Using the Levels of Family Involvement Model with Religious Professionals

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Using the Levels of Family Involvement Model with Religious Professionals

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Serving as a religious professional is a complex task with a wide variety of demands and responsibilities. This variety contributes to a professional identity that requires the fulfillment of a number of roles. The Levels of Family Involvement (LFI) model (W. J. Doherty, 1995) offers a structure for helping clergy ascertain which roles may be most beneficial to a family in a given set of circumstances, as well as which roles are beyond their training and mission. The LFI is offered as a guideline for helping clergy select modes of intervention and identify areas for personal and professional development. Case examples are offered to illustrate the model.

Pastoral staff often maintain multiple roles in their work with families. Depending on the circumstances, they may find themselves in situations which call for teaching, comforting, officiating, administering, and counseling. Selecting the most appropriate means of interacting with families can be a challenging task, influenced by a number of variables. For example, what sort of issue is the family presenting? Are they looking for spiritual guidance, comfort in a time of grief, or help in resolving a family-related problem? Additionally, what sort of constraints limit the ability of clergy to minister to the family? Does he or she have the necessary training to intervene in a complex family problem? If so, is there sufficient time to devote to a given family in light of competing demands in other areas of ministry?

Doherty and Baird (1986, 1987) have proposed the Levels of Family Involvement (LFI) model that differentiates between types of interventions appropriate for professionals who work with families in various capacities. There are five levels in the model—provider-centered, cognitive, affective, brief problem solving, and family therapy—with each stage building upon the previous one. Doherty and Baird assume that the most appropriate level of involvement in a given case depends on the specifics of the situation and the training of the professional.

The purpose of this article is to apply this model to those working in ministry settings. We will describe the model, review how it has been applied to other professionals working with families, and suggest how it can be used by those working in ministry.

Levels of Family Involvement Model

Overview

The LFI is a 5-level hierarchical model that describes how professionals may address concerns of families with whom they are working. Level 1 involves minimal interaction with the family, most of which is intended to benefit the organization or the professional rather than the family. Accurate information that is of practical or legal value to the institution which the professional represents may be respectfully gathered from the family.

Level 2 is primarily cognitive in nature. Here the professional seeks to provide information to families.
that will help them address their concerns. An effective professional may seek to engage a family in collaboration by asking questions and will communicate pertinent information, advice, or recommendations in an interesting manner. The professional operates in an expert role at this level, providing content that is of practical value to family members.

In Level 3 the professional may also provide information and advice, but he or she is primarily concerned with helping family members experience, manage, and communicate emotional issues related to their concerns. The professional operating at this level needs to listen with an empathic ear, invite expression of emotions from family members, and normalize feelings and reactions related to stressful events. The focus of this level is not to generate solutions, but to create an environment of support and encouragement wherein family members will have a safe avenue to explore the emotional aspects of their concerns.

Level 4 involves the development of brief, focused solutions to problems experienced by family members. This is done with the permission of family members and is limited to a specific concern they are addressing. This level calls for the professional to have a basic understanding of family systems theory and to have the ability to ask questions which will provide a detailed description of the family dynamics surrounding the presented problem. Working together, the family and the professional may develop a hypothesis about the family dynamics contributing to the problem and strategies for addressing it. If it appears that the problem is too complex to be addressed through brief problem solving, or if the targeted intervention is unsuccessful, the professional may need to guide the family to a referral source.

Level 5 is family therapy. This involves working with a complex web of issues affecting multiple family members, sometimes over a lengthy period of time. Family therapy calls for specialized training and is outside the scope or interest of many professionals who work with families in a capacity other than therapeutic.

Applications

The LFI model was originally developed as a training tool for family physicians (Doherty & Baird, 1986, 1987). Medical training prepares physicians to diagnose and treat physical illnesses, but it often fails to adequately prepare them for dealing with the psychosocial concerns accompanying illness for patients and family members, alike. In Level 1 the physician often has no direct contact with the family. The primary interest at this level is in gaining information which is useful for diagnosis and treatment. Little attention tends to be given to the patient’s or family’s response to an illness.

In Level 2 the physician interacts with the family on a cognitive level, seeking and providing medical information as well as dispensing advice regarding the patient and the illness. For example, a pediatrician may interact with a parent of a sick child by inquiring about symptoms of the child’s illness, discussing ramifications of the illness, and reviewing options regarding the child’s care.

At Level 3 the physician attends to the emotional responses experienced by the patient and the family, often by providing support and empathy for the family without intellectualizing or offering premature reassurances (Marvel, Schilling, Doherty, & Baird, 1994). For example, an oncologist who is working with a patient recently diagnosed with cancer can inquire about how the family is coping with this news, opening the door for them to vent feelings of frustration or grief.

In Level 4 the physician works with the family around a specific issue to systematically assess the problem and to develop a treatment plan. For example, a child’s chronic illness may alter the roles of family members and place strain on his parents’ marital relationship. Their family physician can meet with the parents on one or more occasions to discuss the effects of the illness on their relationship and to develop a plan to restructure roles within the family in response to their child’s illness.

At Level 5 the physician may engage the family in a therapeutic process over an extended number of sessions. However, more typically he or she will refer the family to a professional specializing in this area if a need for extended therapy is seen.

Researchers using this model in medical school settings have sought to determine at which levels family physicians tend to interact with families (Marfel & Morphew, 1993; Marvel et al., 1994). In general, findings have suggested that the vast majority of physician-family interactions are at the first and second levels. Doherty and Baird (1987) contend that medical school training equips physicians insufficiently with skills to interact with families at other levels of the model.
Doherty (1995) has also applied the LFI model to parent and family educators. He suggests that these professionals tend to have a unique educational role. Parent and family education is expected to have a personal application, going beyond the cognitive exchange of information usually found in traditional academic subjects. However, too much depth can be damaging because parents are generally not prepared for a high degree of emotional intensity, and family life educators are not trained to deal with concerns that are more therapeutic than educational. Doherty proposes the LFI model as a means of helping educators determine an appropriate level of involvement with families. He suggests that educators will tend to operate in levels 2 through 4 of the model, but Level 3, which combines the provision of information and exploration of emotions, is optimal.

**Applying the LFI Model to Ministry**

The work of ministry is multi-faceted and provides varied opportunities for clergy to interact with families. During a given week, a minister may function as a teacher in the classroom, an encourager in the pulpit, a comforter in a hospital room, a decision maker in a governance meeting, and a counselor in the office or a family’s living room. Each of these tasks requires the clergy person to interface with a family in a unique way and calls for differing kinds of involvement in the lives of family members. The LFI model offers a framework for clergy to suggest what type of intervention may be needed by a family in each of these varied tasks, as well as which pastoral skills may be required. The following section is an adaptation of Doherty’s (1995) model for family life educators to clergy and pastoral care providers.

**Level 1**

In Level 1, interactions center around the needs of the church or other institution rather than the family. It is an impersonal level primarily concerned with practical or legal matters. For example, a church may send receipts for contributions to a family so that it can incorporate that information into its tax returns. Sometimes actions that appear to be family-centered may primarily serve the needs of the institution. For example, providing nursery care for infants may be seen in one church as an essential part of family programming, whereas in another it is viewed as the only way to get a quality audio recording of the service without “background noise.” At this level clergy may participate in practical administrative decisions that impact families directly or indirectly but require little personal contact with family members.

**Level 2**

Interactions with families in Level 2 are structured around the provision of knowledge, information, and advice. For example, a minister may teach a class on parenting skills, family communication, or some other family issue, or a youth pastor may respond to concerns expressed by adolescents and their parents with advice about how to proceed. Effective interactions at this level require accurate information about families, parenting, child development, and family challenges over the life span that can be shared with families. It is also important that clergy be willing to engage families in collaborative ways, be aware of a range of perspectives on family issues, and recognize their own biases with regard to “proper” family interaction and development. To effectively engage families at this level, clergy need to be clear and interesting communicators, use questions to seek input from family members, make appropriate recommendations, and be ready to provide information on additional resources if needed.

**Case example.** As part of their premarital preparation, Greg and Heather participated in several counseling sessions with their minister. At the end of the session, the minister invited them to come back a few months after their wedding for a marital “check-up” to see how things were going in their relationship.

Eight months after the wedding, the couple recontacted the minister to take him up on his offer. They ran into some difficulties during their first Christmas together. When Heather asked Greg what he would like as a Christmas gift, he responded with a practical idea—a pair of slippers or a CD player. When Greg, in turn, asked Heather, her response was “Surprise me!” When it came time to open presents, Greg was excited to find both of the gifts he had requested. However, Heather was distressed when she opened her gift—a humidifier. When they presented this story to the minister, he began to ask questions about how Christmas was celebrated in their families-of-origin. In Greg’s family, Christmas was an excuse to exchange practical presents that family members needed anyway. He knew Heather’s doctor had indicated she could use
a humidifier for health reasons, so it made sense for him to get it for her for Christmas. Heather, on the other hand, had often seen her father give her mother extravagant, romantic gifts at Christmas time—and a humidifier did not meet this criterion!

The minister then talked with the couple about the effects of family-of-origin experiences on their expectations. He normalized their conflict and pointed out that newlyweds often expect their own relationship to mirror that of their parents. He advised that continued clear communication about their expectations could help them avoid similar difficulties in the future. Greg and Heather were satisfied with this response and relieved to know that similar experiences were common for other newlywed couples.

In this case the minister began by eliciting a detailed picture of the problem from each of the partners. He then gave the couple a cognitive response to their concern. From his perspective, the problem was primarily a misunderstanding that could be addressed with further information about the impact of families of origin during the newlywed stage of a marriage. This reply was based on his own experience in working with couples as well as on literature pertaining to developmental expectations in marriage. The response satisfied Greg and Heather and helped them get over a hurdle in their development as a couple.

**Level 3**

In Level 3, interactions with families center around the emotional aspects of their experiences, often in response to stress or trauma. Clergy may provide pastoral care to family units on an individual or group basis at this level. For example, pastoral staff may provide emotional support for parents after their adolescent daughter has run away from home, a pastor may check in with adult siblings dealing with a parent who has Alzheimer's disease, or a youth pastor may offer a time-limited support group for parents of preschoolers. At this level, clergy need to be knowledgeable about the effects of stress on individuals and families and the emotional aspects of group process. To interact effectively, clergy should be aware of their own feelings about various family stressors and their own levels of family stress. They need to understand and be able to respond to relevant aspects of group process that can emerge when working with groups or family members. A number of skills are needed to interact effectively at this level, including (a) eliciting expressions of feelings and concerns; (b) listening in an active and empathic manner; (c) validating and normalizing feelings and reactions; (d) creating a climate of openness and support; protecting group members from too much self disclosure; (e) engaging family members in collaborative problem solving; (f) tailoring recommendations to the unique needs, concerns, and feelings of family members; (g) identifying individual and family dysfunction; and (h) tailoring referrals to the unique situations of family members.

**Case Study.** During a hospital visit with Harriet, a widowed parishioner with congestive heart failure, the minister was introduced to Mark, her adult son from out of state. Mark requested that the minister meet with him and his two sisters, Linda and Donna, because they were having a serious disagreement about medical decisions facing the family. She agreed to meet with the three siblings the next time they were all in town to visit their mother.

The meetings began with a discussion about whether to insert a feeding tube. Mark and Linda, the two oldest siblings, indicated their strong belief that to do so would be contrary to Harriet's previous wishes and would only prolong a painful death. Donna resisted this suggestion and, with angry sobs, accused her brother and sister of not loving their mother and not honoring her as the Ten Commandments require.

The minister then talked with the couple about the effects of family-of-origin experiences on their expectations. He normalized their conflict and pointed out that newlyweds often expect their own relationship to mirror that of their parents. He advised that continued clear communication about their expectations could help them avoid similar difficulties in the future. Greg and Heather were satisfied with this response and relieved to know that similar experiences were common for other newlywed couples.

The minister gently asked questions about the family's past experiences with decisions of this kind; she learned that Harriet's husband had died after a battle with cancer and an especially difficult round of chemotherapy. The family had been divided over that course of action: Donna and Harriet supported the chemotherapy and Mark and Linda opposed the treatment. Other questions elicited areas of fear about the future, concerns for Harriet's level of pain, and so on. By asking for clarification and directing questions at each sibling, the minister ensured that each member of the family was able to express his or her feelings and concerns.

The minister validated the pain involved in making such an ethically and personally complex decision, the guilt and regret inherent in the process, and the grief experienced by each member of the family. She suspected that Donna, as the youngest, had often felt left out and that this situation was a painful reminder of that fact—as well as a harbinger of how alone in the family she would feel once her mother
was gone. She also encouraged each sibling to acknowledge the ambivalence they felt about their own stance regarding the feeding tube and recommended that when they were in town visiting Harri-
et, they occasionally take advantage of the drop-in grief support group offered by the hospital.

Although these siblings still faced a difficult and potentially divisive situation, the minister was able to support them as they explored the fear, anxiety, and grief in which they were caught. Her gentleness, openness, and ability to draw on an understanding of family patterns and roles enabled her to listen to the factual information about the family’s past experience and about the decision at hand in a way that defused some of the conflict and increased the chance that each sibling would feel part of the process. Some might suggest that the minister should have provided information about the actual decision, and certainly that would be appropriate in a Level 2 intervention. Employing a Level 3 interaction, she was trying to support the emotional experience of the family in a way that allowed them to better hear one another and the professionals around them.

**Level 4**

In Level 4, clergy may work with families to develop strategic responses to specific problems. The intention of interactions at this level is not to help a family make wholesale changes in the way they function as a system, but rather to help them find solutions to problems that are limited in scope. For example, a pastor may help parents determine appropriate methods of discipline for a grade-school child, or a campus minister may assist a student in developing a plan for informing her parents of a decision with which they expect to disagree. A knowledge of family systems theory is needed at this level, and clergy may need to be aware of how they participate in their own family system, the family system into which they are about to minister, and larger community systems. Doherty (1995) suggests a number of skills that are needed at this level, including (a) eliciting a detailed picture of how the family is impacted by the issue through the use of detailed questions; (b) developing hypotheses about the family dynamics that help maintain the problem; (c) working with the family for a brief period of time to develop strategies for change on a specific issue; (d) knowing when to end the intervention effort and either return to Level 3 or refer the family to another resource; and (e) providing bridges between the family and referral sources when those are needed.

**Case Study.** Kyle and Lindsay sought out their family minister because they were experiencing some problems in their marriage. They were respectful of each other and appeared to be motivated to make changes in their relationship. Many of their concerns seemed to be centered around their ability to resolve conflicts. Lindsay indicated that when she did something Kyle considered “stupid,” he would lose his temper. She would then pull away from him, and a pursue-withdraw cycle would emerge in their interaction. Some of these conflicts were related to how they made decisions. Although both partners described their relationship as egalitarian, Lindsay indicated that Kyle did not allow her to make decisions that should be hers, whereas Kyle believed that Lindsay did not consult him for his opinion. Hence, both partners felt there was a lack of mutual input on decision making. After listening to the couple’s description of the problem, the family minister asked them to gather more specific information by going home and tracking their conflicts. Specifically, they were to notice how their conflicts began, what they were about, and how they ended.

When they came back for a second session, the couple had discovered some interesting patterns in their attempts at conflict resolution. Kyle tended to probe for more information than Lindsay was often willing to give. This appeared to be related to his desire to determine a “rational” answer to their differences and to increase their level of cohesion as a couple. Lindsay, on the other hand, often felt smothered by Kyle’s persistence, heard his requests for more information as demands, and wished he would take her statements at face value. Suggesting that many of their conflicts appeared to be related to communication difficulties, the family minister taught Kyle and Lindsay some basic communication skills (e.g., awareness wheel, I-statements), suggested some books as resources, and urged them to continue practicing their newly found skills at home.

In this case the couple came to the minister asking for help with a fairly specific problem—their inability to successfully resolve conflicts. The minister listened closely to the description of the problem as presented by each partner, framed the problem in terms of systemic interactions, and sought more information through the use of a homework assignment designed to provide a more complete picture of their couple dynamics. When they returned for a
subsequent session, the minister hypothesized that their problem was related to some deficits in their communication skills. He helped the couple address this problem by introducing them to some basic skills and suggesting some useful resources.

Some may argue that a more intensive intervention needed to be made with this couple. However, this is a decision that needs to be made on a case-by-case basis. This couple asked for help with a fairly specific problem, and the minister responded by providing some strategies for addressing this problem. If the problems persist after a brief, solution-focused intervention, the minister may suggest a referral source or, if he or she has the needed expertise and time, may choose to move to Level 5. If a referral is made, the minister may continue to offer Level 3 kinds of support, which enables him or her to maintain a relationship as a pastoral care provider to the couple or family.

**Level 5**

Level 5 involves family therapy and is generally outside the scope and purpose of most clergy persons and pastoral care providers. Clergy may still be active in the lives of families involved in therapy, often by providing a bridge to the therapeutic community through referral and interdisciplinary consultation and by continuing to give Level 3 support. However, some problems presented by families represent a complex web of interwoven family dynamics that call for specialized training and intensive time demands, both of which are often outside the training and mission of clergy and pastoral staff. For example, a wife may discover that her husband has contracted HIV as a result of several extramarital affairs, or parents may learn that one of their children has been sexually molesting a younger sibling. Intervention at this level calls for an extensive knowledge of how families operate as a system and what invites change at a systemic level. It requires therapists to handle intense emotions in families and to maintain their balance in the face of strong pressure from family members. In order to do this type of work, they may need to regulate their contact with the family solely in terms of the therapeutic relationship, not allowing for other interactions with the family, such as might occur in a church community. Therapy skills include interviewing families who may be difficult to engage, testing hypotheses about how the family’s difficulties are maintained by their patterns of interaction, escalating conflict to overcome a therapeutic impasse, addressing a family’s resistance to change in a constructive manner, and negotiating collaborative relationships with other systems with which the family may be working (Doherty, 1995).

An important skill for many clergy to develop that is applicable for families in need of Level 5 intervention is the ability to refer families to a mental health professional who specializes in working with family issues. Maintaining contact with community professionals and having some familiarity with their approaches to working with families are important aspects of successful referral. Many families want assurance that a mental health professional will not only be competent, but also be respectful of their religious values. Frequently, counselors and therapists are quite willing to discuss with clergy their approach to therapy in hopes of developing avenues for maintaining their client base. Given the complexity of a family’s situation, the intensive time demands involved in family therapy, and the potential dual relationships involved in working with a family, clergy may often serve a family best by connecting them with a therapist whose skills match their unique needs.

**Case Study.** Ila and Jack were married ten years when they sought the help of their pastor for marital difficulties. They were among the most active members of their church. They were ministry leaders for the junior group and were involved in planning activities for married couples in the congregation. The church was rather small, and since the pastor often worked with them on activities, he knew Ila and Jack fairly well. He agreed to meet with them to see if he could be of help in sorting out some of their difficulties.

Shortly into the initial session, the pastor recognized that the problems this couple was experiencing were significant. He suspected that it would require a sizable investment of his time in counseling sessions to address these issues. While he had considerable experience as a pastor, counseling was not an area of specialty for him. Moreover, he was concerned that working intensively with this couple on marital difficulties might affect their ability to work together in other areas of ministry that were important to all of them.

With the permission of Jack and Ila, the pastor contacted a family therapist in the area whom he had met on several occasions through ministerium meetings. Although the pastor was not an expert in delin-
eating approaches to therapy, he was aware of the therapist’s credentials and knew that she enjoyed a good reputation among other pastors. He also knew something about the therapist’s own stance on religious issues and believed she would be supportive of the values held by Ila and Jack. He discussed the circumstances related to the couple’s difficulties with the therapist, gained assurance that she would be willing to meet with the couple for an initial appointment, and arranged for Jack and Ila to make contact with her in order to set up an appointment.

Making a referral involves a number of difficult issues for a clergy person. The first is to determine whether it is in everyone’s best interest for the religious professional to continue to meet with a couple or family. In this case, the pastor judged the case to be beyond his expertise and available time. He was further concerned about how a counseling relationship might affect the ministry efforts of this couple as they worked side-by-side with him. Based on these factors, he elected to recommend a referral source.

Second, a recommendation about a referral source can be a weighty responsibility. Suggesting a counselor or therapist who is a good match for a family involves some knowledge of both parties. In this case, the pastor not only knew something about the therapist’s skills, but was convinced she would be respectful of the couple’s values based upon previous contact with the therapist.

Third, facilitating a referral can be a time-consuming and delicate process. Explaining to someone who has sought help that another source may be preferred can raise concerns about the competence of this unknown quantity, as well as stigmas about counseling and feelings of abandonment by their pastor. This may require some extra efforts in negotiating a transition to a mental health professional. The pastor in this case, for example, gained permission of the couple to talk with the therapist and arranged for an initial conversation between the two parties. In addition, the pastor should commit to providing ongoing pastoral care (perhaps at Level 3) to a couple or family who has entered therapy or some other treatment process.

Finally, confidentiality is a critical issue in the family-pastor-therapist triangle. It is vital that pastors not only secure the permission of those seeking help prior to talking about their circumstances with a mental health professional, but that they are also clear about what information will be shared. Before calling, a pastor may want to delineate the details they will provide in talking with a referral source, making sure there is no information the couple or family would find objectionable. Similarly, it should be made clear to the couple or family that no information will be shared between the therapist and the pastor without their expressed permission once the referral is made.

**DISCUSSION**

The LFI model provides a useful framework for structuring interactions between families and the professionals who serve them. Previous applications of the model to physicians (Doherty & Baird, 1986, 1987) and family life educators (Doherty, 1995) have suggested that it is a useful tool with differing implications depending on how the relationship between the family and the professional is defined. We believe this is also the case with clergy and other pastoral care providers. The types of relationships clergy have with families in our culture tend to require multiple roles and a mix between the personal and the professional. Each of these issues influences how this model may be applied to clergy.

First, the role of many clergy is multi-tasked. Sometimes family members look to clergy as doctrinal interpreters. For example, they may want to know what the Scriptures or church doctrine have to say about issues such as divorce and remarriage or abortion. In these cases, families are primarily interested in the scholarly expertise a clergy person has to offer and are most likely seeking a Level 2 interaction. Other times, however, family members call upon clergy to provide emotional support in times of struggle. For example, a visit to a hospital room or sitting with a family after they have received tragic news may require clergy to help families address the emotional impact of the stressor. On these occasions families may be looking for a Level 3 kind of support (active listening, validation of feelings, encouragement to talk about the pain, etc.). They are not necessarily asking the minister for advice or direction—only comfort. Finally, families sometimes look to clergy to help them resolve issues, a Level 4 kind of interaction. However, while this problem-solving mode incorporates previous levels like other applications of the model, it sometimes includes an additional twist for clergy—that of heavenly mediator. The role of the pastor-interventionist may include addressing not only the horizontal level of family interaction, but also the vertical
level of interaction between the family and God. Thus, clergy may find brief, focused interventions to be more complex than for other professionals because they carry multiple roles.

In previous applications of this model, authors have recommended that professionals may need to increase their levels of involvement with families to better address their needs. Marvel et al. (1994), for example, found low levels of physician involvement in families with chronic illness and suggested a need for increased support from physicians. Doherty (1995) argued that the optimal level of involvement for family life educators is Level 3. We would suggest that the multiple expectations of clergy require them to be involved with families at any of the first four levels of the model at various times, depending upon the family needs and the role clergy are prepared to assume. Thus, there is not an optimal level. However, the model may be especially useful for clergy by helping them match goals and skills from a particular level with the needs of a family. For instance, recognizing that a person who has just been served divorce papers is looking for emotional support and not for a biblical exposition on divorce (or that a family faced with a decision about whether to terminate a life support system may be looking for guidance in how to make that decision) is important in effectively identifying and addressing the most salient needs of family members. The LFI model supplies a framework for helping clergy match their level of involvement with the needs of families.

The LFI model also provides an opportunity for clergy to evaluate their patterns of intervention with families, especially for pastors serving in settings where they minister to a variety of family needs (i.e., congregational settings). Since families presumably present a wide array of needs, ministers who find themselves consistently operating from one level to the exclusion of others (e.g., a Level 4 problem-solving mode) may need to examine whether they are adapting their intervention to the needs of the families they encounter. They may be operating from a mode that they are most comfortable in without carefully considering the clues presented by the family.

Second, the unique nature of ministry provides a mix between the personal and professional lives of clergy that is not found by most other professionals who interact with families. For most clergy, the group they serve as a professional also constitutes their faith community and, in many cases, their primary social network. Often the people who are responsible for providing their paychecks are also their friends and fellow spiritual sojourners. Thus, an ambiguous boundary naturally exists between religious professionals and the families they serve.

Sometimes personal relationships aid in ministry. For example, in the case of a family member’s death, support offered by a pastor who has known a family for twenty years is likely to be experienced as more genuine than that of the funeral director they have just met. But the dual nature of clergy relationships can also contribute to potential difficulties that many family professionals work assiduously to avoid. Helping an adolescent who has just learned she is pregnant form a plan of action for addressing her problem may be more difficult if one of her parents is a member of the church board. Similarly, providing support for a couple with marital difficulties can be challenging when they are also one’s regular partners for pinochle.

Such difficulties are inherent in ministry and are sometimes unavoidable. The LFI model provides a framework for helping clergy delineate clear boundaries because it urges them to identify the needs of the family before intervening. It also encourages clergy to recognize their limits. In most cases, providing extended family therapy is beyond the training or time available to clergy. Some other kinds of involvement may be beyond their bounds because of their unique relationship with a given family or because of the need for further development of personal and professional skills required for higher levels of involvement.

**Conclusion**

Serving as a religious professional is a complex task with a wide variety of demands and responsibilities. This variety contributes to a professional identity that requires the fulfillment of a number of roles. The LFI model offers a structure for helping clergy ascertain which roles may be most beneficial to a family in a given set of circumstances, as well as which roles are beyond their training and mission. Further work is needed to delineate this model more clearly as it applies to religious professionals, and research is called for to test the model. Even as we move to address these challenges, we believe the LFI is a useful paradigm for helping clergy structure their interactions with families and identify areas of ongoing professional development that will enable them to minister to families in more effective, helpful ways.
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Levels of Family Involvement for Clergy and Pastoral Care Providers

**Level 1: Institutional Orientation**

Interactions with families are centered around the needs of the church or other institution rather than around the needs of the family. Families are not regarded as an important area of focus but are dealt with for practical or legal reasons.

*Examples:* (a) A church sends receipts for contributions to each household so that families may incorporate that information into their tax returns. (b) Some actions that seem family-centered may actually serve the needs of the institution; for example, providing nursery care for infants during services may in one church be seen as an essential part of family programming, while in another it is seen as the only way to get a quality audio recording of the service without ‘background noise.’

**Knowledge Base Required:** None, other than demographic information related to families who are part of the institution.

**Personal Development Required:** None, with regard to involvement with families.

**Skills Required:** None, with regard to involvement with families, other than the skills required of volunteers or paid staff.

**Level 2: Information and Advice**

Interactions with families are structured around the provision of knowledge, information, and advice.

*Examples:* (a) A church conducts adult forums or classes about family issues: parenting skills, family communication, etc. (b) A youth pastor responds to concerns expressed by adolescents and their parents with advice about how to proceed.

**Knowledge Base Required:** Accurate information about families, parenting, child development, and family challenges over the lifespan.

**Personal Development Required:** Openness to engage families in collaborative ways, awareness of a range of perspectives on family issues, awareness of one’s own biases with regard to “proper” family interaction and development.

**Skills Required:**

1. Communicating information clearly and interestingly
2. Eliciting questions
3. Engaging a group of parents, children, or both in the learning process
4. Making pertinent and practical recommendations
5. Providing information on community resources

(continued on next page)
Level 3: Feelings and Support

Interactions with families center around individual and family reactions to stress and trauma and around the emotional aspects of family experience, as well as around support group formats for providing pastoral care to families.

Examples: (a) Parents come for support after their adolescent daughter runs away from home. (b) A pastor checks in with adult siblings who are dealing with an aging parent who has Alzheimer’s disease. (c) A youth pastor offers a time-limited support group for parents of preschoolers.

Knowledge Base Required: Individual and family reactions to stress, the emotional aspects of group process.

Personal Development Required: Awareness of one’s own feelings about family stressors, of one’s own level of family stress, and of relevant aspects of group process that may emerge when working with groups of family members.

Skills Required:
1. Eliciting expressions of feelings and concerns
2. Empathetic, active listening
3. Validating and normalizing feelings and reactions
4. Creating a climate of openness and support
5. Protecting group members from too much self-disclosure
6. Engaging group members in collaborative problem-solving
7. Tailoring recommendations to the unique needs, concerns, and feelings of the family members
8. Identifying individual and family dysfunction
9. Tailoring a referral to the unique situation of the family member(s)

Level 4: Brief Focused Interventions

Interactions with families center around the development of a strategic response to a family issue that is limited in focus.

Examples: (a) A pastor helps parents determine appropriate methods of discipline for a grade-school child. (b) A college student requests help from the campus pastor to inform her parents of a decision with which she expects them to disagree.

Knowledge Base Required: Family systems theory.

Personal Development Required: Awareness of one’s own participation in systems, including one’s own family, the systems of families to whom one ministers, and larger community systems.

Skills Required:
1. Asking a series of questions to elicit a detailed picture of the family dynamics surrounding the particular issue
2. Developing a hypothesis about the family systems dynamics involved in the problem
3. Working with the family member(s) for a short period of time to change a family interaction pattern
4. Knowing when to end the intervention effort and either refer the family member(s) or return to Level 3 support
5. Orchestrating a referral by educating the family and the therapist about what to expect from each other
6. Working with therapists and community systems to help the family

(continued on next page)
Level 5: Family Therapy

This level of involvement is outside the scope and mission of most clergy persons and pastoral care providers. The following description is offered to show the boundary between Level 4 family involvement and Level 5 family therapy. While families are receiving Level 5 therapy elsewhere, clergy persons would most likely continue providing Level 3 support within the institutional context.

Examples: (a) A wife discovers that her husband has contracted HIV as a result of several extramarital affairs. (b) Parents learn that one of their children has been sexually molesting a younger sibling.

Knowledge Base Required: Family systems and patterns whereby distressed families interact with professionals and other community systems.

Personal Development Required: Ability to handle intense emotion in families and in self and to maintain one’s balance in the face of strong pressure from family members and other professionals.

Examples of Skills Required:
1. Interviewing families or family members who are quite difficult to engage
2. Efficiently generating and testing hypotheses about the family’s difficulties and interaction patterns
3. Escalating conflict in the family in order to break a family impasse
4. Working intensively with families during crises
5. Constructively dealing with a family’s strong resistance to change
6. Negotiating collaborative relationships with other professionals and other systems who are working with the family, even when these groups are at odds with one another