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A DESCRIPTIVE ANALYSIS OF THE  
KALAMAZOO CONSULTATION CENTER  
FOR CLERGY

by  
Arthur E. Bilyeu <sup>ckert</sup>

A Project Report  
Submitted to the  
Faculty of the School of Graduate  
Studies in partial fulfillment  
of the  
Specialist in Education Degree

Western Michigan University  
Kalamazoo, Michigan  
December 1967

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Arthur E. Bilyeu

**MASTER'S THESIS**

**M-1393**

**BILYEU, Arthur Eckert**

**A DESCRIPTIVE ANALYSIS OF THE KALAMAZOO  
CONSULTATION CENTER FOR CLERGY.**

**Western Michigan University, Ed.S., 1967  
Psychology, clinical**

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TABLE OF CONTENTS

	PAGE
INTRODUCTION . . . . .	1
RATIONALE LEADING TO THE FORMATION OF THE CONSULTATION CENTER . . . . .	3
PHILOSOPHY OF THE CONSULTATION CENTER . . . . .	6
ADMINISTRATION OF THE COMMUNITY MENTAL HEALTH SERVICES BOARD . . . . .	7
Functions of the Community Mental Health Services Board . . . . .	9
Contractual Agreements . . . . .	11
ADMINISTRATION OF THE CONSULTATION CENTER FOR CLERGY . . . . .	13
Administrative Functions of the Board of Directors and Director . . . . .	13
Staff Requirements and Training . . . . .	15
BUDGET OF THE CONSULTATION CENTER . . . . .	18
Salaries . . . . .	19
Fees . . . . .	20
REFERRALS TO THE CENTER . . . . .	21
Sources . . . . .	21
Persons Served . . . . .	23
Referral Procedures . . . . .	23
Nature of Problems . . . . .	25
Community Resources Used . . . . .	26
FUTURE PROGRAM GOALS . . . . .	28
RESEARCH . . . . .	28
CURRENT PROBLEMS AND THEIR IMPLICATIONS . . . . .	30
BIBLIOGRAPHY . . . . .	34

## INTRODUCTION

The purpose for this paper is to provide a descriptive analysis of the development, purposes, administration and services of the Kalamazoo Consultation Center for Clergy.

To provide an understanding of the purposes of the Consultation Center, the paper deals first with the philosophy and rationale leading to the formation of the Consultation Center.

The second section of the paper is concerned with the administration of the Center. A description of the staff, qualifications, duties and responsibilities, including an explanation of the relationships of the Center to the Kalamazoo Child Guidance Clinic, the Mental Health Board and the Kalamazoo County Council of Churches, is given.

The third section of the paper lists sources of referrals and procedures for making referrals and describes the various services offered by the Consultation Center for Clergy. The paper concludes with a discussion about problems confronting the Center and their implications.

Troubled and confused people seem to be more likely to seek assistance from a clergyman than from a member of any other professional group. This places the minister in a strategic and demanding position. A study of a cross-section of the American adult population pointed out that one out of every seven Americans has sought professional help with a personal problem. Of this group of troubled people, 42 per cent went to clergymen, 29 per cent went to family doctors, 18 per cent to psychiatrists and psychologists, and 10 per cent to a special helping

agency or clinic facility.<sup>1</sup> This places ministers and clergymen in the foreground and virtually at the front lines in the efforts to help the burdened and the troubled.

It is difficult to estimate how much time the typical clergyman spends in counseling. McCann's study indicated that the clergymen contacted averaged only 2.2 hours per week in formal counseling relationships.<sup>2</sup> A contrasting survey of 34 pastors in suburban Pittsburg showed that they spend 30 per cent of their time in counseling--at least 13 hours per week.<sup>3</sup> No matter what the exact amount of time is invested by the clergy in counseling, it becomes impressive. Because if the 246,000 clergymen serving churches in this country, using this minimal figure, average only 2.2 hours per week, this results in a staggering total of over half a million (543,520) hours of weekly pastoral counseling.<sup>4</sup> That these hours are often spent with people whose mental health and personal and social adjustment is in jeopardy gives counseling a qualitative significance for mental hygiene which far outweighs the quantitative investment of pastoral time.

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<sup>1</sup>Gerald Gurin, et. al., Americans View Their Mental Health (New York: Basic Books, Inc., 1960) p. 307.

<sup>2</sup>Richard V. McCann, The Churches and Mental Health, Basic Books, Inc., p. 46.

<sup>3</sup>J. W. Eaton, et. al., "Pastoral Counseling in a Metropolitan Suburb", Journal of Pastoral Care, Summer, 1963, p.p. 93 f.f.

<sup>4</sup>Howard J. Clinebell, Jr., Mental Health Through Christian Community, Adingdon Press, 1965, p.p. 210 f.f.

## RATIONALE LEADING TO THE FORMATION OF THE CONSULTATION CENTER

The Consultation Center for Clergy was established about two years ago to give the clergy needed help with the emotional problems of their congregations. Many pastors felt inadequately trained to deal with counseling situations.<sup>1</sup> Others, who were highly trained, had little time for such work. Some pastors were disturbed by the close relationships involved in counseling and hesitated to accept the role.<sup>2</sup>

In order to assist pastors in the Kalamazoo area with counseling, a number of things were done by the Religion and Health Committee of the Kalamazoo County Council of Churches.<sup>3</sup>

1. Courses were organized in counseling and instruction was offered--for example, a two-day seminar in pre-marital counseling in 1958.
2. A "Pastors' Counseling and Referral Guide" was published on how to make a referral and included all referral resources in Kalamazoo County.
3. Ministers were encouraged to use community resources and the resources encouraged to refer cases to pastors when appropriate.

As a result of the needs of the community, the Religious Counseling Center was proposed. This Center was designed to:

1. Provide a place for ministers who needed assistance in counseling problems.

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<sup>1</sup>Program Justification and Budget, Kalamazoo County Community Mental Health Services Board, 1966, p. 5.

<sup>2</sup>Rationale Behind the Kalamazoo Religious Counseling Center, p. 1.

<sup>3</sup>ibid.



2. Provide a place to refer parishioners who needed assistance with difficult problems the minister could not handle.
3. Provide instruction for clergymen in the techniques of counseling.
4. Act as a referral center in cases that are better handled by the trained staff of another agency.

In July, 1965, after three years of groundwork, much of which was completed by Chaplain Robert Trenary, who was then at Bronson Hospital, Rev. Donald Buteyn, then of the First Reformed Church, Joseph Dunnigan of the Community Services Council, and Dr. Leo Stine of the Council of Churches Committee, the Religious Counseling Center was established in co-operation with the Council of Churches and the Kalamazoo Child Guidance Clinic and its director, Dr. Ray O. Creager.<sup>1</sup>

The original program began on a part-time basis. The Director of the Religious Counseling Center, K. Charles Nesselth, worked at the Center half time and at the Child Guidance Clinic half time in exchange for psychiatric case consultation. The Council of Churches provided the early supervision and secretarial services and community support.

In establishing the Constitution, the Council of Churches had an integral part in the selection of the members of the Board of Directors through the Committee on Religion and Health. At the present time, the Council of Churches' Executive Board has the authority and is delegated the place of sanctioning Constitutional changes of the Consultation Center. There has, however, been no financial connection between the Center and the Council of Churches.

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<sup>1</sup>Interview with K. Charles Nesselth, Director, Kalamazoo Consultation Center for Clergy.

From the beginning the Consultation Center has had an incorporated body and Board of Directors, which has operated autonomously. Originally the Council of Churches recommended a nine-member Board, which now includes seventeen members, with two representatives from the Community Services Council, a social service co-ordinating agency in Kalamazoo directed by Joseph Dunnigan; Dr. Ray O. Creager as representative of the Child Guidance Clinic; and Mrs. John R. Dunham as representative of the Council of Churches. Other members included representatives from the community.

Under the first year of operation, the Consultation Center was under contract to the Child Guidance Clinic. At the present time, the Center is under contract with the Kalamazoo County Community Mental Health Services Board and operated in accordance with Public Act 54. Until there is a change made in the Constitution in the fall of 1967 and a committee has been established for this purpose, there is a legal tie between the Center and the Council of Churches, which, at this time, appears to be operationally unimportant.<sup>1</sup>

During the past two years the essential purposes of the Consultation Center for Clergy have remained:<sup>2</sup>

1. To provide mental health consultation to clergymen in their work with the community.
2. To provide assistance in referral of persons to any appropriate community resource, and to extend the basis of co-operative working relationships between community resources and clergymen.

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<sup>1</sup> ibid.

<sup>2</sup> Contractual Agreement Between the Kalamazoo County Community Mental Health Services Board and the Consultation Center for Clergy,  
p. 1.

3. To offer, within the scope of its special characteristics, short-term and/or crisis intervention case work treatment to persons referred to the Center and as the situation indicates, encourage and support such persons in obtaining further help.
4. To promote a program of mental health information, education and in-service training for clergymen and within the community.
5. To engage in such further activities as may be appropriate to the foregoing stated purposes.

#### PHILOSOPHY

The philosophy of the Consultation Center emphasizes the strengthening of the work of the local pastor as a counselor through clinical training, arranged and organized by the Center. In the counseling setting the focus is on the enhancement, freeing of strengths and positive adjustment potential of the individual rather than pathology as such.

The philosophy of the original Christian Counseling Center included five points about which the Center should concern itself:<sup>1</sup>

1. Awareness of the community; its sociological, cultural, economic and spiritual trends.
2. A balance of spiritual and intellectual leadership.
3. Adequate preparedness to communicate with other community agencies. The Center should act as a "clearing house" for information; a meeting ground where churches and social agencies can exchange information and refer and receive patients.
4. Motivated by Christian love of the self-giving kind, cultivating through its program the atmosphere of compassion, deal with every race, creed, spiritual persuasion, economic, social and cultural background. Persons asking for help should be steered to community agencies which can help them solve their problems and steer the individual to God.

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<sup>1</sup>Philosophy of the Christian Counseling Center, 1965.

5. As part of its mission, and in keeping with the best counseling practices be able to: refer back to the churches and clergy persons in need of spiritual help; refer persons to other social agencies, hospitals, psychiatrists, physicians, who are prepared to help the individual in the depth the Center isn't equipped to provide; to help persons who might otherwise occupy time on waiting lists of busy agencies and who do not need long-term, intensive care.

The program was viewed as "an extension of the healing of the ministry of Jesus Christ; bringing good tidings to the afflicted, comfort to those in sorrow, bind broken lives with kindness, show the way of liberty to those who are captive to fear or sin, give hope to the hopeless, and the encouragement of Christian love to those who are in despair. It is no respecter of persons but the friend of all, relating to the church, medical workers, social agencies and all those concerned with human needs in their tasks. The Center was organized to prevent and alleviate suffering and extend to each individual the opportunity to achieve his own God-given potential."<sup>1</sup>

ADMINISTRATION OF THE COMMUNITY MENTAL HEALTH  
SERVICES BOARD

For the 25 years prior to 1963, the State government took the major responsibility in developing a system of community clinics in co-operation with local communities. As this system was established on a partnership basis, the State of Michigan was represented by the Department of Mental Health and the local community by a private, incorporated, nonprofit citizens' board. In 1963, the Michigan

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<sup>1</sup>ibid.

Legislature adopted Public Act 54, generally referred to as the Community Mental Health Services Act. This Legislation established the authority for county governments and the City of Detroit to establish and operate a broad complex of mental health services with financial and consultative support from the State. This new system became effective on September 3, 1963, and appropriations became effective on July 1, 1964.<sup>1</sup>

On November 16, 1966, under Section 12 of Act 54, a twelve-member Community Mental Health Services Board was selected by the Kalamazoo County Board of Supervisors to serve as a co-ordinating agency for all community mental health services. The members for this Board were representative of the local Health Department, hospital boards, mental health, the clergy, educators, the legal profession, county welfare boards, and laymen concerned with mental health, labor, business, civic groups and the general public.<sup>2</sup>

The Community Mental Health Services Board presents, annually, a mental health program for the total community to the Community Services Division of the State Department of Mental Health. The Department of Mental Health approves the program and accepts or rejects the budget of the community. Reports of services and finances are sent quarterly to the Department of Mental Health by the Community Mental Health Board.<sup>3</sup> The State Department of Mental Health has co-ordinators for

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<sup>1</sup>Community Mental Health Services Manual, p. 4.

<sup>2</sup>Annual Report of the Kalamazoo County Community Mental Health Services Board, 1966.

<sup>3</sup>Community Mental Health Services Manual, p. 12.

various parts of the State which act as liaisons between the local Mental Health Board and the State Department of Mental Health.

Mr. Maynard Van Lente of Holland is the co-ordinator for the Kalamazoo area at the present time.<sup>1</sup>

The objective of the Kalamazoo County Community Mental Health Services Board is to provide comprehensive psychiatric services in Kalamazoo County and in the Counties of Allegan, Barry, St. Joseph, and Van Buren, which look to Kalamazoo for their services.<sup>2</sup>

#### Functions of the Community Mental Health Services Board

The program of the County Community Mental Health Services Board includes six services as set forth by Public Act 54 of 1963:

1. Collaborative and co-operative services with public health and other groups for programs of prevention of mental illness, mental retardation and psychiatric disabilities. This is carried out through the services of the Consultation Center for Clergy, Family Services, Lakeside Home, Juvenile Court, and Visiting Nurses on a limited basis.
2. Informal and educational services to courts, public schools, health and welfare agencies are available to the public. These are carried out through seminars by contractual agreements with community service agencies, including the Consultation Center for Clergy; news releases, and informal literature.
3. Outpatient diagnosis and treatment services which are available at the Adult Psychiatric Clinic and the Child Guidance Clinic.

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<sup>1</sup>Interview with Mr. K. Charles Nesseth, Director, Kalamazoo Consultation Center for Clergy.

<sup>2</sup>Annual Report, 1966, Kalamazoo County Community Mental Health Services Board.

4. Rehabilitative services for patients suffering from mental or emotional disorders, mental retardation, and psychiatric conditions, particularly those who have received treatment in in-patient facilities. This service has been carried out at the McKercher Workshop for the Mentally Retarded in Kalamazoo.
5. In-patient diagnostic and treatment services are available at Borgess Hospital.
6. Partial hospitalization which is available at the Hull<sup>1</sup> Paulson Day Care Center and the Adult Day Care Center.

The County Community Mental Health Services Board is also responsible for: board co-ordination, program planning, recruitment of an executive or clinical director, promotion of community financial support, arrangement and implementation of contracts and agreements with other agencies, preparation of an annual program plan, budget and report, act in a liaison capacity with the Department of Mental Health, and interpret the various programs to the public.<sup>2</sup>

The executive functions and professional responsibilities are carried out by a psychiatrist, Dr. August J. Dian, who is employed as Director on a full-time basis. As Director, he organizes, plans and administers the mental health program organized by the Board and approved by the Department of Mental Health. He maintains general supervision over all authorized mental health services through either direct operation, or, in the case of the Consultation Center, by written agreement. Such arrangement permits the local director to supervise and specify the kind, quality and amount of services as well as the

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<sup>1</sup>ibid.

<sup>2</sup>ibid.

criteria for determining the persons to be served.<sup>1</sup>

An administrative assistant and clerical staff are employed in the director's office to assist in processing the statistical, financial and other administrative details.<sup>2</sup>

#### Contractual Agreements

The Community Mental Health Services Board, under Public Act 54, is able to contract services with other agencies both public and private.<sup>3</sup>

From July, 1965, to June 30, 1967, the Consultation Center for Clergy was under contract to and administered and supervised by the Kalamazoo Child Guidance Clinic. This contract stated that, in addition to the services, the Center would:<sup>4</sup>

1. Be administered by the Board of Directors of the Center through the Director.
2. Submit a monthly statement of anticipated expenditures and a similar statement of the previous month's expenditures to the Child Guidance Clinic.
3. Receive funds from the Child Guidance Clinic for housing, staff and equipment. Funds were also submitted to the Child Guidance Clinic.
4. Receive professional supervisory and/or consultation services from the Child Guidance Clinic.

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<sup>1</sup>Community Mental Health Services Manual, State Department of Mental Health, Lansing, Michigan, 1964, p. 28-29.

<sup>2</sup>loc. cit., p. 24-25.

<sup>3</sup>Contract Between Child Guidance Clinic and Consultation Center, July, 1965.

<sup>4</sup>ibid.



5. Accept, within the limits of its purposes and resources, the personnel practices, procedures and salary scale recommended by the Child Guidance Clinic and comparable to the State Civil Service standards.
6. Be subject to a review of the division of time and responsibilities of the professional staff upon the agreement of both parties.
7. Receive the approval of the Child Guidance Clinic on all personnel employed by the Board of the Center as a condition of employment.

After operating under the Child Guidance Clinic for approximately two years, the Board of Directors of the Consultation Center for Clergy voted to sign a direct contract with the Kalamazoo County Community Mental Health Services Board. This new contract became effective July 1, 1967.

The contract with the County Board states that, in addition to providing mental health consultation to clergy, referrals to appropriate agencies, short-term or crisis intervention case work and in-service training, the Consultation Center would:<sup>1</sup>

1. Be administered by the Board of Directors through an executive in accordance with the fiscal and administrative regulations of the Kalamazoo County Community Mental Health Services Board and the State Department of Mental Health as it pertains to Public Act 54.
2. Receive operational funds from the Kalamazoo County Community Mental Health Services Board.
3. Receive psychiatric consultation and related services to the staff of the Center from the County Mental Health Services Board.
4. Utilize personnel practices and procedures and salary scales acceptable to the County Mental Health Board, using State Civil Service Standards.

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<sup>1</sup>Contractual Agreement Between the Kalamazoo County Community Mental Health Services Board and the Consultation Center for Clergy, May 17, 1967.

5. Subscribe to the aims, objectives and purposes of Title IV of the Federal Civil Rights Act of 1964.
6. Have the approval of the County Community Mental Health Services Board for all personnel employed by the Consultation Center. New staff members are interviewed by the Personnel Committee, hired by the Director of the Center with the consent of the Board of Directors and the approval of the County Board.

#### ADMINISTRATION OF THE CONSULTATION CENTER FOR CLERGY

##### Administrative Functions of the Board of Directors and Director

The Consultation Center for Clergy is administered by the Board of Directors through the Director, Mr. K. Charles Nesseth. The seventeen members of the Board of Directors are selected from a cross-section of the community including representatives from city and county government, the professions, the schools, business, the clergy, service organizations and other interested persons. Nine Board members were selected by the Kalamazoo Council of Churches and others by Community Services. The terms are staggered on a one- to three-year basis to provide maximum direction. Officers include: President, Vice President, and Secretary-Treasurer. These officers are elected by the Board.

The Board of Directors holds regular monthly meetings ten months a year to discuss fiscal and administrative problems and policies, prepare monthly and annual financial and service reports for the County Community Mental Health Services Board, and approve additional personnel employed.<sup>1</sup>

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<sup>1</sup>Interview with K. Charles Nesseth, Director, Kalamazoo Consultation Center for Clergy.

The duties of the Director of the Consultation Center are both administrative and clinical. Originally the duties of the Director included the following:<sup>1</sup>

1. Accepting referrals from pastors, other resources, or individuals and, after an initial interview:
  - a. Refer them to an appropriate agency.
  - b. Agree to and set up counseling regime using the pastor as the counselor.
  - c. Refer the client to the pastor for counseling and provide counseling for the pastor until the case is terminated satisfactorily.
2. Advise pastors on their own cases, and, when necessary, provide advice on referrals.
3. Provide instruction in basic counseling for pastors so that they may improve their technique, better understanding the role that they themselves play in the counseling process, and to learn the technique of referral and follow-through.
4. Supervise selected volunteer counselors from the ranks of clergy and others who are qualified by virtue of training, experience, and personality, to help carry the Center's load.
5. Attend the meetings of the Board of Directors and the Community Mental Health Services Board.

In addition to the consultative services and program implementation, the Director is responsible for fiscal supply and property management, clinical records management, inter-agency co-operation, physical plant maintenance, secretarial services, accounting and communications. At the present time Mr. Nesseth is serving on fourteen committees within the community and State.

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<sup>1</sup>Rationale Behind the Christian Counseling Center, p. 2-3.

### Staff Requirements and Training

Since 1965, the staff has grown from a part-time Director-Clinician to include a full-time Director, Assistant Director, and a part-time counselor.

Because a staff member of the Consultation Center offers mental health consultation services to clergymen, it is necessary for this person to have not only skills in the general area of mental health, psychological processes, problems, and resources, but also a sensitive understanding of the religious dimension of behavior and its implications for mental health. Although experience as a clergyman and awareness of various theological positions are not mandatory requirements, they would be valuable in establishing rapport with pastors and would provide a basic understanding of the context in which the clergy works.<sup>1</sup>

The general requirements for a professional staff member of the Consultation Center include:<sup>2</sup>

1. The ability to provide basic consultation in mental health problems to clergymen as they confront these in all aspects of the parish work. To understand the context of the minister's work in a particular situation and assist him in either consultation for his pastoral counseling toward mental health or in advising proper resources for referral.
2. The ability to conduct educational and in-service training seminars or workshops in such areas as: (a) general mental health education; (b) discussion of particular psychological

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<sup>1</sup>Job Analysis and Specifications: Kalamazoo Consultation Center for Clergy, 1966.

<sup>2</sup>ibid.

aspects of behavior and their effect on an individual's life, positively or negatively; (c) counseling techniques and procedures and the unique potentials, limitations and dangers most confronted by clergymen.

3. Evidence of a basic proficiency in recognizing and evaluating the psychological and religious factors contributing to emotional problems, the general depth of these and ability to assist the particular pastor, directly or indirectly, in finding the best possible source of help.
4. The ability to work co-operatively with community agencies (psychiatric, protective, educational, family and welfare) regarding both individual and community-related problems within the sphere of mental health concern. To be aware of the implication and expression of religious and social factors contributing to either the creation and solution of mental health problems. To know the potential resources for help which are available within the church community and help use them in helping people. In this regard, the development of co-operative programs between clergy and other helping professions in the community is a total part of the community program for mental health and is most important.
5. The ability to communicate individually and with groups. Experience in teaching or educational endeavors, administration, program building, and community relations would be valuable.

The Director of the Center is hired by the Board of Directors through its Personnel Committee. New staff persons are interviewed by the Personnel Committee and hired by the Director with the consent of the Board of Directors. Under Public Act 54, all professional persons hired by the Center must also be approved by the Kalamazoo County Community Mental Health Services Board.<sup>1</sup>

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<sup>1</sup>Interview with K. Charles Nesseth, Director, Kalamazoo Consultation Center for Clergy.

Specific Job Requirements<sup>1</sup>

<u>POSITION</u>	<u>REQUIREMENTS</u>
Director	A graduate degree in clinical psychology, psychiatric social work, or psychiatry is mandatory as well as appropriate. Supervised work experience and theological background is desirable.
Clinical Social Worker	M.S.W. Degree, with training in a psychiatric or similar area. In addition, he must be generally acceptable under general requirements. #1.
Clinical Consultant, Clergyman	At least an M.A. in Counseling Psychology, Counseling Guidance, or Pastoral Counseling with course work concentration in psychology or social work; ordination or membership in good standing in his own denomination; pastoral experience and/or clinical training with mental health emphasis. In addition he must be acceptable under general requirement #1.
Clinical Psychologist or Counseling Psychologist	Ph.D. or an M.A. with membership or associate membership in the American Psychological Association. He must also be acceptable under #1.
NON PROFESSIONAL STAFF <sup>2</sup>	
Secretary	Although not professionally trained, personnel should be selected for their ability to observe professional standards in safeguarding confidential information and the ability to deal with applicants where necessary. High school diploma and one year of college.
Janitor	No requirements specified.

<sup>1</sup>Job Analysis and Specifications: Kalamazoo Consultation Center for Clergy, 1966.

<sup>2</sup>Form DMH-706a, p. 1, State of Michigan, Department of Mental Health.

## BUDGET

Each year the Michigan Legislature appropriates monies to be used by the Department of Mental Health. At the beginning of each fiscal year the Department of Mental Health allocates funds available for grants to Community Mental Health programs.

The Community Mental Health Board presents a total community mental health program to the Community Services Division of the State Department of Mental Health. The Department accepts or rejects the total budget of the community, and upon approval then sends funds to cover for the matching basis for the entire community program. Funds are then disbursed by the local Community Mental Health Board to the respective agencies. Local agencies submit monthly reports of services and finances to the Community Mental Health Board which in turn submits the reports to the Department of Mental Health.<sup>1</sup>

The Consultation Center began in 1965 with a grant of \$10,000 from the Civic Fund in addition to \$600.00 in gifts from individuals, churches and fees. During the second year, July 1966 - June 1967, the financing was accomplished in part through Civic Fund Foundation gift, fees, other gifts including local church participation, and the Community Mental Health Act PA 54. At that time the Center was under the Child Guidance Clinic and received operating funds from them. For the fiscal year 1967 - 1968, \$8,000 of local monies are being raised from client fees, gifts, Civic Fund, etc. The additional

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<sup>1</sup>Community Mental Health Services Manual, State Department of Mental Health, Lansing, Michigan, 1964, pp. 28 - 29.

monies needed for the \$32,000 - \$35,000 budget will be furnished on a monthly basis computed on a 3 to 1 ratio by the Community Mental Health Services Board, which has contracted the Center's services.

The Consultation Center is expected to raise one quarter of the budget locally.

YEAR	PERSONNEL	FACILITIES AND SUPPLIES	TOTAL
1965-66	\$ 9,509.00	\$2,164.00	\$11,673.50
1966-67	\$24,962.56	\$4,875.00	\$29,873.56
1967-68	\$28,450.00	\$7,200.00	\$35,650.00 (\$36,000.00 was approved 5/15/67*)

\*Further itemization of each category can be found in the Annual Statistical Reports of the Consultation Center.

The focus in raising local funds is being directed toward obtaining greater local church participation with a view toward extending this financial base to include the five counties of Kalamazoo, Van Buren, Allegan, St. Joseph and Barry, served by the Kalamazoo Community Mental Health Services Board.

#### Salaries

Under Public Act 54 of 1963, a personnel grading and salary system designed for use in Michigan by the Community Health Services Agency was established. The system was based on a set of standards closely approximating those used by the Michigan Department of Civil Service. The basic salaries were extended so that various levels of post-baccalaureate education and formal professional training commonly



required of personnel in the mental health field could be recognized. The system provides for two categories: (1) Clinical personnel, whose duties are to provide program implementation, diagnosis, care, treatment, consultation, inter-agency program co-operation and guidance and counseling services; (2) Administrative personnel who provide program direction, fiscal supply and property management, accounting, communication, secretarial services, clinical records, management, publicity and physical plant maintenance.<sup>1</sup>

#### Fees

Prior to January 1, 1966, there was no fee system. The initial intention was to begin on a contribution basis. The contribution system, however, was awkward for the client as to how much was expected from him in return for service. The Director and the Board felt the fee system had a therapeutic value as the client must plan to meet the expense of the sessions, thus motivating him to respond to treatment more readily. The fee system was inaugurated in February, 1966.

The Board of Directors passed a policy in February of 1966 that persons having incomes under \$10,000 per year should be charged \$5.00 per week for service. Those with incomes exceeding \$10,000 a year would be charged \$10.00 per week. These fees are flexible, based on the discretion of the therapist. No service is denied to any persons

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<sup>1</sup>Model of Personnel Grading and Salary System, Community Services Division, Department of Mental Health, May 22, 1967.

for reasons of race, creed, or inability to pay.

At the present time the fee system is being examined for revision. The fees will be readjusted to a schedule recommended by the Community Mental Health Board and will be similar to other service agencies such as Child Guidance Clinic or Family Service Center, where the fees are on a sliding scale.<sup>1</sup>

#### REFERRALS TO THE CENTER

##### Sources

Referrals to the Consultation Center came from the following sources:<sup>2</sup>

	<u>1966</u>	<u>1967</u>
Attorney . . . . .	3	1
Chaplain (Bronson Hospital) . . .	2	0
Child Guidance Clinic . . . . .	1	0
Family and Self . . . . .	9	3
Friend . . . . .	0	10
Pastor . . . . .	43	48
physician . . . . .	3	3
Police . . . . .	0	1
Psychiatrist . . . . .	0	1
School Guidance Counselor . . . .	1	4
Other Client . . . . .	4	1

In 1966, 61 per cent of the referrals were made directly by ministers. In 1967, 70 per cent were made by ministers. The next greatest proportion of clients are self referred or referred by other clients. They have become aware of the service through speeches, the newspaper, etc. The next largest group of referrals would be from

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<sup>1</sup>Interview with K. Charles Nesselth, Director, Kalamazoo Consultation Center for Clergy.

<sup>2</sup>Annual Report, Kalamazoo Consultation Center for Clergy, 1966.

medical personnel, usually gynecology and obstetric men. Of those under the category of Family and Self, the majority became aware of the service through news media or church gatherings at which the Center was discussed.

Clergy and/or members of the following denominations have used the Consultation Center for Clergy for consultation or referral purposes:

Baptist	Episcopal	Lutheran
Christian	Evangelical Covenant	Methodist
Christian Reformed	Evangelical United	Pilgrim Holiness
Church of God	Brethren	Presbyterian
Congregational	Friends	Roman Catholic
	Salvation Army	
	Seventh Day Adventist	
	Three persons with no church affiliation	
	Two persons with unknown affiliation	

During 1966 the Center worked with 80 ministers from 27 churches.

In 1966 the Consultation Center began serving as a referral agency for men released from Michigan Prisons to the Kalamazoo area. According to Chaplain Voorhees of the Corrections Department, the Kalamazoo Council of Churches was the first in the State to assume this role.<sup>1</sup>

7/1/65-6/30/66    7/1/66-6/30/67

The geographical area served:

Kalamazoo and Portage Area .....	87%	77%
Neighboring Communities .....	7%	14%
Out of County .....	6%	9%

Consultations with:

Clergy .....	285	254
Agencies .....	86	185
Client (telephone) .....	132	157
Other Professions .....	78	157

<sup>1</sup> Annual Report, Kalamazoo Consultation Center for Clergy, 1966, p. 7.

### Persons Served

Personal contact with those seeking help can be categorized in the following manner:

	<u>7/1/65-6/30/66</u>	<u>7/1/66-6/30/67</u>
Family Units Counseled .....	87	
Individuals Interviewed .....	121	111
Individuals Counseled by phone and not seen .....	132	635
Interviews held with clients .....	662	493
Individual .....	602	443
Joint .....	12	42
Collateral .....	48	8

The ages of clients were:

Under 20 years .....	6%	10%
21 - 35 years .....	63%	45%
36 - 50 years .....	26%	39%
Over 50 years .....	5%	6%

The incomes of clients were:

\$ 0 - \$ 5,000 .....	17%	21%
\$ 5,100 - \$10,000 .....	44%	51%
\$10,100 - \$15,000 .....	15%	4%
\$15,100 - \$20,000 .....	4%	6%
None .....	10%	8%
Unknown .....	10%	10%

The marital status of clients was:

Married .....	57%	56%
Separated or Divorced .....	29%	24%
Single .....	14%	20%

### Referral Procedures

When a person is first seen at the Center the focus is to define what appears to be the major aspect of the individual's particular concern. The factors considered in the initial evaluation are: relationship capacity, anxiety level, verbal output; expression and intensity

and the affect level; the nature, depth and duration of the problem configuration; the resources within the person and/or within his immediate environment to meet present conflict; how the conflict or problem issues were handled in the past; the level used to resolve these; general basic ego intactness in coping capacity based on past experiences and present total life adjustment pattern; the intelligence level and capacity for insight and awareness on the part of the potential client. The religious dimension is evaluated as a factor of the individual's total personal adjustment. This would contribute and aid in determining the resource to be utilized in resolving the person's conflict.

These combined things would guide the treatment possibilities and serve as a gauge to determine the level or intensity of the defensive barriers and the extent and depth of individual personal conflict. They aid in determining the direction counseling will take. This includes deciding whether treatment is appropriate by the Center or if a referral to another more specialized agency ought to be considered.

When the client calls the Consultation Center directly, the secretary takes the call and schedules an intake interview with one of the counselors. If a pastor calls the Center regarding a client, a counselor will discuss the case either in person or on the telephone. It is then determined: what further work the pastor can do; what referrals could be made to an appropriate agency; whether the client should be referred to the Center for evaluation and counseling, returned to the pastor for evaluation and/or counseling or referred to another agency.<sup>1</sup>

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<sup>1</sup>Interview with K. Charles Nesseth, Director, Kalamazoo Consultation Center for Clergy.

Nature of Problems

The types of cases which seem to benefit the most by the Consultation Center include:<sup>1</sup>

1. Cases where the client, therapist, or pastor feels the religious orientation or value system is either important in the treatment context or important as a factor of the problem situation.
2. Cases where the client wishes to see a clergyman or church-related individual for reasons of personal comfort and thus chooses the Center.
3. Persons contacting the Center for one reason or another who may have no awareness of the unique factor of the service and come for general counseling. They may be seen briefly and/or referred elsewhere.
4. Cases which are basically amenable to short-term case work treatment or therapy and where reality orientation is at least functional.

Cases which would not be appropriate for the focus of the Center would be: the active psychotic individual who needs direct medical attention and intervention; the cases where long-term and intensive psychiatric care are necessary; and those cases where the nature and severity of the problem suggest that treatment in a more specialized and intensive treatment setting is feasible.

The following categories show the problem areas encountered:<sup>2</sup>

	<u>1966</u>
Marital Adjustment .....	21
Personal Emotional Adjustment .....	15
Alcohol Based .....	2
Psychiatric Problem .....	9
Specific Religious Problem .....	4
Child-Parent .....	8
Not Determined .....	10

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<sup>1</sup>ibid.

<sup>2</sup>Annual Report, Consultation Center for Clergy, 1966.

Community Resources Used

One of the goals of the Center is to refer persons to appropriate agencies if such a setting could provide the most adequate response to a given need.

The following community resources were used:<sup>1</sup>

	<u>1966</u>	<u>1967</u>
A. For Referral:		
1. Adult Psychiatric Clinic	9	6
2. Alcoholism Information Center	1	1
3. Child Guidance Clinic	6	3
4. Family Service Center	7	
5. Legal Aid Bureau		1
6. Michigan Childrens Aid		2
7. Pastor	3	6
8. Plainwell Sanitarium		1
9. Psychiatrist	7	4
10. V. A. Hospital, Battle Creek		1
11. Welfare Department	1	
12. Western Michigan University Counseling Center		1

In cases which were terminated without using other community resources, persons were urged to establish or maintain close contact with their pastor.

B. Agency Contacts for Case-Related Purposes:<sup>2</sup>

1. Adult Psychiatric Clinic at Borgess Hospital
2. Alcoholism Information Center
3. Bronson Hospital
4. Bureau of Legal Aid
5. Bureau of Social Aid
6. Catholic Social Service
7. Child Guidance Clinic
8. Family Service Center
9. Kalamazoo College
10. Kalamazoo Police Department

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<sup>1</sup>ibid.

<sup>2</sup>ibid.

11. Kalamazoo Public Schools
12. Kalamazoo State Hospital
13. Michigan Childrens Aid Society
14. Pine Rest Christian Hospital
15. Plainwell Sanitarium
16. Probate Court

One of the purposes of the Consultation Center is to provide a program of mental health information, education and in-service training for clergymen.

During the past two years the community activities of the Center included:<sup>1</sup>

	<u>1966</u>	<u>1967</u>
Single Presentations	14	20
Group Study		33
In-Service Seminars		16
Other		2

During the first year of operation, pastoral counseling or community resources seminars were not held, because of part-time status and influx of a treatment case load which had created a waiting list. At that time the possibilities being explored included co-operative ventures with other agencies, a program with the Western Michigan University Guidance Department and seminars with Portage ministers. Fourteen presentations were made to classes, parent groups, civic and religious organizations, and special interest groups. The response was generally positive. It was stated in the Annual Report of 1966 that there was significant need and opportunity for program development in the consultation and educational areas and that this should be a definite focus of the Center's program.<sup>2</sup>

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<sup>1</sup> ibid.

<sup>2</sup> ibid.



## FUTURE PROGRAM GOALS

The future program goals of the Consultation Center are to:

1. Enlarge the scope of the educational and consultative services to cover a five-county area.
2. To provide more intensive local educational and informational services to the clergy and to the churches relating to mental health.
3. To enhance the working relationships between the clergy as professionals and other helping professions in the mental health field.
4. May also expand focus of consultation to other professional persons or agencies within communities, i.e., courts, attorneys, etc.<sup>1</sup>

Rather than enlarge the case load in the future, the goals of the Center will be to broaden the scope of the services and focus in particular on education and direct consultation with the clergy.

## RESEARCH

A program of social service must continually revise and update existing services and develop new approaches to people's social and mental health problems. A research project is currently in progress at the Consultation Center to evaluate the extent of need as well as the demand for more intensive local educational and informational services for the clergy and their churches relating to the mental health problems encountered daily (as above).

The project utilizes a questionnaire developed to determine the background of the Kalamazoo, Van Buren, Allegan, Barry and St. Joseph

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<sup>1</sup>Interview with K. Charles Nesseth, Director, Kalamazoo Consultation Center for Clergy.

clergymen relative to their education, formal training in counseling techniques, and extent of counseling being done. Other areas explored include awareness of the Consultation Center and its services, whether these services have been used, and, also, whether contact with the Center has been helpful. Questions are asked about the kinds of problems most commonly presented to the clergy and those which have been found to be the most difficult and even those areas in which some assistance from the Center might be helpful. Suggestions for additional services are also requested. Realizing that there is a broad diversity of theological backgrounds in the five-county area, the project has tried to determine the reasons why the clergy and their churches might feel that the Center's facilities are not an appropriate adjunctive service for a religious order. In spite of limitations of the basic questionnaire technique itself, a questionnaire was devised and employed because it was felt to be the most efficient and least costly instrument available to the Center.

The Center has utilized the service of two National Defense Education Act summer institute people who are professional guidance counselors, placed at the Center for an internship. They contacted and together interviewed several clergy in the Kalamazoo County area. The purpose of the contacts was to inquire into the same areas as the questionnaire but in greater depth.

The questionnaires have been color coded to facilitate easier analysis when they are returned. Each of the questionnaires has also been numbered to enable responding clergymen to be identified. In view

of the enormous costs of postage and secretarial time, an information sheet about the Center was enclosed to all but twenty arbitrarily selected clergymen in each of the five counties. These will function as controls to determine whether the inclusion of the information sheet affected the filling in of the questionnaire, and the information sheet will be mailed out at a later date.

#### CURRENT PROBLEMS AND THEIR IMPLICATIONS

The stated purposes and philosophy indicate that the primary functions of the Center are to provide both consultation and educational services. The author's contact with the Consultation Center as a participant observer has provided a unique perspective from which to view the operation of the Center as a mental health service, to recognize some of the existing problems and those areas which may become problematic in the future.

At present, the main focus of the Consultation Center is treatment-oriented. However, there are a growing number of requests for educational and in-service training programs with the clergy and church groups aimed at Family Life Education, mental health problems and counseling techniques and community agency resources. Should the demands of a case load or waiting list become greater, (and it is felt at this time that these will, as with other mental health agencies) will there be time available, with the present staff, to develop and conduct educational and in-service sessions?

At the present time there appears to exist a lack of communication

between the clergy and other professional persons (social workers, psychiatrists, psychologists, physicians, etc.) concerned with community mental health and personal and family adjustment problems. Future educational programs planned by the Center for clergymen and other professional persons could be aimed toward ameliorating this deficiency and increasing the dialogue between these two presently divergent groups. Some suggested modes of public education might include panels, discussion groups, "brain storming sessions", and guest lecture series.

The Consultation Center has been in existence for barely over two years. Services are presently being extended to cover a five-county area. The question arises as to whether or not the Center's services are being spread too thin. Perhaps developing a firm base in one area such as Kalamazoo County might be more beneficial in terms of public relations as well as an efficient use of the current staff and program. At this time it should probably be kept in mind that most, if not all, of the matching funds raised by the Center come from the Kalamazoo area.

At the present time one of the main difficulties facing the Consultation Center deals with funding. As 70 per cent of the referrals for treatment come directly from the clergy in the five-county area being served, and an increasing demand is being made by these churches for educational leadership in the concepts of mental health, the costs for the Center's services are increasing in terms of money and time. There appears to be an inherent philosophical implication, if not a written commitment, that the churches in this area should participate and contribute actively to the program of the Center. It would appear

that efforts should be intensified toward obtaining greater church and individual support.

Currently psychological tests are not being used at the Center. In the past personnel trained in these techniques and funds for purchasing tests and testing equipment were not available. The use of formal and informal assessment techniques might be considered time-consuming and relatively expensive. Although highly trained technicians are required to administer and interpret tests, the tests could save a considerable amount of equally valuable counseling time. For example, in the area of marriage counseling, interest and aptitude tests might be helpful in re-establishing lines of communication between the two parties.

Arrangements might be made to obtain some testing services on a part-time basis from a private practitioner, or some of the Center's counseling time could be returned for the use of testing time through arrangements with an agency such as the Adult Psychiatric Clinic, which is also funded through PA 54 and functions under the supervision of the Community Mental Health Services Board.

The Center is currently located in offices adjoining those used by the Kalamazoo County Council of Churches and shares a common reception and secretarial area with the Council. This would seem to be detrimental to the total program of the Center philosophically, economically and in terms of public relations. The Center presently is being funded by public tax monies on a three-to-one matching basis with those funds raised by the Center. The public monies are raised from persons who may or may not have a religious affiliation or an

affiliation with a church which does not belong to the Council of Churches. It can be noted that there might be some philosophical reluctance on the part of churches not belonging to the Council in referring, consulting with, or supporting the Center.

The Center must recognize that in the future it will be faced with the question concerning the separation of powers of the Church and State. It should probably be clarified that the Center functions not as a religious service but as a service to the religious community. The need to clarify this arises out of the use of public tax monies to support the Center. This probably can be justified on the grounds that religious leaders are in direct contact with the "grass roots" community resources and are in a position to communicate and facilitate preventative as well as curative community mental health.

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