BOSTON UNIVERSITY Center for Aging and Disability Education and Research
Boston University School of Social Work

Prevention and Identification of Behavioral Health Issues in Older Adults: Skill Development Among Clergy Members

BACKGROUND

Older adults with behavioral health concerns are a highly vulnerable population. Unrecognized, undiagnosed, and untreated mental health and substance use concerns amongst members of this population are costly and can even be lethal. One of the greatest barriers to the provision of behavioral health services is the lack of a sufficiently trained workforce. Studies show that during episodes of stress, grief, and depression, older adults are more likely to turn to clergy than to mental health professionals. At the same time, clergy report that while their ministries include heavy demands to provide mental health services to their congregants, many feel overwhelmed and ill equipped to help[1]. Research also indicates that clergy members often have had little or no training in gerontology while in the seminary or in continuing education.[2]

Boston University School of Social Work's Center for Aging and Disability Education and Research (CADER) has extensive experience in behavioral health and aging and workforce development, and is dedicated to enhancing the capacity of faith-based communities to meet the needs of older adult congregants. With funding from the Massachusetts Department of Public Health Suicide Prevention Fund, this two year program is focusing on training diverse clergy in Massachusetts. It included a pilot program during the first year, where a small group of selected clergy and faith leaders reviewed the courses in the already existing CADER online Behavioral Health and Aging Certificate for their applicability to their work in their congregations. Now, in our second year, CADER will deliver this training to a wider audience of faith leaders across Massachusetts (n=50). At the end of the program, we believe that clergy will be able to demonstrate significant increases in competencies related to their ability to: recognize the signs and symptoms of the common cognitive, substance use, and mental health conditions including suicidality in older adults; address the impact of stigma when working with older adults; understand how and where to make referrals for assistance; and identify the strengths and resources in immigrant and refugee communities that build resilience.

METHODOLOGY

In year one, CADER surveyed diverse clergy around the country to better understand their needs in working with older adults who have behavioral health concerns. This survey served as a scan on the current environment for clergy working with older adults and provided insight into the scope of this challenge, all of which provided critical information necessary to develop an appropriate training program that will meet the needs of clergy across the country.

Also, in year one, we interviewed key clergy stakeholders across Massachusetts including faculty and graduates from Boston University's School of Theology. We determined that creating a pilot group of clergy who would work with CADER to advise us on clergy training needs related to behavioral health, curriculum content, program design, and further trainee recruitment was an important first step. We interviewed leaders from diverse faith-based traditions across the state and identified 13 clergy who became our Clergy Stakeholder Advisory Group (CSAG) and, ultimately, our first pilot group. We asked the CSAG to attend two in-person sessions in Boston to discuss the program and issues they are facing in these content areas. Between the first in-person session in March 2017 and the final session in June 2017, they were asked to review the five online courses that comprise the current CADER Behavioral Health and Aging Certificate. Learners who completed all online coursework earned 19 hours of training and a Certificate of Completion in Behavioral Health and Aging

from Boston University's Center for Aging and Disability Education and Research. The five courses in this certificate are:

1. Mental Health and Aging Issues
2. Suicide Prevention among Older Adults
3. Mental Wellness and Resilience among Older Immigrants and Refugees
4. Substance Abuse among Older Adults
5. Alzheimer's Disease and other Dementias

The CADER programs and courses apply a competency-based approach. This Certificate identified 44 competencies that are essential to working with older adults with behavioral health concerns. The Advisory Group members were asked to assess their level of competence by completing a pre-course competency assessment prior to beginning the courses. After completing each of the five online courses, they were asked once again to assess their level of competence by completing a post self-assessment of learning competencies. Also, at the end of each of the five online courses, they were asked to complete a course evaluation in order to gauge whether they felt that the training would benefit their congregation and increase their knowledge and skill in these key areas.

RESULTS

Eleven clergy from the CSAG completed all 19 hours of online training. One participant withdrew due to time constraints and another participant withdrew due to health concerns. All pre-post competency results were statistically significant across all five courses. The results for each of the courses are detailed below.

Course 1: Mental Health and Aging Issues

Increases in the mean scores from pre-test to post-test were statistically significant across all of the nine learning competencies and increases in scores ranged from 36% to 216% ($p<.05$). Based on the evaluation data:

- One hundred percent (100%) agreed or strongly agreed that the course met the following learning objective: *To identify the mental health conditions that affect older adults*.
- Ninety one percent (91%) agreed or strongly agreed that the training will help them in their work with older adults and/or with people with disabilities.
- One hundred percent (100%) agreed or strongly agreed that the training expanded their knowledge and understanding in the topic area.

As stated by one of the participants: "*This course will be helpful in many ways in my ministry. For example I have learned that mental health care of the aged is the responsibility of all who care and have/share responsibility for the daily care of the aged and not simply the 'experts'. The course placed mental health care/awareness squarely within a set of principles, including the need for a system wide approach to tending to the mental health needs of the aged."*

Course 2: Suicide Prevention among Older Adults

Increases in the mean scores from pre-test to post-test were statistically significant across all of the eight learning competencies and increases in scores ranged from 33% to 83% ($p<.05$). Based on the evaluation data:

- Ninety percent (90%) agreed or strongly agreed that the course met the following learning objective: *To identify key risk factors associated with suicide among older adults*.
- One hundred percent (100%) agreed or strongly agreed that the training will help them in their work with older adults and/or with people with disabilities.
- Ninety percent (90%) agreed or strongly agreed that the training expanded their knowledge and understanding in the topic area.

As stated by one of the participants: "*The course was really informative on suicide and resources and interventions. There are many elders that I work with who can benefit from this information. Knowing the law and resource support is helpful to share with the family.*"

Course 3: Mental Wellness and Resilience among Older Immigrants and Refugees

Increases in the mean scores from pre-test to post-test were statistically significant across five of the eight learning competencies and increases in scores ranged from 50% to 150% ($p<.05$). Based on the evaluation data:

- One hundred percent (100%) agreed or strongly agreed that the course met the following learning objective: *To identify the stressors and barriers faced by immigrants and refugees*.
- One hundred percent (100%) agreed or strongly agreed that the training will help them in their work with older adults and/or with people with disabilities.
- One hundred percent (100%) agreed or strongly agreed that the training expanded their knowledge and understanding in the topic area.

As stated by one of the participants: "*This course was very helpful and most relevant to my current work. I would like to share this content with my entire team at work and church.*"

Course 4: Substance Use among Older Adults

Increases in the mean scores from pre-test to post-test were statistically significant across all of the nine learning competencies and increases in scores ranged from 52% to 1800% ($p<.05$). Based on the evaluation data:

- One hundred percent (100%) agreed or strongly agreed that the course met the following learning objective: *To engage in a collaborative process of addressing substance use with older adults*.
- One hundred percent (100%) agreed or strongly agreed that the training will help them in their work with older adults and/or with people with disabilities.
- Ninety percent (90%) agreed or strongly agreed that the training expanded their knowledge and understanding in the topic area.

As stated by one of the participants: *"The course will be helpful in talking with older adults in the congregation for whom substance abuse is an issue. This was a very informative course. It expanded on what you think you know but didn't."*

Course 5: Alzheimer's Disease and Other Dementias

Increases in the mean scores from pre-test to post-test were statistically significant across nine of the ten learning competencies and increases in scores ranged from 28% to 283% ($p<.05$). Based on the evaluation data:

- One hundred percent (100%) agreed or strongly agreed that the course met the following learning objective: *To describe the best ways of communicating with people who have dementia.*
- One hundred percent (100%) agreed or strongly agreed that the training will help them in their work with older adults and/or with people with disabilities.
- Ninety one percent (91%) agreed or strongly agreed that the training expanded their knowledge and understanding in the topic area.

As stated by one of the participants: *This was really informative and helpful. There are many tools I will take away for my personal and professional use."*

CONCLUSIONS & NEXT STEPS

The first year of the program provided us with important information about the training needs of the clergy. All clergy who participated in the pilot showed significant gains in competencies related to behavioral health and found the program to be helpful in their work. To date, we have received 136 responses to the national survey, which we continue to analyze to inform us in this important area. Currently, we are incorporating the feedback from the CSAG into our curricula as we prepare to offer the training to additional clergy across Massachusetts (n=50). We plan to assess competencies pre and post-training for this group and compare it to the pilot group. We will also ask participants to complete course evaluation questions following the training to get overall feedback on course applicability and whether it met its intended learning objectives. At the end of the program, we believe that we will have made significant steps in advancing the role of clergy in supporting older adults with behavioral health needs.

ACKNOWLEDGMENTS

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[1] Weaver, A. J., & Koenig, H. G. (1996). Elderly suicide, mental health professionals, and the clergy: A need for clinical collaboration, training, and research. *Death Studies*, *20*(5), 495-508.
[2] Stanford, M., & Philpott, D. (2011). Baptist senior pastors' knowledge and perceptions of mental illness. *Mental Health, Religion & Culture*, *14*(3), 281-290