25

The Congregational Assistance Program:

Bringing Occupational Assistance to Faith Communities[*]

Rick Csiernik, Mark Vander Vennen, Marg Smith-Vandezande and Ken Van Wyk

Introduction

Spirituality is a theme that has been intertwined with the origins of Occupational

Assistance, as the pioneers of Alcoholics Anonymous (AA) took the twelfth step into the

workplace in the early 1940s (Csiernik, 2009) with AA members still actively involved in

providing assistance in some workplaces today (Csiernik & Csiernik, 2012). The critical

importance of the spiritual dimension of work has been explored by a range of authors (Adams

& Csiernik, 2002, Ashmos & Duchon, 2000; Driscoll & Webb, 2007; Karakas, 2010; Tourish &

Tourish, 2010), though this should not be surprising given that the foundation of contemporary

counseling, particularly social work, comes from early Christian practices and traditions in

North America. The concept of spirituality is also a core component of the broader model of

workplace wellness along with the more traditional themes of physical, psychological and

social well being as has been previously discussed (see Chapters 6 and 10).

Faith communities have historically contributed to broader community well being

through outreach, community service and through advocating for social justice. Faith

communities have also been leaders in providing spiritual, instrumental and emotional

---

[*] Published in Csiernik, R. (2014). *Workplace Wellness: Issues and Responses*. Toronto:
Canadian Scholars Press.

supports not only to their congregational members but also to the broader community through the creation of a range of social services, including counselling agencies, emergency shelters, alcohol and drug recovery programs, and food banks (Cnaan, Boddie & Wineburg, 1999; Degeneffe, 2003; Lowenberg, 1988).

The changing social and economic landscape driven by neoliberalism policies that began in the 1990s and that has escalated in the 21st century have as one of many unfortunate outcomes reduced the provision of social services in the community while increasing the need. This devolution has had a negative impact upon social welfare programs and how counsellors are able and not able to deliver services in the community, with extensive waiting lists becoming the norm and some services no longer being readily available (Gainsborough, 2003; Schneider & Netting, 1999; Tickamyer & Henderson, 2010). Faith communities have not gone untouched by these regressive changes necessitating the development of different ideas on how to better serve congregational members who historically relied upon clergy not only to minister to their spiritual needs but also to address their psychosocial issues (Sherwood, 2003).

Different delivery routes as pioneered by Employee Assistance Programs (EAP) have been considered by groups. One proposed route was the introduction of counsellors directly into faith communities, to complement the parish nurse concept with that of a parish mental health professional (Cohen, Weis, Schank, & Matheus, 1999; Ebears, Csiernik, & Bechard, 2006; 2008a; 2008b; Schank, Weis, & Matheus, 1996). Another option was to view each congregation like a small workplace and to offer a counselling resource provided by a third party external private provider that any parishioner could access confidentially and anonymously with no direct cost, a Congregational Assistance Program (CAP).

The Congregational Assistance Program

The idea for a CAP was first formally expressed in the 1990s by Carlson and Cyper (1994) as a variant of the professional EAP model, a voluntary Member Assistance Program as a template for delivering counselling services to religious community. 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 traditional professional EAP model as the foundation. However, no further case studies or evaluations have appeared in the EAP literature since indicating if the idea of providing a structured program using a congregation as the hub was a tenable model (Csiernik, 2011).

In 2005 Executive Directors of two Ontario faith-based mental health organizations sought to develop a creative means of offering faith-based psychotherapy services to congregations and their members. Numerous pastors and pastoral care leaders had expressed to the directors their frustrations about difficulties in encouraging parishioners to seek psychotherapy services.   Some of these pastoral care leaders, themselves 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, an issue that has been discussed extensively in the academic literature (Bricker & Fleischer, 1993; Francis, Louden & Rutledge, 2004; Miner, 2007) At the same time, issues of stigma, combined with the shame of asking for financial support if needed, seemed to serve as significant obstacles for parishioners to receive necessary community-based counselling support.

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 counselling services but adapted to a congregational context. Those seeking assistance would be eligible for up to eight sessions, with the provision for additional support as clinically determined.   If a family had more than one issue it wished to explore, for example, both an individual issue and a marital issue, each issue was granted the session allotment described above. With CAP, a church would purchase for all of its congregants counselling sessions for a fixed annual fee based upon the number of households and a set anticipated utilization rate. Counselling services would be provided by local counsellors but coordinated through a central service provider. Parishioners would call a toll-free number and state to which church they belong, describe the presenting issue and any preference for the gender of the therapist to an intake worker. An appropriate affiliate provider in the parishioner's community would then be assigned and the counsellor would be asked to directly contact the client for an appointment. Each provider in the network had a minimum of a Master's Degree, belonged to a recognized professional association following prescribed ethical guidelines, provided evidence of current professional liability insurance, and be had to be able to articulate the integration of their faith with their clinical practice. The cost formula was developed with an estimated five percent utilization rate per family calculated to cover only the fees of the CAP providers as the provider's intake and administrative services were provided in-kind during the pilot project.

Establishing the Pilot

In 2006 the Shalem Mental Health Network, based in Hamilton, Ontario piloted the CAP with two Christian Reformed Churches, the historic constituency of Shalem. One was an urban

church; the other located in a rural setting. Part of the plan was to discover whether there would be differences in engagement between rural and urban congregations. The urban church, which was located in downtown Hamilton, Ontario had a pastor with a keen interest in psychotherapy and regularly referred parishioners to local Christian counsellors. Further, the chair of the Church Council was a registered psychologist. These two leaders strongly advocated for CAP to be piloted within the church and won approval by the Church Council to participate for a one year trial basis. The decision made by the Church Council was to pay for the costs of CAP through two to three special collections.   It was noted that the Church already supported individuals for counselling at an amount nearly equal to the cost of the CAP for one year.

The second church was a Christian Reformed church in Bowmanville, Ontario a more rural part of the province that was in the process of becoming temporarily vacant and thus would be without its own pastor for a period of time. Strategic advocacy for CAP was undertaken by one member of the Church Council in this instance. This particular church also had a Parish Nursing Ministry, and that ministry strongly supported CAP with the Church Council. However, the Church Council was skeptical initially if the church could afford two health related ministries. Further, the outgoing pastor questioned the need for CAP and whether it would be adequately used. However, in the end, the advocacy efforts prevailed with the Church Council deciding to fund CAP through three extra collections throughout the year, while actively promoting CAP in the church bulletin on a weekly basis.

At both churches there was considerable discussion about the desirability of a co-pay structure, where a client could pay a portion of the counselling fee. The provider rejected this for several reasons. First, Shalem wanted CAP to be as barrier-free as possible. Second, the

added administrative requirements of a co-pay system would be onerous for both Shalem and the CAP providers. Third, it was believed that if clients appreciated CAP and had financial means available to them, they could further support CAP by making donation to the CAP program at their church through the special collections, and thereby enhancing the availability of CAP to other parishioners.

CAP began at each of these churches early in 2006, with signed 12-month contracts modeled after EAP contracts with business. Each parishioner received a brochure describing the service and how they could access it, anonymously and at no cost, and a formal announcement launching CAP was made at each church, with the Shalem Executive Director present as a guest speaker at each. A network of six to eight psychotherapists practicing from a Christian standpoint was established in both centres prior to the commencement of the program.

The Beginning

Usage in both churches was greater than expected during the inaugural year of the pilot project, exceeding 16% of each congregation's families (Table 25.1). As well, both client and church satisfaction responses were consistently favorable throughout the year.

Table 25.1: First Year Program Data

2006 (Year 1)	Hamilton Church (urban)	Bowmanville Church (rural)
utilization rate	16.7%	17.4%
number of family/single users	18	27
number of files opened	19	30
Number of sessions	102	112
average number of sessions	5	4

per file		
top presenting issues	depression, family, anxiety	marital, family, bereavement

The reactions from the pastors of the two churches were striking. At the Hamilton church, the pastor was surprised by how unconnected he was from many of the people in his church accessing CAP. His assumption had been that most CAP users would have engaged him at some level with their issues as this pastor had historically referred many of his parishioners to community-based counselling services as he did not offer counselling himself. He had assumed a greater level of engagement on his part in the emotional struggles of his parishioners than appeared to be the case. The Bowmanville pastor, who had left just prior to CAP being initiated was startled at the high rate of usage in the church for his primary concern had been that CAP would not be utilized adequately and would be a misuse of church funds.

An early client at one of the churches told the therapist that she would never have been able to seek out counselling support without CAP. It was specifically the CAP structure that made her involvement possible. She described a highly controlling husband who limited her access to money. As CAP was anonymous, free, and did not require any co-payment or pre-approval by the church, she could attend counselling without his knowledge.   Due to the level of control exercised over her by her husband, even a payment of $5 would have been noted by him and he would have prohibited her involvement in counselling.

At the conclusion of the one year pilot both Church Councils agreed to continue with the initiative for a second year. A crucial question was if the demand in the inaugural year was merely a reflection of a pent-up need that would flatten out in the second year or if utilization would be sustained. In the second year utilization at the Hamilton church did drop four percent to 12.5%, which was still more than double the initial intended rate while at the Bowmanville

church utilization remained relatively constant. By midway through the second year it was evident that CAP had strong potential in faith communities. This was further supported by the client satisfaction responses that could be grouped into three prominent themes the most common being the gratitude expressed by clients to their churches for deciding to provide this service.

> The CAP program is a great idea. Making the decision to seek counselling can be difficult. Then trying to find a Christian counsellor and find the funds to pay for it make the decision even more difficult. CAP makes counselling easily accessible.

> Very useful to people like me who need this service and (for whom) money is part of the problem. Without this service/help financially I would not be able to get the help I need to move on. Very much needed and appreciated in my church.

A second theme was gratitude for Christian-based counselling support.

> I felt very comfortable talking with (counsellor). She quoted several Bible verses which were most helpful. She closed our last session with a beautiful prayer. I would like to thank our church and CAP for this available counselling program.

> I feel very blessed that (the counsellor) and I seemed to connect right away. I experienced her as a very good listener, fine encourager, with wise judgment and lots of empathy and a good sense of humour. She asked very though provoking and challenging questions – worthy of a seminary essay assignment! At each session we

talk freely and openly about our faith journeys – and each session ends with a scripture

reading and prayer. This is exactly the kind of counseling and support that I need.

A third theme was gratitude for the quality of service received.

Excellent sessions. I am very impressed with the knowledge and wisdom (my

counsellor) provided.

(The counsellor) was amazing and was always supportive. She helped me find insight

into my issues and I looked forward to my visits with her. She gave me the confidence

and security I need to face the next day.

Program Expansion

By December 2010, the number of CAP churches grew from five to fifteen spanning

southwestern Ontario, from the Chatham area to north of Belleville in eastern Ontario, with the

roster of qualified counsellors reaching 80. Table 25.2 provides a summary of program

statistics for thirteen churches participating in the CAP

Table 25.2: 2010 CAP Program Data

CHURCH	Number of User Households	Number of Files Opened	Number of Sessions	Program Commencement	Utilization Rate[†]
ACTON	5	5	20	1-Sep	3.6%
BLENHEIM	4	6	24	1-Jun	5.3%

[†] Utilization rates calculated based upon the number of user households not the number of files opened and are not pro-rated as several churches (Acton, Cobourg, Newmarket) began during the course of the year

BOWMANVILLE	15	19	72	1-Jan	7.6%
COBOURG	3	4	17	1-Jul	2.6%
COURTICE	17	27	97	1-Jan	11.0%
FRANKFORD	7	9	34	1-May	7.7%
GUELPH	6	7	34	16-Apr	4.9%
HAMILTON	16	25	123	1-Jan	9.0%
NEWMARKET	3	6	16	1-Jan	3.0%
OSHAWA	8	11	66	1-Apr	8.1%
SCARBOROUGH	4	6	29	1-Jan	4.4%
WHITBY	12	12	67	15-Jan	5.7%
WILLOWDALE	5	7	37	1-Jan	4.6%
Total	105	144	636		

.

The most common presenting problems to CAP counsellors across the network were family issues (29%), depression (19%) and marital issues (19%) (Table25.3).

Table 25.3: Nature of Presenting Problems (%)
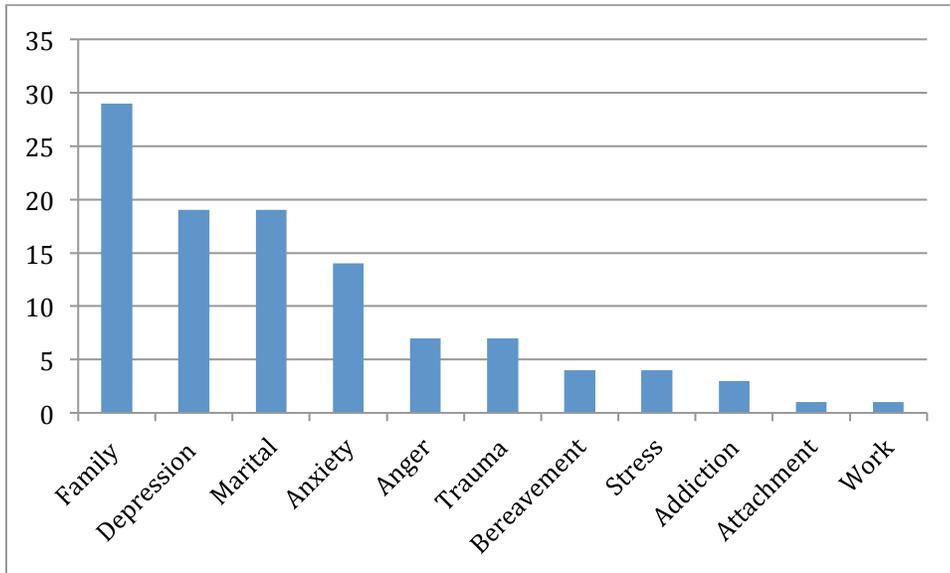
In addition to the client feedback survey that had been administered since the commencement of the program, in 2011 two additional survey tools were implemented, in order to invite regular input from both the churches who offered CAP and the counsellors who provided the direct service to clients. Through this process it was learned that while the churches recognized that they previously had been providing financial assistance to help cover the cost of counselling services for congregants on an individual as needed basis, CAP was in fact a superior method to help provide access to counselling, as some would not have otherwise requested that assistance. CAP was viewed as a substantive means to supplement the pastoral care role that churches have with their congregants. Despite the program's anonymity, program clients were opening discussing how they had benefited from CAP and Elders and deacons in general were pleased that they have this free service available for referral.

> While I know very little as to specifics regarding who in our congregation is making use of CAP, often I get the impression that people are very happy it is available. CAP is a very concrete way   we can be a caring church family for one another.
>
> .

Discussion

The Congregational Assistance Program was premised upon a series of questions that after six years of service had been answered.

1) Would CAP be a fit for churches? Would churches understand offering CAP as one way to live out their mission, serve their parishioners and nurture healthy congregational life?

The findings suggest that the answer is strongly affirmative. Perhaps the most telling evidence in support is that to date, every church that signed on to CAP, including the initial five

pilot churches, has continued with CAP. The attrition rate has been zero. By the Fall of 2012 CAP churches participating had grown to 25.

2) Would parishioners use it? How would CAP utilization rates in churches compare with EAP utilization rates in businesses and organizations? Would usage be higher or lower?

Again, the answer is strongly affirmative and in fact parishioners have used the service at a higher rate on average than employees use counselling services through Employee Assistance Programs of the host agency.

3) Would churches consider the CAP cost structure to be affordable?

Here too the evidence suggests that answer is affirmative. Each CAP church that has become part of the program has continued with the initiative even when due to increased utilization levels the cost has increased. This is not to say that some churches have not struggled with the added expense, yet all of them have found ways to pay for the service, and they continue to do so. Several churches have begun by paying for CAP with extra designation collections specifically the program throughout the year. Many of those same churches have then found that within a three-year period it is possible to incorporate the costs of CAP into the church's annual budget. No church has defaulted on its annual contract since the inception of CAP.

However, as with any good initiative answered questions spawn new unanswered one that require further exploration:

1) Is CAP a fit for denominations beyond the Christian Reformed Church?

To date, all of the CAP churches are from the Christian Reformed denomination. While there is room for more growth among Christian Reformed churches, if CAP is to reach its goal of becoming self-sustaining, churches from other denominations are required. Concerted

promotion efforts are now underway in a variety of denominations. Networking is taking place

through the Evangelical Fellowship of Canada and the Canadian Council of Churches. Current

plans are to offer small pilots to specific denominations, with a view to have CAP fit the culture

and specific realities of particular denominations.

2) What are we learning about the underlying mental health issues in a congregation?

How do CAP presenting issues compare with presenting issues in EAP plans?

As with many client satisfaction processes, CAP's client feedback system is not

adequate and the provider does not receive consistent feedback from clients using the service.

An Internet-based client feedback questionnaire has recently been implemented, with

concerted follow-up from Shalem's intake office. Further, a determined effort is underway,

again using an Internet-based questionnaires, to receive consistent feedback from

congregations themselves and CAP service providers. However, there is still a need to

develop a more robust evaluation regime.

3) Why are pastors themselves not using CAP?

A striking finding is that pastors from CAP churches are not accessing the CAP service

as to date almost no pastors have used the service. This is despite the fact that a recent study

by the University of Toronto's Centre for Clergy Care of 338 ministers from six Canadian

denominations found that the number of pastors diagnosed with clinical depression was twice

the national average (Moll & O.Brien, 2009). In 2009, Emerge Ministries Canada approached

Shalem with a request to assume its Clergy Care counselling program. Shalem did so at the

end of 2009, using specialized therapists from the CAP provider network to provide

psychotherapy services targeted to the unique needs of pastors and their families. As this

program develops, we hope to learn more about the unique mental health needs of pastors and their families and to better serve this group.

References

Adams, D. & Csiernik, R. (2002). Seeking the lost spirit: Understanding spirituality and restoring it to the workplace. *Employee Assistance Quarterly*, 17(4), 31-44.

Ashmos, D. & Duchon, D. (2000). Spirituality at work: a conceptualization and measure. *Journal of Management Inquiry*, 9(2), 134-145.

Bricker, P. & Fleischer, C. (1993). Social support as experienced by Roman Catholic priests: the influence of vocationally imposed network restrictions. *Issues in Mental Health Nursing*, 14(2), 219-234.

Carlson, R. & Cyper Bartlett, J. (1994). A religious community MAP: Modifying EAP services for new markets. *EAP Digest*, 14(6), 42-45; 54.

Cnaan, R, Boddie, R. and Wineburg, R. (1999). *The newer deal: social work and religion in partnership*. New York: Colombia University Press

Cohen, A, Weis, D., Schank, M.J. & Matheus, R. (1999). Describing parish nurse practice using the nursing minimum data set. *Public Health Nursing*, 16(6), 412-416.

Csiernik, R. (2009). An examination of labour welfare and occupational assistance in Canada. *Journal of Employee Assistance and Workplace Behavioral Health*, 24 (1-2), 147-164.

Csiernik, R. (2011). The glass is filling: an examination of Employee Assistance Program Evaluations in the first decade of the new millennium. *Journal of Workplace Behavioral Health*, 26(4), 344-355.

Csiernik, R. & Csiernik, A. (2012). Canadian Employee Assistance Programming: an overview. *Journal of Workforce Behavioral Health*, 27(2), 200-216.

Degeneffe, C.E. (2003). What Is Catholic about Catholic Charities? *Social Work*, 48(3), 374-383.

Driscoll, C. & Wiebe, E. (2007). Technical spirituality at work: Jacques Ellul on workplace spirituality. *Journal of Management Inquiry*, 16(4), 333-348.

Ebears, J., Csiernik, R. & Bechard, M. (2008a). Applying the generalist model of social work practice for a Catholic Church parish team. *Journal of Religion, Spirituality and Social Work: Social* Thought, 27 (1-2), 105-121.

Ebears, J., Csiernik, R. & Bechard, M. (2008b). Furthering parish wellness: including social work as part of a Catholic pastoral team. *Social Work and Christianity*, 35(2), 179-196.

Ebears, J., Csiernik, R. & Bechard, M. (2006). Examining the role and practice of social work within the Catholic Church. *Critical Social Work*. 7(1), 1-12.

Este, D. (2007). Black churches in Canada: vehicle for fostering community development in African-Canadian communities–a historical analysis. In J. Coates, J. Graham, B. Swartzentruber & B. Ouellete (Eds), *Spirituality and social work: selected Canadian readings,* pp. 299-322. Toronto: Canadian Scholars Press.

Francis, L., Louden, S. & Rutledge, C. (2004). Burnout among Roman Catholic parochial clergy in England and Wales: Myth or reality? *Review of Religious Research*, 46(1), 5-19.

Gainsborough, J. F. (2003). To devolve or not to devolve? Welfare reform in the States. *Policy Studies Journal*, 31(4), 603–623.

Gibelman, M. (2003). The promise of faith-based social services: perception versus

reality. *Social Thought*, 22(1), 5-23.

Graham. J. (2007). The Haven, 1878-1930: A Toronto charity's transition from a religious to a professional social work ethos. In J. Coates, J. Graham, B. Swartzentruber & B. Ouellete (Eds). *Spirituality and social work: selected Canadian readings*, pp 47-64. Toronto: Canadian Scholars Press.

Graham, J., Coholic, D. & Coates, J. (2007). Spirituality as a guiding construct in the development of Canadian social work: past and present considerations. In J. Coates, J. Graham, B.   Swartzentruber & B. Ouellete (Eds), *Spirituality and social work: selected Canadian readings*, pp. 23-46. Toronto: Canadian Scholars Press.

Karakas, F. (2010). Spirituality and performance in organizations: a literature review. *Journal of Business Ethics*, 94(1), 89-106.

Kelly, P. (1995). The pastoral approach: a congregational assistance program. *EAPA Exchange*, 25(5), 22-23.

Lowenberg, F. (1988). *Religion and social work practice in contemporary American society*. New York: Colombia University Press.

Macdonald, S., Csiernik, R., Durand, P., Rylett, M., Wild, T.C. & Lloyd, S. (2006). Organizational characteristics related to the adoption of employee assistance and drug testing programs in Canada. *Canadian Journal of Community Mental Health*, 25(2), 159-171.

Miner, M. (2007). Changes in burnout over the first 12 months in ministry: links with stress and orientation to ministry. *Mental Health, Religion and Culture,* 10(1), 9-16.

Moll, S, & O'Brien, K. (2009). Breaking the silence: the mental health of our clergy. Presbyterian Recor., Retrieved from http://presbyterianrecord.ca/2009/02/01/breaking-the-silence .

Schank, M. J., Weis, D., & Matheus, R. (1996). Parish nursing: ministry of healing: parish nurses provide holistic nursing services to members of church congregations. *Geriatric Nursing,* 17(1), 11-13.

Schneider, R.L. & Netting, F.E. (1999). Influencing social policy in a time of devolution: upholding social work's great tradition. *Social Work*, 44(4), 349-357.

Sherwood, D. A. (2003). Churches as contexts for social work practice: connecting with the missions and identity of congregations. *Social Work & Christianity*, 30(1), 1-13.

Tickamyer, A. & Henderson, D. (2010). Devolution, social exclusion, and spatial inequality in U.S. welfare provision, pp. 41-59. In P. Milbourne (ed.) *Welfare reform in rural places: comparative perspectives. Research in rural sociology and development, Volume 15.* London: Emerald Group Publishing Limited.

Tourish, D. & Tourish, N. (2010). Spirituality at work, and its implications for leadership and followership: a post-structuralist perspective. *Leadership*, 6(2), 207-224.

Yancey, G. & Atkinson, K. (2004). The impact of caring in faith-based social service programs: what participants say. *Social Work and Christianity*, 31(3), 254-266.