, and alluded to having been assisted by CAP. So, I feel like there's more and more openness and I find a bit in conversation with members of my pastorate there's more curiosity. I often raise CAP if I feel there's perhaps some need that's been identified, and maybe they'll think about the fact that we have this to offer, and so I remind people and I feel like I can speak to the quality of care that's available, because of knowing several of the staff members. And I think that that gives members of our congregation more confidence as well, saying sort of, I believe that these people are really reputable. I also think that the stigma just naturally will go away, because as more people – like we have a good number of people using it every year, we know that. We have to have those numbers. And as people use this program, they're more likely to use it again, their own reluctance will go down naturally. (1F1)

Discussion

I can't imagine going back (to not having CAP). (7F2)

A leap of faith entails engaging in an act of believing in something whose existence or outcome cannot be proved or is not known (Cambridge Dictionary, 2019). When the proponents of CAP proposed to their boards to invest resources in piloting this initiative, there was a leap of faith just as there was for the initial congregations to invest their members' contributions in an untested idea. The insights provided during the focus group sessions

underscore this, but they also speak to a level of not only pragmatism, but compassion, for fellow church members. A variety of motivating factors are evident in the exemplars which capture the spirit of the discussions held with the seven focus groups throughout Ontario. Respondents indicated that, over time, the benefits for participation became more self-evident to church leaders. From the perspective of those who volunteered to be part of the study, CAP had become an integral extension of the Ministry of the churches and thus, it was not an issue to dedicate funds to provide this service.

While the primary function of a church is a place to gather to worship, to witness, and to foster spiritual growth, much more occurs in the gestalt that is created. Membership in a congregation of faith offers fellowship, social support, and belonging to a like-minded community. It is for all these reasons, and the belief that something of value would arise from joining, that led congregations to vote to provide CAP for its members initially. However, once implemented, CAP was observed to provide a host of benefits. It offered not only counseling beyond what deacons and ministers had the capacity and ability to provide, but counseling that could include a distinct spiritual component. This, of course, is not an approach used by mainstream social work agencies. For those located in rural communities, CAP offered a counseling service that did not require members of the congregation to travel great distances to receive service, as the network consisted of counselors throughout the province, as well as providing the option of tele-counseling. Church members using CAP did not pay directly and thus any financial barrier that may have prevented some from seeking counseling services, either community-based or private, were eliminated. Finally, CAP was totally confidential. There is no need for anyone within the congregation to know who is accessing the service, how often, or for what matter. While this generation is becoming more open to the reality of how pervasive personal and mental health issues are, there remains a degree of stigma and shame associated with receiving professional help, especially in small tight-knit groups where people's lives are interpersonally connected.

Focus group respondents were at first surprised to the extent CAP was utilized, not appreciating the degree of need that existed in the church that deacons and ministers were not able to address. The fact that a Christian agency was able to deliver the service and that counselors were able to integrate clinical skills with scripture was a vital component to CAP being funded. Focus group respondents indicated that in their views, CAP furthered the spiritual vision and practice of the church. There were also pragmatic reasons for funding CAP as it was considered a good use of money and a good value for the amount being allocated. Even though the counseling was confidential, individuals in several congregations who used CAP were so grateful or there was such an impact on their lives that they willingly came forward to either church leadership or the entire congregation to publically indicate how the service provision had positively impacted their lives.

The article began by asking the question: what motivates congregations to pay external counseling professionals to provide mental health service to their congregation members? What is the motivation to take on the additional annual expense of funding a Congregational Assistance Plan? Based upon responses from these seven focus groups, it appears as if CAP meets a need that many congregations did not know existed within their church community. CAP was described as a mechanism for each of these churches, despite their differences, to fulfill, in part, their mission and to further nurture healthy congregational life. Each focus group indicated that there was ongoing use of CAP and often greater utilization than they had anticipated, thus highlighting a need for this resource. Interestingly, what was not discussed in the focus groups was the actual cost of funding CAP. For these seven churches where the program was established there was no question of cost, it had become a core budget item. CAP had become a fundamental ministry of the church.

Despite the consistently positive feedback obtained, there are cautions to be considered with this study. All the groups were voluntary, and each participant came to a session during the evening, often after work, indicating a substantive level of motivation to participate. As well, a purposive sampling approach was employed and while churches were divided into categories by size (small versus large), location (urban versus rural) and length of time participating in CAP (less or more than 5 years), congregations were not randomly selected. Seven of the first eight congregations approached all agreed to participate with one declining only because of an inability to meet when the primary investigator was available. While the discussions were robust, if the entire range of congregations had been contacted using a more traditional anonymous survey, a greater range of responses may have been obtained and more critical commentary may have resulted. The question remains: Did those participating use this process not only to provide insight into why CAP services were purchased, but to justify the use of the congregations' finances for purchasing the CAP services?

Implications for social work practice

Christian institutions influenced the development of universities, hospitals, and community-based counseling services in Canadian communities (Reimer & Wilkinson, 2015; Schwartz et al., 2008). With the development of CAP, we now see the process come full circle with professional, university educated, social workers directly offering service to church members within a context specifically provided for and funded by church members. With the slow removal of shame and stigma from mental health issues, (Corrigan, 2016; Stuart, 2016) there has been an increased demand for counseling services. Just as EAPs did when they burst upon the North American landscape in increasing numbers during the latter half of the 20th century (Csiernik, 2014), the growth of programs like CAP has the potential to bring counseling services to

a population that historically has not been served by qualified practitioners. This study indicated that once the idea of CAP was introduced to a congregation, it quickly became viewed as an integral component of ministry.

A historic service provider of counseling and mental health services in Canada has been clergy. However, multiple studies have now indicated that many clergies feel unprepared to provide comprehensive psychosocial counseling or become overwhelmed by the demand from congregation members to do so (Ebear et al., 2006; Elkassem & Csiernik, 2019; Smit-Vandezande et al., 2013; Snelgar, Renard, & Shelton, 2017; Yang, 2017). Thus, CAP has the capacity to not only be a resource for congregations, but also for faith leaders who could, in turn, spend more of their time focusing on what their education and training has prepared them for: faith leadership. CAP may also serve as a resource that can aid in decreasing the risk of compassion fatigue or secondary trauma that has been documented among this group (Jacobson, Rothschild, Mirza, & Shapiro, 2013; Taylor, Weaver, Flannelly, & Zucker, 2006).

As well, many social work students have come to the profession because of their faith, viewing social work as a calling rather than merely a vocation (Csiernik & Adams, 2002, 2003; Morgan, Berwick, & Walsh, 2008; Sheridan & Amato-von Hemert, 1999). However, spirituality has historically not been part of social work curriculum (Coholic, 2003; Kvarfordt, Sheridan, & Taylor, 2017). Yet, with the expanding need for social workers who include a spiritual component in their counseling, this area of practice has the opportunity to become an area of formal study within the existing social work curriculum or a component of complimentary study such as a divinity degree (Lee, 2005; Muehlhausen, 2009).

Barker and Floersch (2010) wrote about the changing relationship between social work research, education, and practice and spirituality as we moved from the 20th to the 21st century. CAP is another example of the type of initiative that can help us to integrate distinct areas of our humanity; the spirituality with the emotional and the social in working to make us whole.

Conclusion

The Congregational Assistance Plan that was the focus of this study, began as a small pilot program in southwestern Ontario with two churches, one urban and one rural earlier this century. In just over a decade, it has grown to encompass 81 congregations, serving nearly 10,000 households. Those who have already received counseling assistance include individuals who might otherwise not have sought counseling due to stigma, cost, access, or simply a lack of knowledge of how to seek help for personal, family, or work issues. Nevertheless, there is a distinct financial cost to congregations to provide this service as it is the members who pay for this resource to be

offered by an external organization. However, church leaders who chose to participate in one of seven focus groups held in both urban and rural settings were unanimous in agreeing that CAP is a service that has become fundamental to their churches' ministry, despite the cost. They viewed the Congregational Assistance Plan as aligning with their institutional vision and practices. They also considered it as a further extension of the gospel and as having distinct benefits not only for the congregation but also for deacons and clergy and in supporting healthier conversations about mental health in the entire community.

Disclosure statement

Marg Smit Vandezande and Mark Vander Vennen are both employed by Shalem Mental Health Services, the sponsoring organization of the Congregational Assistance Plan discussed in this article.

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Appendix A

Congregational Assistance Plan Focus Group Study

- (1) What lead your church to choose to set CAP up as your church's counseling ministry?
- (2) How has CAP helped your church live the Gospel?
- (3) How does CAP align with your vision of what a church is?
- (4) What impact has CAP had on reducing the stigma of seeking counseling in your church?
- (5) What is it about CAP that has kept it as a budget priority?
- (6) What would you say are the benefits to the church of having CAP?
- (7) What would you say are the benefits to individual members of our congregation of having CAP?
- (8) In what ways could CAP be improved?
- (9) Is there anything missing from CAP that would be vital to add?
- (10) Is there anything else you would like to add that I have not asked about?

Note

1. Codes are included to indicate the ranges of respondents.