



VANCOUVER BIBLE INSTITUTE
CERTIFIED BIBLICAL COUNSELOR PROGRAM

MODULE 1

FOUNDATIONS OF
BIBLICAL COUNSELING



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FOUNDATIONS OF BIBLICAL COUNSELING

SYLLABUS

Course Description

- This course is an overview of current trends in counseling theory and practice, and the role of counseling—most specifically, Biblical counseling—in public, private, and church settings.
- Basic counseling skills taught in this course include interviewing, assessment, and therapeutic listening in a counseling situation.
- Application is made to common matters, including premarital, family crisis, grief, substance abuse counseling, and sexual issues.
- Underlying emphasis is on developing Biblically consistent strategies and applying Scriptural principles.

Course Objectives

- To equip the student to do the work of counseling from a scriptural standpoint.
- To equip the students to train others to do the work of counseling.
- To introduce the student to the knowledge and categories necessary to engage and evaluate secular methods of helping.
- To model a method of evaluating secular theories of psychotherapy from an apologetical and evangelistic standpoint.
- To model a method of gleaning common-grace insights from secular theories of psychology in light of God's Word.
- To demonstrate that pastoral counseling needs to be Bible-based, God-honoring, Christ-centered, Spirit-powered, Church-located, Elder-led, Lay-involved, Family-focused, and Neighborhood-involved.

Required Reading

- Bulkley, Ed. *Why Christians Can't Trust Psychology*. Eugene, OR: Harvest House Publishers, 1993.

Although this was written almost twenty years ago, the same discussion is still taking place within the Christian community: Where should Christians turn for healing of deep emotional hurt and entrenched sin behavior? Dr. Bulkley puts the discussion within the larger context of the increasingly urgent need within Christendom for finding solutions to ever-greater human sin, suffering, and woundedness.

- Hoekstra, Bob. *How to Counsel God's Way*. Murrieta, CA: Living in Christ Ministries, 1999.
A concise yet easy-to-follow treatise on Christian counseling from a non-integrationist perspective.
- Wright, Rogers H. and Cummings, Nicholas A., eds. *Destructive Trends in Mental Health: The Well Intentioned Path to Harm*. Ney York, NY: Taylor & Francis Group, 2005
This book begins with the assumption that the atmosphere of intellectual openness, scientific inquiry, aspiration towards diversity, and freedom from political pressure that once flourished in the APA has been eclipsed by an "ultra-liberal agenda," in which voices of dissent, controversial points of view, and minority groups are intimidated, ridiculed, and censored. It is intended to help consumers, practitioners, and policy makers to become better educated about a variety of recent issues and trends that have significantly changed the mental health fields.
- **Vancouver Bible Institute.** *Why Biblical Counseling?* Vancouver, WA: Truth in Love Communications, 2012
- Various class handouts
 - Handouts are provided on a number of subjects for the course. These are included in a Supplement Resources book. Keep these handy and refer to them often; they are exceedingly helpful tools.

Recommended Reading (Books marked with ☐ are Honors reading)

- Adams, Jay E. *Competent to Counsel*. Grand Rapids, MI: Zondervan, 1986.
First published in 1970, this book has gone through over thirty printings. It established the bases for an introduction to an approach to counseling that is being used in pastors' studies, in counseling centers, and across dining room tables throughout the country and around the world.
- Breggin, Peter Roger. *The Anti-depressant Fact Book*. NY: Perseus, 2001.

The drug revolution in psychiatry is actually of recent origin having begun in earnest only a few decades ago. There is now an unsettling pattern of discovering the unintended side effects of a compound only after many years of administration in the field, e.g. Valium. See also www.breggin.com.

- **Carlat, Daniel.** *Unhinged: The Trouble with Psychiatry - A Doctor's Revelations about a Profession in Crisis.* NY: Free Press, 2010.

Psychiatrist Daniel Carlat exposes deeply disturbing problems plaguing his profession, revealing the ways it has abandoned its essential purpose: to understand the mind, so that psychiatrists can heal mental illness and not just treat symptoms.

Egan, Gerard. *The Skilled Helper: A Problem Management Approach to Helping.* Fifth Edition. Pacific Grove, CA: Brooks/Cole.

This is a very practical guidebook in ordinary language and without a lot of theoretical assumptions. Egan raises some good points about communication and basic problem-solving in this post-theoretical phase of the history of psychology.

- Ganz, Richard. *PsychoBabble: The Failure of Modern Psychology—and the Biblical Alternative.* Wheaton, IL: Crossway Books.

Foreword by Dr. John MacArthur, this book seeks to examine and explain the dichotomy between secular psychology and Biblical counseling. As the title suggest, the author has no love lost for secular approaches.

Goldman, Steven. *Science in the Twentieth Century: A Social-intellectual Survey.* Chantilly, VA: The Teaching Company.

Dr. Goldman shows the tremendous change in the approach of science from 1900 to 2000, from the study of things to the study of relationships, and its increasing “priestcraft” of mathematics.

- Johnson, E.L. and Jones, S. L., eds. *Psychology and Christianity: Four Views.* Downers Grove, IL: InterVarsity Press, 2000

This work provides the opportunity to examine defenses for the four prevalent views related to counseling within the context of Christianity and the Church in our current context.

- Playfair, W. *The Useful Lie.* Wheaton, IL: Crossway Books, 1991.

A medical doctor and student of theology, Dr. Playfair reviews the empirical research and the biblical principles necessary for an evaluation of 12-step programs, a popular method for counseling with life-dominating problems.

(*NOTE: This is one of the Required Reading books for the Addiction & Recovery Models Module.*)

- Powlison, David. *The Biblical Counseling Movement: History and Context*. Greensboro, NC: New Growth Press, 2010.

An objective look at the anti-psychiatry/psychology movement within Conservative Protestantism that has been on-going since the 1970's.

- **Robinson, Daniel.** *Philosophy of Psychology (Critical Assessments of Contemporary Psychology)*. New York, NY: Columbia University Press, 1989.

Robinson, with expertise in neuropsychology, history of psychology, and philosophical psychology, squarely addresses fundamental problems that professional psychologists have tended either to neglect or to assume are negligible. He challenges much of the “conventional wisdom” on the nature and prospects of psychological “science.”

- **Sommers, Christina and Satel, Sally.** *One Nation Under Therapy: How the Helping Culture is Eroding Self-reliance*. New York: St. Martin's Press, 2005.

“Ideas have consequences” ... such as the cultural effects from how we see the counseling enterprise. At both individual and social levels, modern psychology has affected our expectations for living in good times and bad. While the Biblical counselor will not want to embrace the intermittent Stoicism of the authors in exchange for reliance on the Lord and His Word, here is critical thinking—from a secular perspective—about the results of psychological theories that have been tried and rejected by even the academic world.

Tripp, Paul David. *Instruments in the Redeemer's Hands: People in Need of Change Helping People in Need of Change*. Phillipsburg, NJ: Presbyterian & Reformed Publishing, 2002.

Powerfully unfolds biblical principles for how "people in need of change" can help "people in need of change." This gospel-centered book begins by describing "the best of news" which gives us "a reason to get up in the morning." It is the news of a God who deals with sin and its paralyzing effects in our lives.

(*NOTE: This is one of the Required Reading books for the Dynamics of Biblical Change Module.*)

COURSE ASSIGNMENTS

For those students seeking to benefit the most from the course, completing the following assignments will do the most to ensure that. **Working toward a grade is not necessary to pass the course.** Of course, the more of the assignments completed, the greater the benefit to you and your future counselees.

Summary of Assignments

- Attend lectures and participate in role-plays.
- Final Exam
- Course Paper
- Counseling Dialogue
- Reading Synopses
- Course Application Paper

Class Participation (20%)

Participation in class discussions and role-plays is critical to ensuring a sure grasp of the material.

Course Paper (15%)

One three- to five-page description and critique of the theory and practice of a major modality or school-of-thought of secular psychology. Use footnotes for references.

Counseling Dialogue (15%)

One three- to five-page imaginary dialogue between a Biblical counselor and a (1) scientistic **or** (2) subjectivist professional counselor.

Reading Synopses (15%)

A chapter-by-chapter, one- to two-paragraph synopsis of each book on the Required Reading list, with a final personal assessment of the work as the conclusion.

Course Application Paper (15%)

One three- to five-page imaginary dialogue between a Biblical Counselor and counselee of your choosing.

Final Exam (20%)

The Final Exam consists of 25 objectively scored questions, plus an integrative essay on the second half of course. The Final covers material from ALL Sessions.

When Assignments Are Due for Grading

All assignments not listed in the “Reading and Assignment Schedule” (Syllabus Page x) are due the last day of the course. All assignments are to be submitted in **both** written and electronic (email) form. Extensions must be pre-approved prior to the relevant due date.

Honors

Honors Reading: Read any Recommended Reading list item marked ➤. Submit a three- to five-page summary/analyses of the work.

Honors Project: Submit an original research paper on any approved topic. Topic must be taken from the lectures, the required reading, or the recommended reading.

Final Course Grade Meanings

A with Honors = You far exceeded expectations and completed an Honors Project or Reading.

A = There were dimensions to your work that went above the requirements.

B = At VBI, a “B” means that you successfully fulfilled the requirements.

C = You missed some important facets of the material or the assignment.

Contact Information

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COURSE OUTLINE

Session 1

- ✓ Introduction and Syllabus
- ✓ Basic Theories of Change

Session 2

- ✓ Views on Integration
- ✓ Basic Biblical Model

Session 3

- ✓ History of Psychology (Part 1)

Session Four

- ✓ History of Psychology (Part 2) – Video Presentation
- ✓ Pioneers of Modern Psychology

Session Five

- ✓ Modern Modalities
- ✓ The Biblical Model & Galatians 1-2

Session Six

- ✓ Interviewing and the Counseling Process (Part 1)
- ✓ Processes of Change

Session Seven

- ✓ The Counseling Process (Part 2)

Session Eight

- ✓ Anger & Depression (Fear & Worry)

Session Nine

- ✓ Sexuality, Abuse, and Neglect
- ✓ An Introduction to Counseling Survivors

Session Ten

- ✓ Addiction, Reality Therapy, and 12-Step Programs

Session Eleven

- ✓ Biblical Counseling and Common Grace

Session Twelve

- ✓ 1 Thessalonians 5 and Counseling

READING AND ASSIGNMENT SCHEDULE

LESSON	READING	ASSIGNMENT	DUE
* PRIOR TO CLASS SESSION 1	Bulkley; Parts 1 & 2, plus Appendix A Hoekstra; Sections 1 & 2 Wright/Cummings; to end of Chapter 1	This reading needs to be completed prior to the first session.	CLASS SESSION 1
LESSON 1	Bulkley; Part 3 HANDOUT: <i>Ambiguously Cured Soul</i> HANDOUT: <i>Affirmations & Denials</i>		WEEK 2
LESSON 2	Bulkley; Part 4 Wright/Cummings; to end of Chapter 5 VBI Booklet, <i>Why Biblical Counseling?</i>		WEEK 3
LESSON 3	Hoekstra; Section 3 HANDOUT: <i>Biblical Psychology</i>		WEEK 4
LESSON 4	Hoekstra; Section 4 Wright/Cummings; to end of Chapter 8		WEEK 5
LESSON 5	Bulkley; COMPLETED Wright/Cummings; to end of Chapter 9		WEEK 6
LESSON 6	HANDOUTS: ¹⁾ <i>Anger, Parts 1-3</i> ²⁾ <i>Counseling Those Who Are Depressed</i> Hoekstra; COMPLETED	Reading Synopsis , Bulkley	WEEK 7
LESSON 7	HANDOUTS: ¹⁾ <i>A Theologically-Informed Approach to Sexual Abuse Counseling;</i> ²⁾ <i>Predator, Prey, and Protector</i> Wright/Cummings; to end of Chapter 11	Reading Synopsis , Hoekstra	WEEK 8
LESSON 8	HANDOUTS: ¹⁾ <i>Addictions: New Ways of Seeing, New Ways of Walking Free;</i> ²⁾ <i>The Neurobiology of Addiction</i>	Paper: Counseling Dialogue	WEEK 9
LESSON 9	Wright/Cummings; to end of Chapter 13		WEEK 10
LESSON 10	HANDOUT: <i>12-Steps: Tools for Another Gospel?</i>		WEEK 11
LESSON 11	HANDOUT: <i>What if Your Father Didn't Love You?</i> Wright/Cummings; to end of Chapter 15	All remaining assignments DUE WEEK 12	WEEK 12
LESSON 12		FINAL ISSUED DUE IN 1 WEEK	(VIA EMAIL)

Assigned reading can be done at your own pace, but be prepared to bring reading assignment information into the class discussion during the next week's Lesson following the week listed. Assignments listed "**Handout**," are found in the "Supplemental Materials" Workbook.

FOUNDATIONS OF BIBLICAL COUNSELING

SESSION 1

BASIC THEORIES

WORDS MATTER

WITHOUT LOOKING AHEAD, develop your own definition for the following terms:

- Counseling
 - Psychology
 - Christian Counseling
 - Biblical Counseling

Make notes on this page and DO NOT PROCEED further in this Study Guide until instructed to do so.

Counseling

Has come to mean: "The professional or para-professional guidance of an individual by utilizing psychological methods especially in collecting case history data, using various techniques of the personal interview, and testing interests and aptitudes."

Psychology: Literally "Study of the soul"

- **ψυχή**, psukhē, meaning "breath", "spirit", or "soul"; and
- **λογία** -logia, translated as "study of" or "research"

For decades psychology was said to mean, "The science of the mind." We will discuss as we go whether or not psychology can really be considered a science or not.

Psychology in our day and time has come to mean: "The systematic attempt to understand human behavior and conscious experience coupled with a consideration of neurophysiology and genetics."

Christian Counseling

Has come to mean: "The systematic attempt to understand human behavior and conscious experience while incorporating a Christian worldview."

Biblical Counseling

Has come to mean: "The Christ-centered, Holy Spirit empowered, practical and therapeutic application of Biblical truths to a person's life through nurture, instruction, correction, and prayer, with the goal of personal maturity and fruitfulness."

Our Goal

To develop a ministry of counseling that effectively addresses the sins and sufferings of those God brings into our care which accepts the Scriptures as sufficient, infallible, and final in authority regarding all matters it addresses, and help them affect appropriate change.

DEFINITIVE SCRIPTURES

The Centrality of Christ

- Colossians 1:27-2:7

The Authority of Scripture

- 2 Timothy 3:16-17

The Sufficiency of Scripture

- 2 Peter 1:3-8

Now, take a moment to write down what your view of Biblical Counseling is at this point in our study. We will review this exercise several weeks from now.

Models for Counseling – Five Views

Three underlying suppositions:

1. Anyone engaged in pastoral ministry today is faced with various frameworks for counseling.
2. There are five *main* spheres/models for counseling within the church.
3. We will examine the similarities, differences, strengths, and weaknesses, and select one to pursue.

The Five Views

1. Levels-of-Explanation Model
2. Integration Model
3. Modern Pastoral Care Model
4. Christian Psychology Model
5. Biblical Counseling Model

1) Levels-of-Explanation Model

The Levels of Explanation view sees the two disciplines of psychology and theology as dealing with the same topics but on different levels. They do not intersect. Both contribute to an understanding of the topic and both are useful. No integration of the two is possible because they are just too different from one another. Proponents tend to be scientists rather than theologians, and they often give psychological data priority.

(Most common Christian position among psychology faculty of Christian colleges.)

Major Representatives: Dr. David Myers—John Dirk Werkman Professor of Psychology, Hope College (Holland); Dr. Malcolm Jeeves—Emeritus Professor of Psychology University of St Andrews (Edinburgh).

Affiliated Groups:

1. Christian Association for Psychological Studies (CAPS)
2. The Journal of Psychology and Christianity
3. Fuller Seminary School of Psychology

Basic premise: Psychology and biblical theology deal with different dimensions of human life, use different methods of study, ask different questions, and look at two different things. The Bible looks at the human spirit and relationship to God. Psychology looks at how the human brain functions, how people adapt and react to natural and social environments. Psychology and biblical theology, therefore, provide insights that are complementary and not contradictory to one another. They should be kept distinct. Psychology is a science that, when conducted properly, goes a long way to eliminate the biases of the researcher. Humans are best understood in terms of a hierarchy of levels or disciplines of relative complexity that should not be confused ...

1. Theology
2. Psychology
3. Biology
4. Chemistry

Therefore, one's faith should not affect the other levels or disciplines.

Strengths

1. Takes science and research very seriously.
2. Allows all scientists to contribute to their discipline, regardless of worldview differences.
3. Avoids problems with misinterpreting the Bible, like what happened regarding the earth's position in the solar system (Galileo).

4. Has shaped contemporary psychology in areas like psychology of religion, forgiveness, and values in therapy.

Weaknesses

1. Prevents worldviews from exercising influence, except for secularist worldview!
2. Secularism has unfair bias toward Christians. Forbids Christians to work within their worldview/prevents use of Christian values in public mental health facilities.
3. Excludes the Bible from contributing to psychology.
4. Can easily lead to syncretism and the importation of modern values regarding topics like homosexuality (D. Myers).

Bottom Line: No real critique of modern psychology, its assumptions, or its modalities.

Critique: The final result is that the Bible is not permitted access to parts of human life over which it claims authority.

2) Integration Model

The "Integrates Model," as described by John D. Carter and Bruce Narramore in their book *The Integration of Psychology and Theology*, is examined in the light of the biblical doctrine of creation. A basic component of the Integrates Model is the assumption of the "unity of truth,"

which has the problem in application of placing the reading of Scripture on the same plain as the reading of scientific data in understanding reality. The unity of truth doctrine overlooks the unique character of Scripture as propositional revelation introduced by God into a fallen world for purpose of communicating to fallen man.

(Dominant approach at Christian graduate schools.)

Major Representatives: Dr. Bruce Narramore—President of the Narramore Christian Foundation and Distinguished Professor of Psychology at Biola University; Dr. Mark McMinn—Professor of Psychology, George Fox University; Dr. Stanton Jones—Provost, Wheaton College; Dr. Everett Worthington—Professor of Counseling Psychology, Virginia Commonwealth University.

Affiliated Groups:

1. Rosemead School of Psychology (Biola);
2. American Association of Christian Counselors (AACC);
3. Reformed Theological Seminary (Jackson, Mississippi)

Basic premise: Psychology and biblical theology are both looking at the same thing—human nature, what's gone wrong with it, and how it can be made right. But they are using two different tools to study human beings, “general revelation” (scientific observation) and “special revelation” (the will of God revealed in the Bible). Integrationists combine the insights of science with the insights of the Bible, and where the two conflict, they want to allow the Bible to hold sway. Thus in the Integration Model, unlike in the Levels of Explanation Model, the Bible is used to critique modern scientific psychology.

Major Orientations:

1. Interdisciplinary Integration (majority position): Goal is the integration of psychology and theology.
2. Worldview Integration (Jones & Butman, 1991): Goal is the proper interpretation of modern psychology according to a Christian worldview.
3. Ethical Integration (popular among postmoderns): Goal is to live Christianly in one's personal and professional life.

Often Heard Slogan: “All Truth is God's Truth.”

Key Insight: God is glorified when Christians make use of His truth.

Limitation: The way the slogan is often used seems to imply that all secular psychology is true.

Comparing Quality of Integration

1. Strong Integration

- a. Christian thought makes a real impact.
- b. Examples: Jones & Butman, McMinn, Tan, Sandage .

2. Weak Integration

- a. Christianity makes no substantial impact.
- b. Examples: Carter & Narramore, and many who use the term "Integration".

Strengths

1. Takes science and research seriously.
2. Often allows Christian faith to reinterpret psychology.
3. Recognizes the role of God's "creation grace" in culture and science.
4. Seeks to engage the culture and impact contemporary psychology.

Weaknesses

1. Assumes a dualistic separation between biblical research and research on human beings.
2. Assumes that modern psychology is the real, legitimate version of psychology/allows secularism to set the agenda for psychology.
3. Minimizes the distorting effects of sin on our understanding; the “Antithesis”.
4. Poor integration undermines the lordship of Christ and the impact of redemption (especially in counseling).

Bottom Line: Provides some real biblical critique of modern psychology, but it can be rather inconsequential.

Critique: This approach as stated—integrating psychology with the Bible—is simply too elastic.

3) Modern Pastoral Care Model

(A Brief History on Pastoral Counseling)

Religious communities have traditionally sought to provide spiritually-based solutions for those in trouble. Clergy have listened intently to personal problems for centuries, and have cultivated a spiritual counseling response to those who suffer from mental and emotional illness. Traditional spiritual counseling continues to help many of these people. It was recognized long ago, however, that in many cases specialized professional care was necessary for effective treatment.

The intimate link between spiritual and emotional well-being began to receive serious attention more than 60 years ago when the Reverend **Anton Boisen**, father of the Clinical Pastoral Education movement, placed theological students in supervised contact with patients in mental hospitals. His innovative educational program brought disciplined training to the historical connection between faith and mental health.

Over the years, the role of pastoral counseling has evolved from religious or spiritual counseling to **pastoral psychotherapy** which integrates theology and the behavioral sciences.

Major Representatives: Dr. Anton Boisen (1876-1965)—Father of the Clinical Pastoral Education movement; Dr. Howard Clinebell (1949-2002)—Founder and Professor of Pastoral Psychology and Counseling at the Claremont School of Theology; Dr. Don Browning (1934-2010)—Alexander Campbell Professor Emeritus of Religious Ethics and the Social Sciences at the Divinity School of the University of Chicago.

Affiliated Groups:

1. Seattle University
2. The Samaritan Institute
3. Caring Connections
4. National Family Caregivers
5. The Center for Sexuality and Religion

Strengths

1. Demonstrates more rigorous thinking than most evangelical counseling books.
2. Evidences significant familiarity with modern/postmodern psychology.
3. Demonstrates considerable psychological sophistication.

Weaknesses

1. Integrates modern/postmodern psychology with liberal theology.
2. Insufficiently critical of modern/postmodern psychology. Like liberal theology, it basically embraces contemporary thought, and jettisons historic Christian beliefs and values.

4) Christian Psychology Model

Basic premise: Counseling cannot be done with an eclectic grab bag of techniques and procedures. While everyone can gain insights for counseling from psychology, the real question is, "What is foundationally wrong with human beings and what will put them right?" The answer constitutes one's theory-narrative of human nature, which is what fundamentally controls one's counseling advice. The answer should come from biblical theology, since one's theory-narrative cannot be deduced from science.

The Christian Psychology model understands that psychology is not an objective, empirical science but is theory laden; it proceeds from underlying philosophical and religious assumptions about human nature, and it tries to locate the ultimate problem with people in something other than sin. Christian Psychology, therefore, insists that counselors must have a strong biblical theory-narrative as their foundation.

The Bible must critique psychology systemically at its theory-narrative level, not in a piecemeal way emphasizing specific psychological practices. Unlike the Biblical Counseling model, however, this approach leaves counselors free to incorporate psychological insights, especially from modern theory-narratives that come closer to a Christian understanding of creation, fall, and redemption. This view also—more than any of the others—looks to the past, to the church fathers and traditional “soul physicians,” for insights.

Major Representatives: Dr. Gary R. Collins— Distinguished Professor at Richmont Graduate University and Distinguished Visiting Professor in the School of Psychology and Counseling at Regent University; Dr. Larry Crabb — Spiritual Director for the American Association of Christian Counselors and Distinguished Scholar-in-Residence of Colorado Christian University; Dr. Diane Langberg—

Founder and Director of Diane Langberg, Ph.D. & Associates as well as a faculty member of Westminster Theological Seminary; Dr. Paul Vitz—Professor of Psychology, Department of Psychology, New York University and Adjunct Professor, John Paul II Institute for Marriage and Family, Washington, D.C.

Affiliated Groups:

1. Covenant Theological Seminary (St. Louis, MO)
2. American Association of Christian Counselors (AACC)
3. Society of Christian Psychology

Relation to Integration and Biblical Counseling Models

1. A middle way between both models that seeks to build on the strengths of each and avoid their historic weaknesses.
2. They believe there is no fundamental incompatibility between all three models — just difference in focus and location in culture.
 - a. Integration = Doing research and professional counseling in the public square.
 - b. Biblical Counseling = Work in the Church, Bible-based.

The Stated Agenda of Christian Psychology

1. The ongoing development of distinctly Christian psychological theory, research programs, and soul-care practice.

2. Christian psychology will be shaped primarily by the Christian Scriptures, as well as Christianity's intellectual and ecclesiastical traditions.

3. A Christian psychology will also be critically informed by other relevant sources of psychological truth, particularly its own reflection, research, and practice, but also the psychological work of other traditions (e.g., secular psychology), philosophy, human experience, and the other human sciences.

4. While God's understanding of human nature is the goal of a Christian psychology, given human finitude and the existence of distinct Christian traditions, a Christian psychology will actually consist of many different perspectives found within the historic Christian Church.

5. A Christian psychology will not differ noticeably in every respect from modern or postmodern psychology.

Bottom Line: This model represents the strongest comfort with psychology and shows more than a moderate level of inclination to incorporate insights from that discipline.

Critique: Counselors using this model tend to do lean heavily on the psychological diagnoses and modalities of traditional Western psychology.

5) Biblical Counseling Model

Basic premise: The Biblical Counseling movement is united by the conviction that modern psychology brings with it underlying, nonempirical, quasi-religious theory-narratives of human nature that don't fit with biblical revelation. Therefore, psychological insights should be used with extreme caution.

The older approach, formulated by Jay Adams, put great emphasis on behavioral change and the adoption of patterns of biblical living. The newer generation has pointed out, gently but firmly, that this was basically a behavioral theory-narrative of human nature that ignored the heart and its motivations.

The newer theory-narrative avoids making behavior the fundamental issue (as in behaviorism) or thinking (as in cognitive therapy) or emotions (as in psychodynamic object relations) or the will (as in existential humanistic psychology); rather, it emphasizes worship and faith. According to the Biblical Counseling model, our basic problem is that we worship and put our faith in lesser-god things. If this is the problem, neither simple acts of the will and right thinking (favored by more conservative counselors) nor loving relationships and emotional exploration (favored by more liberal counselors) will provide more than superficial help. The CCEF wing of the Biblical Counseling movement does incorporate insights from psychology but only very carefully.

Major Representatives: Dr. Jay E. Adams; Dr. Ed Bulkley; Dr. Wayne Mac; Dr. David Powlison; Dr. Ed Welch

Affiliated Groups:

1. Association of Certified Biblical Counselors (ACBC)
 - A. Formerly National Association of Nouthetic Counselors (NANC)
2. Christian Counseling and Educational Foundation (CCEF)
3. International Association of Biblical Counselors (IABC)

Basic Premise:

1. Biblical Counseling is based wholly on the Bible and theology.
 - a. Concern about the influence of secularism on modern psychology.
Skeptical about integration.
 - b. Sin is the primary focus of counsel; the Gospel is the primary solution.

Common Slogan: "The Sufficiency of Scripture"

Key Insight: Scripture is authoritative and necessary for Christian counseling because it is God's soul-care guidebook.

Limitation: The way the slogan is often used seems to imply that the Bible is scientifically sufficient and its content directly addresses all counseling matters comprehensively.

Major Orientations:

1. Tradition Biblical Counseling

2. Progressive Biblical Counseling

1. Traditional Biblical Counseling

- a. Anti-psychology, anti-licensure, anti-medication.
- b. Assumes a dualistic separation between biblical research and research on human beings.
- c. Often negativistic, often judgmental tone towards others.
- d. Often a superficial understanding of sin; focus on behavior.

2. Progressive Biblical Counseling

- a. Very cautious about modern psychology, but more open to learn from extra-biblical sources.
- b. Greater willingness to dialogue with those from other disciplines.

- c. More sophisticated understanding of sin.
 - i. Focus on the heart
 - ii. Focus on “idols”
 - iii. Willingness to develop relationship and take as long as necessary

Strengths:

- 1. Bible is God's Word for soul care; takes the Bible seriously.
- 2. Wary of the implicit worldview influences of secularism on modern psychology; want to avoid syncretism.
- 3. Strive for a theocentric approach to soul care that sees sin as our worst problem and Christ's work as the cure for the sin-sick soul.

Weaknesses:

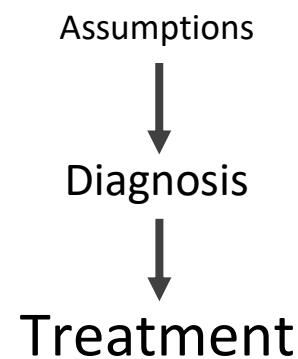
- 1. Has often not given enough thought to relation between creation and redemption.
- 2. Has often not given enough thought to relation between God's Word in creation and God's Word in Scripture.
- 3. Overemphasizes the “Antithesis” and its effects and underemphasizes “Common Grace” effects.
- 4. Typically not theocentric enough.

Bottom Line: This model represents the strongest critique of psychology and shows the least inclination to incorporate insights from that discipline.

Critique: The more conservative counselors using this model tend to do more confronting than comforting; they identify behavioral patterns rather than exploring deeper motivational issues and family background patterns.



Assumptions



Secular Model:

1. Atheism
2. Darwinism
3. Materialism
4. Naturalism
5. Nihilism
6. Humanism

Biblical Model:

1. Trinitarianism
2. Special Creationism
3. Dualism
4. Supernaturalism
5. Optimism
6. Christianity

Here we contrast the “6 Pillars of Western Psychology” with the underlying theses for Christianity and, hence, Biblical Counseling:

6 Pillars of Western Psychology Model	Biblical Model
Atheism	Monotheism
Darwinism	Creationism
Materialism	Dualism
Naturalism	Supernaturalism
Nihilism	Optimism
Humanism	Christianity

6 Pillars of Western Psychology Model	Biblical Model
Atheism = “There is no God.” Darwinism = “Life has slowly evolved without a Creator.” Materialism = “Humans consist only of the material of the cosmos.”	Trinitarianism = “There is One God who is Triune in nature.” Special Creationism = “God intentionally created everything out of nothing.” Dualism = “Humans are both material and immaterial (soul/spirit).”
Naturalism = “Only natural laws and forces operate in the world.”	Supernaturalism = “There is an order of existence outside the natural universe that includes the God who created it and who interacts with it, at times outside the laws of nature.”
Nihilism = “Traditional ethics, morals, ideas, beliefs, and even our existence itself have no worth or value.” Humanism = “People are basically good by nature and we can solve all of our own problems using our own reasoning.”	Optimism = “God sovereignly created the optimum universe for His ultimate best will to be accomplished.” Christianity = “People are basically evil by nature and cannot be reconciled to their Creator apart from the atoning sacrifice of Jesus Christ.”

As we can see, these underlying worldviews are diametrically opposed to one another. This leads us to ask ...

“Can these two views be integrated?”

“If so, how?”

“If not, why not?

FOUNDATIONS OF BIBLICAL COUNSELING

SESSION 2

DISCUSSION

Can the secular and the Biblical views be integrated?

If so, how?

If not, why not?

DISCUSSION

Bulkley reading.

VIEWS ON INTEGRATION

Among Christians who are involved in counseling, there are at least two distinguishable groups:

1. Integrationist (“Christian”) counseling;

a. Conceptual

b. Ethical

2. Biblical counseling;

a. Traditional (NANC)

b. Progressive (CCEF)

What are the differences? It often boils down to one question: “Do you or don’t you benefit from secular data?”

The answer to two *other* questions tell us more about where a person falls:

Question 1: “What is at the bottom of the heart of man?

Question 2: “How do we know what is true?”

PHASES OF DEVELOPMENT

1. The Preliminary Phase

The “integration” movement among professedly Bible-believing Christians dates to the 1950’s with the prominence of Clyde Narramore and the founding of the *Christian Association for Psychological Studies* (CAPS).

2. The Professionalization Phase

Over the past 40 years—partly as it has reacted to Jay Adams’ criticisms—the integration movement has consolidated intellectually and institutionally.

- Fuller Graduate School of Psychology; Rosemead School of Professional Psychology; Wheaton College; Dallas Seminary; Trinity Evangelical Divinity School; Liberty University.
- Minirth-Meier Clinics; Rapha; “Focus on the Family”

3. The Popularization Phase

In the mid-1980’s integrationist thinking broke out of the confines of educational institutions and professional psychotherapy. Pop psychology swept into evangelical churches through the recovery movement healing of memories and various popular psychological writers.

Modern Integrationism

THREE MAJOR STYLES

1. “The Flea Market”: Chaotic Integrationism

This is the integrationism that sells on the street, that jumps off the bookstore shelves into the hands and hearts of Christians looking to solve their life problems.

- Frank Minirth, Paul Meier & Robert Hemfelt, *Love is a Choice: Recovery for Codependent Relationships*;
- David Seamands, *Healing for Damaged Emotions*;
- Robert Schuller, *Self-Esteem: The New Reformation*;
- William Backus and Marie Chapian, *Telling Yourself the Truth*.

2. “The Big Umbrella”: Sophisticated/Scholastic Integrationism

This is the integrationism of the Christian graduate schools of psychology. It seeks to appropriate and evaluate secular psychological theory in an eclectic manner under the guidance of Christian “control beliefs.”

- Stanton Jones & Richard Butman, *Modern Psychotherapies: A Comprehensive Christian Appraisal*;
- Siang-Yang Tan, *Lay Counseling: Equipping Christians for a Helping Ministry*

3. “Good Intentions Notwithstanding”: Covert Integrationism

This is a seemingly unwitting integrationism—it claims to oppose psychology and to work in Biblical categories. But psychological categories slip into the very foundation stones. The chief example is:

- Larry Crabb, *Understanding People: Deep Longings*

What is at the bottom of the heart of man?

Flea Market View

Some variety of “the heart as needy and/or wounded” undergirds the theory. Needs for love and for self-esteem predominate in the “flea market” literature. Sin and misery are secondary consequences of deep unmet needs. Here is a sampling of the answers offered in the Flea Market:

- Minirth, Meier, Hemfelt: legitimate need to be loved, love hunger, an empty love tank because of the failures of others to love us (e.g., pages 33–40);
- Seamands: the need to feel good about yourself, the heart as a storehouse of repressed hurts and deprivations (e.g., pages 48–54, 60, 138);
- Schuller: an unfulfilled need for self-esteem underlies every human act; the need for self-love, dignity, self-worth, self-respect, self-esteem is the deepest of all human needs; the core of sin is a lack of self-esteem; at the deepest level sin is self-rejection and psychological self-abuse, which leads to the more outward sins (e.g., pages 15, 33f, 98f);
- Backus & Chapian: the need to feel good about yourself, to be happy, to feel loved and important. (e.g., pages 9f, 40, 51, 109, 111).

Big Umbrella View

Some variety of need theory undergirds their view of human motivation, though it is not stated with the blatant self-centeredness of the Flea Market. Here is the way these authors speak of the essential issues of human nature:

- Jones & Butman: “the Bible does not say much about human motivation,” but we can glean from Genesis 2 that people have fundamental needs for purposeful activity and loving relatedness to others (pages 47–49). “Biblically *heart* is what psychologists and philosophers often call our *self*” page 46).
- Tan: psychological and spiritual longings or needs for significance, love and hope (pages 34–37, 50f).

Good Intentions Notwithstanding View

Dr. Crabb's explanation of human motives posits needs or yearnings for relational love and significant accomplishment. Idolatrous demands and sinful life strategies are secondary reactions and compensations, wrong ways of going about getting these needs met.

HOW DO WE KNOW WHAT IS TRUE?

Flea Market View

Each of the books above is an eclectic hodge-podge of personal experiences, gleanings from various psychologies, and random Bible verses (almost invariably misused).

Big Umbrella View

Specific exegesis plays no role in the trenches of counseling theory and practice for Jones & Butman. We know—and they do not believe—that the Bible is comprehensively sufficient as a guide for the discipline of counseling.

Good Intentions Notwithstanding View

For Dr. Crabb, exegesis of Scripture is the avowed starting point. “The authority for our thinking depends on the degree to which it *necessarily emerges from clearly taught Biblical categories.*”

What unifies these outwardly diverse forms of integrationism?

In the last analysis, all integrationism evidences a defective view of human nature and a defective functional epistemology. For them sin is never the specific issue that underlies problems in living. And the categories that emerge from specific exegesis of Scripture are never the significant categories for understanding and helping people.

1. “What is at the bottom of the heart of man?”: The question of anthropology.

“There are very few errors and false doctrines of which the beginning may not be traced up to unsound views about the corruption of human nature. Wrong views of a disease will always bring with them wrong views of a remedy. Wrong views of the corruption of human nature will always carry with them wrong views of the grand antidote and cure of that corruption.”

J.C. Ryle, 19th Century Anglican Bishop

Biblically, the heart of man is the crucible where the First Great Commandment plays out. It is striking how all three forms of integrationism—chaotic, sophisticated and covert—converge in their view of the core of man. For all their differences, they are all fundamentally man-centered.

1. All integrationists subscribe by profession of Christian faith to the fact of sin.
2. All profess to believe in human responsibility.
3. All profess to believe Mark 7:21–23: “From within, out of the heart of men, come...”

... but the logic of a psychologized system defines that heart in such a way that “out of the wounded, needy, legitimately yearning heart come...” you fill in the blank for whatever is at issue at the moment.

2. “How do we know what is true?”: The question of epistemology.

All three forms of integrationism—chaotic, sophisticated and covert—converge in the way they construct their basic ideas. For all their differences, each is fundamentally eclectic and self-willed rather than exegetically and systematically submissive to the Word of God.

- If we believe that Scripture is comprehensively sufficient for understanding those aspects of human nature and those processes of change that are essential for wise and effective counseling (2 Peter 1:3-8);
- And if we believe that the Scriptures are fully authoritative in the life of any and all believers (1 Timothy 3:16-17);
- Then we must systematically and exegetically submit ourselves to the Word of God and robustly require our counseling approach to do likewise.

DISCUSSION

What role, if any, should psychology have in
our model of counseling?

Radically reinterpreted, secular observations could play an illustrational role, providing examples and details that illustrate the Biblical model and fill out our knowledge. None of these sources *adds* anything to a Biblical model of human nature and counseling. Each of these sources easily illustrates, unwittingly or wittingly, a Biblical model of people in lush detail. They may perhaps do empirical legwork that we do not have to repeat. But we must radically reinterpret what they see according to Biblical truth.

Biblical counselors face a twofold challenge: to hold faithfully to the categories of Biblical truth *and* to grow case-wise about diverse human beings. Jay Adams, in *The Christian Counselor's Manual*, put it this way:

"Sin, then, in all of its dimensions, clearly is the problem with which the Christian counselor must grapple. It is the secondary dimensions—the variations on the common themes—that make counseling so difficult. While all men are born sinners and engage in the same sinful practices and dodges, each develops his own styles of sinning. The styles (combinations of sins and dodges) are peculiar to each individual; but beneath them are the common themes. It is the counselor's work to discover these commonalities beneath the individualities."

A FINAL WORD

Modern integrationism stands in basic continuity to the older integrationism. Some new forms are more grotesque: the Flea Market of Christianized pop psychologies. Some new forms are more polished, scholarly and even say some nice things about their critics: the Big Umbrella of theoretical integrationism. Some new forms even sound the notes of Biblical authority and sufficiency: those who, Good Intentions Notwithstanding, still construct systems in a secular mold. But in each of its forms, the integrationist paradigm is an unbiblical paradigm, both for conducting counseling and for interacting with the world of secular psychology. Biblical counselors must live and teach the church the alternative.

FOUNDATIONS OF BIBLICAL COUNSELING

SESSION 3

HISTORY OF PSYCHOLOGY – PART 1

DISCUSSION

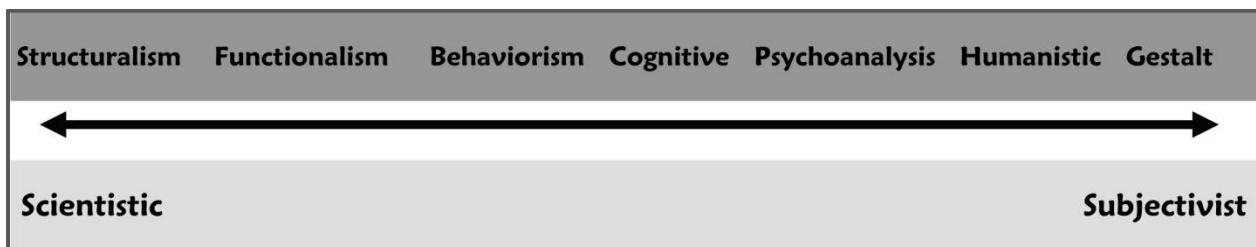
Wright/Cummings reading.

In the reading assignments thus far, you have likely noticed a large gulf between what is true and what is accepted in the realm of the mental health industry – especially in contrast to the Biblical Counseling paradigm. Our goal in this week's session is to examine and discuss these matters more specifically and systematically.

From your reading, what have been the major influences on and some of the significant changes that have occurred in the mental health industry?

We want to look at the six main points on our Spectrum of Psychology:

- **Structuralism and Functionalism**
- **Psychoanalysis**
- **Behaviorism**
- **Gestalt Psychology**
- **Humanistic Psychology**



As we proceed, our goal is going to be to place schools of thought and modalities appropriately along this spectrum.

HISTORY OF MODERN PSYCHOLOGY

1878 First American to earns doctorate in psychology

G. Stanley Hall becomes the first American to earn a Ph.D. in psychology. Hall eventually founds the American Psychological Association.

1879 First psychology laboratory

Wilhelm Wundt opens first experimental laboratory in psychology at the University of Leipzig, Germany. Credited with establishing psychology as an academic discipline, Wundt's students include Emil Kraepelin, James McKeen Cattell, and G. Stanley Hall.

1883 First American psychology laboratory

G. Stanley Hall, a student of Wilhelm Wundt, establishes first U.S. experimental psychology laboratory at Johns Hopkins University.

1886 Sigmund Freud begins providing therapy to patients in Vienna, Austria.

First doctorate in psychology earned in America

The first doctorate in psychology is given to Joseph Jastrow, a student of G. Stanley Hall at Johns Hopkins University. Jastrow later becomes professor of psychology at the University of Wisconsin and serves as president of the American Psychological Association in 1900.

1890 Mental Tests and Measurements

James McKeen Cattell publishes *Mental Tests and Measurements*, marking the beginning of the practice of psychological assessment.

1888 First professor of psychology

The academic title "professor of psychology" is given to James McKeen Cattell in 1888, the first use of this designation in the United States. A student of Wilhelm Wundt's, Cattell serves as professor of psychology at University of Pennsylvania and Columbia University.

1892 APA founded

G. Stanley Hall founds the American Psychological Association (APA) and serves as its first president. He later establishes two key journals in the field: *American Journal of Psychology* (1887) and *Journal of Applied Psychology* (1917).

Wundt's student Edward B. Titchener moves to America.

1896 Functionalism

Functionalism, an early school of psychology, focuses on the acts and functions of the mind rather than its internal contents. Its most prominent American advocates are William James and John Dewey, whose 1896 article "The Reflex Arc Concept in Psychology" promotes functionalism.

Psychoanalysis

The founder of psychoanalysis, Sigmund Freud, introduces the term in a scholarly paper. Freud's psychoanalytic approach asserts that people are motivated by powerful, unconscious drives and conflicts. He develops an influential therapy based on this assertion, using free association and dream analysis.

Structuralism

Edward B. Titchener, a leading proponent of structuralism, publishes his *Outline of Psychology*. Structuralism is the view that all mental experience can be understood as a combination of simple elements or events. This approach focuses on the contents of the mind, contrasting with functionalism.

First psychology clinic

After heading a laboratory at University of Pennsylvania, Lightner Witmer opens world's first psychological clinic to patients, shifting his focus from experimental work to practical application of his findings.

1900 Interpretation of Dreams

Sigmund Freud introduces his theory of psychoanalysis in *The Interpretation of Dreams*, the first of 24 books he would write exploring such topics as the unconscious, techniques of free association, and sexuality as a driving force in human psychology.

1901 Manual of Experimental Psychology

With publication of the *Manual of Experimental Psychology*, Edward Bradford Titchener introduces structuralism to the United States. Structuralism, an approach which seeks to identify the basic elements of consciousness, fades after Titchener's death in 1927.

1904 First woman president of the APA

Mary Calkins is elected president of the APA. Calkins, a professor and researcher at Wellesley College, studied with William James at Harvard University, but Harvard denied her a Ph.D. because of her gender.

1905 IQ tests developed

Using standardized tests, Alfred Binet and Theodore Simon develop a scale of general intelligence on the basis of mental age. Later researchers refine this work into the concept of intelligence quotient; IQ, mental age over physical age. From their beginning, such tests' accuracy and fairness are challenged.

1908 A Mind That Found Itself

Clifford Beers publishes *A Mind That Found Itself*, detailing his experiences as a patient in 19th-century mental asylums. Calling for more humane treatment of patients and better education about mental illness for the general population, the book inspires the mental hygiene movement in the United States.

1909 Psychoanalysts visit Clark University

Sigmund Freud and Carl Jung visit the United States for a Psychoanalysis Symposium at Clark University organized by G. Stanley Hall. At the symposium, Freud gives his only speech in the United States.

1913 Behaviorism

John B. Watson publishes "Psychology as Behavior," launching behaviorism. In contrast to psychoanalysis, behaviorism focuses on observable and measurable behavior.

1917 Army intelligence tests implemented

Standardized intelligence and aptitude tests are administered to two million U. S. soldiers during WWI. Soon after, such tests are used in all U.S. armed forces branches and in many areas of civilian life, including academic and work settings.

1920 First African American doctorate in psychology

Francis Cecil Sumner earns a Ph.D. in psychology under G. Stanley Hall at Clark University. Sumner later serves as chair of the Howard University psychology department.

The Child's Conception of the World

Swiss psychologist Jean Piaget publishes *The Child's Conception of the World*, prompting the study of cognition in the developing child.

1921 Rorschach test created

Swiss psychiatrist Hermann Rorschach devises a personality test based on patients' interpretations of inkblots.

1925 Menninger Clinic founded

Charles Frederick Menninger and his sons Karl Augustus and William Clair found The Menninger Clinic in Topeka, Kansas. They take a compassionate approach to the treatment of mental illness, emphasizing both psychological and psychiatric disciplines.

1927 First Nobel Prize for psychological research

1929 Electroencephalogram invented

Psychiatrist Hans Berger invents the electroencephalogram and tests it on his son. The device graphs the electrical activity of the brain by means of electrodes attached to the head.

1933 Nazi persecution of psychologists

After the Nazi party gains control of the government in Germany, scholars and researchers in psychology and psychiatry are persecuted. Many, including Freud, whose books are banned and burned in public rallies, move to Britain or the United States.

1935 Alcoholics Anonymous

Alcoholics Anonymous (AA) is founded by Bob Smith of Akron, Ohio. AA's group meetings format and 12-step program become the model for many other mutual-support therapeutic groups.

Gestalt psychology

Kurt Koffka, a founder of the movement, publishes *Principles of Gestalt Psychology* in 1935. Gestalt (German for "whole" or "essence") psychology asserts that psychological phenomena must be viewed not as individual elements but as a coherent whole.

1936 First lobotomy in the United States

Walter Freeman performs first frontal lobotomy in the United States at George Washington University in Washington, D.C. By 1951, more than 18,000 such operations have been performed. The procedure, intended to relieve severe and debilitating psychosis, is controversial.

1937 The Neurotic Personality of Our Time

Psychologist Karen Horney publishes *The Neurotic Personality of Our Time*. Horney goes on to challenge many of Freud's theories, as have many later psychologists and scholars. Specifically, she questions Freud's theories on the Oedipal Complex and castration anxiety.

1938 The Behavior of Organisms

B.F. Skinner publishes *The Behavior of Organisms*, introducing the concept of operant conditioning. The work draws widespread attention to behaviorism and inspires laboratory research on conditioning.

Electroconvulsive therapy begun

Italian psychiatrist and neuropathologist Ugo Cerletti and his associates treat human patients with electrical shocks to alleviate schizophrenia and psychosis. ECT, while controversial, is proven effective in some cases and is still in use in 2001.

1946 The Psychoanalytic Treatment of Children

Anna Freud publishes *The Psychoanalytic Treatment of Children*, introducing basic concepts in the theory and practice of child psychoanalysis.

National Mental Health Act Passed

U.S. President Harry Truman signs the National Mental Health Act, providing generous funding for psychiatric education and research for the first time in U.S. history. This act leads to the creation in 1949 of the National Institute of Mental Health (NIMH).

1951 First drug to treat depression

Studies are published reporting that the drug imipramine may be able to lessen depression. Eight years later, the FDA approves its use in the United States under the name Tofranil.

1952 Thorazine tested

The antihistamine drug chlorpromazine (known as Thorazine) is tested on a patient in a Paris military hospital for use as an anti-psychotic. Approved for use in the United States in 1954, it becomes widely prescribed.

1953 APA Ethical Standards

The American Psychological Association publishes the first edition of Ethical Standards of Psychologists. The document undergoes continuous review and is now known as APA's Ethical Principles of Psychologists and Code of Conduct.

1954 Epilepsy and the Functional Anatomy...

In Epilepsy and the Functional Anatomy of the Human Brain, neurosurgeon Wilder G. Penfield publishes results from his study of the neurology of epilepsy. His mapping of the brain's cortex sets a precedent for the brain-imaging techniques that become critical to biopsychology and cognitive neuroscience.

The Nature of Prejudice

Social Psychologist Gordon Allport publishes The Nature of Prejudice, which draws on various approaches in psychology to examine prejudice through different lenses. It is widely read by the general public and influential in establishing psychology's usefulness in understanding social issues.

Biopsychology

In his studies of epilepsy, neuroscientist Wilder G. Penfield begins to uncover the relationship between chemical activity in the brain and psychological phenomena. His findings set the stage for widespread research on the biological role in psychological phenomena.

Psychopharmacology

The development of psychoactive drugs in the 1950s and their approval by the FDA initiates a new form of treatment for mental illness. Among the first such drugs is Doriden, also known as Rorer, an anti-anxiety medication approved in 1954.

Humanistic Psychology

In the wake of psychoanalysis and behaviorism, humanistic psychology emerges as the "third force" in psychology. Led by Carl Rogers and Abraham Maslow, who publishes Motivation and Personality in 1954, this approach centers on the conscious mind, free will, human dignity, and the capacity for self-actualization.

1956 Cognitive psychology

Inspired by work in mathematics and other disciplines, psychologists begin to focus on cognitive states and processes. George A. Miller's 1956 article "The Magical Number Seven, Plus or Minus Two" on information processing is an early application of the cognitive approach.

1957 Syntactic Structures

Noam Chomsky publishes *Syntactic Structures*, marking a major advancement in the study of linguistics. The book helps spawn the field of psycholinguistics, the psychology of language.

1960 FDA approves Librium

The FDA approves the use of chlordiazepoxide (known as Librium) for treatment of non-psychotic anxiety in 1960. A similar drug, diazepam (Valium), is approved in 1963.

1963 Community Mental Health Centers Act passed

U.S. President John F. Kennedy calls for and later signs the Community Mental Health Centers Act, which mandates the construction of community facilities instead of large, regional mental hospitals. Congress ends support for the program in 1981, reducing overall funds and folding them into a mental health block-grant program.

1964 First National Medal of Science to psychologist

Neal E. Miller receives the National Medal of Science, the highest scientific honor given in the United States, for his studies of motivation and learning. He is the first psychologist to be awarded this honor.

FDA approves Lithium

The FDA approves lithium carbonate to treat patients with bipolar mood disorders. It is marketed under the trade names Eskalith, Lithonate, and Lithane.

1973 Homosexuality removed from DSM

After intense debate, the American Psychiatric Association removes homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM). The widely used reference is revised to state that sexual orientation "does not necessarily constitute a psychiatric disorder."

1974 PET scanner tested

A new brain scanning technique, Positron Emission Tomography (PET), is tested. By tracing chemical markers, PET maps brain function in more detail than earlier techniques.

1976 Evolutionary psychology

Richard Dawkins publishes *The Selfish Gene*, which begins to popularize the idea of evolutionary psychology. This approach applies principles from evolutionary biology to the structure and function of the human brain. It offers new ways of looking at social phenomena such as aggression and sexual behavior.

The Selfish Gene

Richard Dawkins publishes *The Selfish Gene*, a work which shifts focus from the individual animal as the unit of evolution to individual genes themselves. The text popularizes the field of evolutionary psychology, in which knowledge and principles from evolutionary biology are applied in research on human brain structure.

1979 Standardized IQ tests found discriminatory

The U.S. District Court finds the use of standardized IQ tests in California public schools illegal. The decision in the case, *Larry P. v. Wilson Riles*, upholds the plaintiff's position that the tests discriminate against African American students.

1981 AIDS and HIV first diagnosed

The epidemic of acquired immunodeficiency syndrome (AIDS) and human immunodeficiency virus (HIV) infection presents mental health professionals with challenges ranging from at-risk patients' anxiety and depression to AIDS-related dementia.

1984 Insanity Defense Reform Act passed

U.S. Congress revises federal law on the insanity defense, partly in response to the acquittal of John Hinckley, Jr. of charges of attempted assassination after he had shot President Ronald Reagan. The act places burden of proof for the insanity defense on the defendant.

1987 Homeless Assistance Act passed

The Stewart B. McKinney Homeless Assistance Act provides the first federal funds allocated specifically for the homeless population. The act includes provisions for mental health services, and responds, in part, to psychological studies on homelessness and mental disorders.

Prozac, Paxil, and Zoloft made available

The FDA approves the new anti-depressant medication fluoxetine, (Prozac). The drug, and other similar medications, acts on neurotransmitters, specifically, serotonin. It is widely prescribed and attracts attention and debate.

1990 Cultural psychology

In *Acts of Meaning, Four Lectures on Mind and Culture*, Jerome Bruner helps formulate cultural psychology, an approach drawing on philosophy, linguistics, and anthropology. Refined and expanded by Hazel Markus and other researchers, cultural psychology focuses on the influences and relationship among mind, cultural community and behavior.

2000 Sequencing of the Human Genome

Sixteen public research institutions around the world complete a "working draft" mapping of the human genetic code, providing a research basis for a new understanding of human development and disease. A similar, privately funded, project is currently underway.

DSM on PDA

The latest revision of the Diagnostic Statistical Manual of Mental Disorders (DSM) is published in a version for personal digital assistants (PDAs). The manual, first published in 1954, outlines prevalence, diagnosis, and treatment of mental disorders. Only 132 pages on first printing, in 2000 it was 980 pages.

2012 Transgenderism Recognized

The APA begins promoting a "justice-for-all" approach to transgenderism. The official statement included these words: "Transgenderism is not a disease. Gender identity disorder, the DSM's term for a gender that does not comport with one's sex is a mental health condition, but the treatment for it involves transitioning to the other sex. Mental health professionals do not attempt to 'cure' transgender individuals by convincing them to live as the sex assigned to them at birth."

2013 DSM-V Published

The first version of the DSM was published in 1952 was 130 pages long and listed 106 mental disorders. The latest version has 991 pages and an attempt has been made to group disorders considered similar by the committee into 20 categories while adding hundreds of new disorders.

FOUNDATIONS OF BIBLICAL COUNSELING

SESSION 4

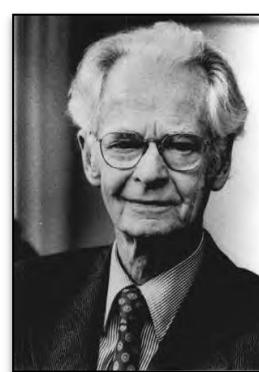
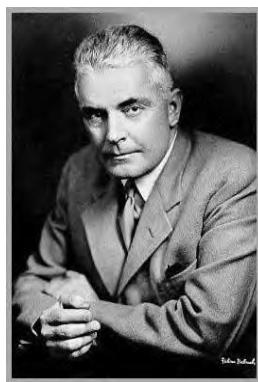
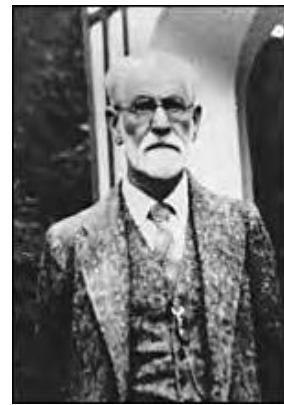
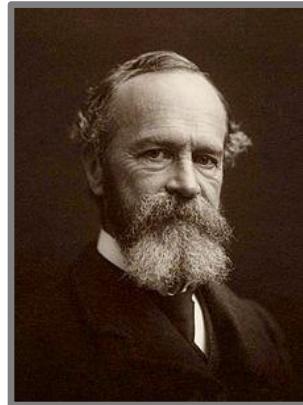
HISTORY OF PSYCHOLOGY – PART 2

How do we answer the question: "Shouldn't this person get professional help?"

VIDEO PRESENTATION

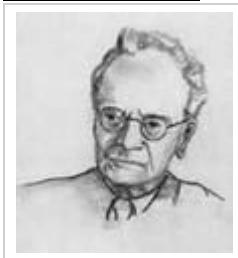
"Psychiatry: An Industry of Death"

DISCUSSION



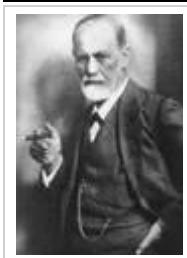
10 PAST PSYCHOLOGISTS STILL INFLUENCING TODAY

1. B. F. Skinner



Skinner's staunch behaviorism made him a dominating force in psychology and therapy techniques based on his theories are still used extensively today, including behavior modification and token economies.

2. Sigmund Freud



When people think of psychology, many tend to think of Freud. His work supported the belief that not all mental illnesses have physiological causes and he also offered evidence that cultural differences have an impact on psychology and behavior. His work and writings contributed to our understanding of personality, clinical psychology, human development, and abnormal psychology.

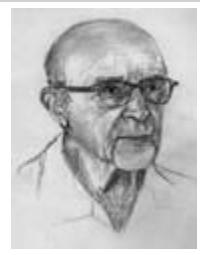
3. Abraham Maslow



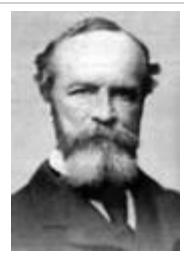
During the 1950s, Maslow became one of the founders and driving forces behind the school of thought known as humanistic psychology. His theories including the hierarchy of needs, self-actualization and peak experiences became fundamental subjects in the humanist movement.

4. Jean Piaget

Jean Piaget's work had a profound influence on psychology, especially our understanding of children's intellectual development. His research contributed to the growth of developmental psychology, cognitive psychology, genetic epistemology, and education reform. Albert Einstein once described Piaget's observations on children's intellectual growth and thought processes as a discovery "so simple that only a genius could have thought of it."

5. Carl Rogers

Carl Rogers placed emphasis on human potential, which had an enormous influence on both psychology and education. He became one of the major humanist thinkers and an eponymous influence in therapy with his "Rogerian therapy." As described by his daughter Natalie Rogers, he was "a model for compassion and democratic ideals in his own life, and in his work as an educator, writer, and therapist."

6. William James

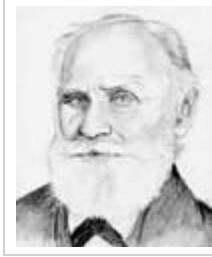
Psychologist and philosopher William James is often referred to as the father of American psychology. His 1200-page text, *The Principles of Psychology*, became a classic on the subject and his teachings and writings helped establish psychology as a science. In addition, James contributed to functionalism, pragmatism, and influenced many students of psychology during his 35-year teaching career.

7. John Dewey

John Dewey's work had a vital influence on psychology, education and philosophy and he is often considered one of the greatest thinkers of the 20th-century. His emphasis on progressive education has contributed greatly to the use of experimentation rather than an authoritarian approach to knowledge. Dewey teamed up with Andrew Carnegie to develop the public education system in order to produce generations of production workers.

8. Erik Erikson

Erik Erikson's stage theory of psychosocial development helped create interest and research on human development through the lifespan. An ego psychologist who studied with Anna Freud, Erikson expanded psychoanalytic theory by exploring development throughout the life, including events of childhood, adulthood, and old age.

9. Ivan Pavlov

Ivan Pavlov was a Russian physiologist whose research on conditioned reflexes influenced the rise of behaviorism in psychology. Pavlov's experimental methods helped move psychology away from introspection and subjective assessments to objective measurement of behavior.

10. Kurt Lewin

Lewin is known as the father of modern social psychology because of his pioneering work that utilized scientific methods and experimentation to look at social behavior. Lewin was a seminal theorist whose enduring impact on psychology makes him one of the preeminent psychologists of the 20th-century.

FOUNDATIONS OF BIBLICAL COUNSELING

SESSION 5

MODALITIES

How do we answer the question: “Shouldn’t this person get professional help?”

The real question here is: “Who determines who is competent to counsel?”

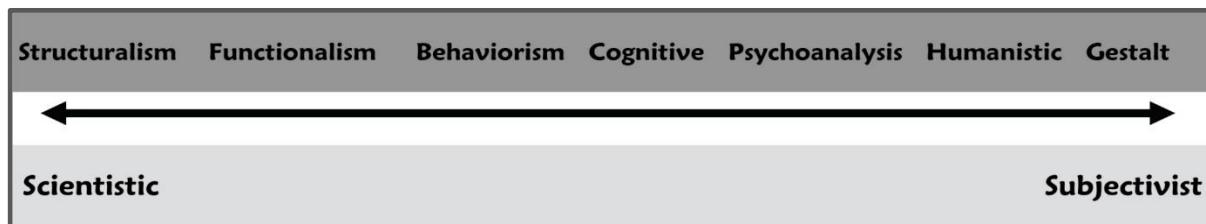
Antithesis

The point we want to make here is that we are all attempting to identify and understand what is wrong in a person’s life and how to help them resolve their problems. We part company with psychology *foundationally* and *theoretically*.

Our Model

Biblical Counseling ought to be:

- Bible-based
- God-honoring
- Christ-centered
- Spirit-powered
- Church-located
- Elder-led
- Lay-involved



Structuralism, was the first school of psychology, and focused on breaking down mental processes into the most basic components. This approach focuses on the contents of the mind, contrasting with functionalism.

Functionalism was another early school of psychology. It focuses on the acts and functions of the mind rather than its internal contents.

Behaviorism is based on the proposition that all things that organisms do—including acting, thinking, and feeling—can and should be regarded as behaviors, and that psychological disorders are best treated by altering behavior patterns or modifying the environment.

Cognitive psychology is the study of how people perceive, remember, think, speak, learn, and solve problems.

Psychoanalysis: Freud's **psychoanalytic** approach asserts that people are motivated by powerful, unconscious drives and conflicts. He developed an influential therapy based on this assertion, using free association and dream analysis.

Humanistic psychology developed as a response to psychoanalysis and behaviorism. Humanistic psychology instead focused on individual free will, personal growth and the concept of self-actualization.

Gestalt therapy asserts that psychological phenomena must be viewed not as individual elements but as a coherent whole.

"First Psychology lost its soul, then it lost its mind, then it lost consciousness, yet it still has behavior of a kind."

BIBLICAL MODEL, INTRODUCTION – GALATIANS 1 & 2

1. Biography
2. Relationship with God
3. Counsel we seek
4. Counsel we give
5. Theological training
6. Community and accountability
7. Handling problems Biblically

FOUNDATIONS OF BIBLICAL COUNSELING

SESSION 6

INTERVIEWING AND THE COUNSELING PROCESS

Interviewing

Interviewing is the process of collecting data from someone. In the counseling environment, the type of data the interviewer seeks has little to do with the steps and tools used in the process.

Counseling

Counseling is the process of actively engaging with another in order to help them resolve some matter that is confusing, or a problem, or a difficulty in their life.

Tools

1. Initial Information Form (we do not like to use the term “intake”)
2. Secondary Information Form
3. Field Notes/Counseling Notes
4. Release of Information Authorization Form

(See samples at end of this section)

Gathering Data

Two basic approaches

1. The intensive approach
Dialing in on one central problem in-depth
2. The extensive approach
The counselor uses the shotgun rather than the rifle.

Halo data

May gather data basically in two ways: overtly and covertly

Core data

Relies primarily upon questioning ... must learn how to ask questions and probe into answers received.

Data gathering may take several sessions and may require serious deliberation on the part of both the counselor and the counselee.

Get the facts

Counselors must search for and uncover the pertinent facts in every case.

Gathering legitimate data

1. Counselors should not talk about others behind their backs when counseling; nor should they allow counselees to do so.
2. Separate fact from assumption.
3. It is important to warn against receiving “privileged information.”

Responsibility and data gathering

1. Must help counselees sort out their responsibilities.
2. Counselees frequently (usually) confuse responsibilities. This happens because sinful people tend to justify themselves by blame-shifting.

Asking questions

Example of Christ – Begin with the basic “What’s”, which are the fundamental data gathering questions

What is your problem?

What have you done about it?

What do you want us to do?

Ask key “Why’s”.

Why here, why now?

Why me?

Why do you want this type of counseling?

Avoid yes and no questions

Exception; when speaking with a non-communicative counselee.

Ask questions that will eliminate extraneous material.

Ask questions about specifics.

LET QUESTIONS GROW OUT OF THE DATA RECEIVED

Counselors should simply ask the questions that they would like to ask; i.e., those that in any good conversation might be the next in line to ask.

HOW TO HANDLE RAMBLING REPLIES

Biblical counselors maintain control of and guide the session at all times. People who ramble do so for a variety of reasons.

1. Are they under the influence of a chemical?
2. Are they extremely tired?
3. Do they make eye contact or are they looking around the room?
4. Are they fixated on one object or on some detail on the counselor?
5. Are they deflecting?

HOW TO HANDLE FALSE DATA

May need to ask questions by way of repetition or clarification in order to be sure that what counselor suspects to be false data is not merely counselor's own misunderstanding of the data.

- Life-dominating sins are often accompanied by patterns of deception. Be prepared to call them out on this when it happens, but do so gently.
- Instead of, "I think you're lying," try, "That doesn't ring true somehow," or, "That doesn't coincide with what you shared earlier."

Note Taking

A counselor may frequently refer to his notes from previous counseling sessions, making quotations from them.

Exact quotations often make the difference. A counselee can be caught in inconsistencies, lies, reminded of a commitment, etc.

Language

Language is important:

- We use language not only to communicate with others, but also to talk to ourselves.

- Learn to recognize what counselees say precisely, particularly when they repeatedly use the same word or statement.
- Use of the word “can’t”
- Imprecise use of the word “tension” (e.g., “tense situation”)
- Tension...always in the counselee; not in a situation nor between him and someone else.
- Language...can be the decisive factor in helping a counselee to solve problems.

Confronting counselees about their language:

- The method of Jesus...confronting a person about his use of language (e.g., “good teacher”)

Deadly Euphemisms

“Emotional Problems”.

- The problem is not that you have an emotional problem but that some other cause has *triggered* these unpleasant emotions.
- Biblical counselors may not euphemize when it comes to dealing with sin (e.g., “difficulty submitting”; “emotional immaturity”)

- The counselee's behavior is wrong: there is a heart problem, not an emotional problem.

"Damaged emotions" (What's wrong with this language?)

- The problem is

- The solution lies

Feeling

Refers to the perception of a bodily state as pleasant or unpleasant ("I feel bad; I feel tired; I feel happy").

- Problem of language pollution (e.g., "You feel that such and such should be done")

Feelings are not so directly related to reasons as are judgments.

- Problem of assurance – "But I don't feel saved."
- Problem of obedience – "But I don't feel like doing what I should."

Distinguishing between the emotion and the conviction of judgment that triggers it is often fundamental to the solution to one's problem.

Attitude

An attitude is that combination of presuppositions, beliefs, convictions, and opinions that make up one's habitual stance at any given time toward a subject, person, or act. It is a mind-set that strongly influences behavior.

PROCESSES OF CHANGE

Discussion: What is change and how does it happen in a person's life?

STAGES OF CHANGE

Pre-contemplation (Not yet acknowledging that there is something that needs to be changed)

Contemplation (Acknowledging that change is needed but not yet ready or sure of wanting to make a change)

Preparation/Determination (Getting ready to change)

Action (Making the Change)

Maintenance (Maintaining the change) and, until change is permanent

Reversion (Returning to old pattern or behavior and abandoning the changes)

EFFECTING BIBLICAL CHANGE

Change: The Goal

- Biblical change is the goal of counseling.

Change is hard

- Counselors may take it as a rule that any quality of life, attitude of mind, or activity that God requires of man may be acquired through the Lord Jesus Christ.

Changing the past

It is not the past that needs to be dealt with; actually the past no longer exists...it is the counselee himself as he now is who must change.

The past can be dealt with only in the present by forgiveness, rectification, reconciliation, and other changes that must be made today.

The task of the Biblical counselor is to call for change – a change of mind leading to a change of life.

Perhaps the past is present with the counselee most plainly in his personality, attitudes, and life style.

- Personality is the sum total of all that one is by nature and nurture. It is fluid and can be influenced, even changed, by many different things—especially the work of the Holy Spirit.

What about age, heredity, and a well-cultivated life style?

- Counselees may become fully “accustomed to” sinful ways of life, so much so that (in one sense) they are comfortable with them.
- Failure to effect changes that stick.

Change takes place not merely when certain changes occur, but only when there has been a modification.

The change of an activity is not the same as the change of a person.

Ephesians 4:28

“He who steals must steal no longer; but rather he must labor, performing with his own hands what is good, so that he will have *something to share with one who has need.*”

1. The old sinful ways, as they are discovered, must be replaced by new patterns from God’s Word.
2. There is no simple, quick, easy way to instant godliness.

3. We can't avoid habitual living, because this is the way God made us.
4. This is a "process"; not an "event".
5. Counselors must recognize that too many Christians give up.
6. Week after week, counselors encounter one outstanding failure among Christians: a lack of what the Bible calls "endurance."

It is only by willing, prayerful, and persistent obedience to the requirements of the Scriptures that godly patterns are developed and come to be a part of us. One person put it this way: "Long faithfulness in the same direction – that's endurance."

THE COUNSELING PROCESS

Here is a tool to guide you to determine the root problem and address it effectively using the acrostic of L.E.A.D.E.R.

L	-	LISTEN
E	-	EMPATHIZE
A	-	AFFIRM
D	-	DIRECT
E	-	ENLIST
R	-	REFER

L - **LISTEN:** Encourage them to talk freely.

1. What is troubling you?
2. How long has this been troubling you?

3. What started this, do you recall?
4. When do you feel most/least disturbed by this?
5. Are there times when these feelings go away? Describe them.
6. What are some ways you try to deal with this?
7. How do you think you can or want to respond next time?

E - **EMPATHIZE:** As the counselee shares, you must be able to communicate your empathy and interest.

1. Leaning slightly forward in your chair.
2. Nodding to indicate emotional companionship.
3. Expressing desire to go deeper and understand.
4. Reflecting key questions (“So you feel...”, “So you’re saying...”, “Your response, then, was...”etc.)
5. Waiting patiently through pregnant silence.
6. Allow tears to flow. Never stop tearful catharsis*.
7. Be careful NOT to say “I know how you feel”, or relate your similar past except in special circumstances.
8. Assure the counselee they are not alone with their feelings.
9. Remind counselee that feelings are real, but that does not make them true.

A - **AFFIRM:** Be alert and generous to offer “sincere/truthful” affirmation at every opportunity.

1. Hurt people must be helped to see and acknowledge their strength, abilities, spiritual gifts, as well as their weaknesses.
2. Counselor must be reminded that God values and loves them.
3. No sin is bigger than God. Any sin can be forgiven.
4. Everyone has abilities and gifts which can be developed.
5. People in our lives have weaknesses which can be lived with and for which we can compensate.

D - **DIRECT:** Gently but firmly guide them to talk through the causes and effects of the issue. Find opportunity to sensitively steer them to appreciate their part and accept responsibility.

1. Ultimately, if issues have spiritual dimensions, then we are responsible to recover from our issues.
2. If we do nothing, then nothing will happen.
3. If we blame others entirely – we become bitter.
4. If we blame ourselves entirely, we fall into shame.
5. Point them back to fellowship with Christ & the church.
6. Focus them on prayer, worship, and being in the Word.

E - **ENLIST:** Once the issue is revealed, enlist the counselee's participation in developing a plan of action.

1. Guide them to establish specific goals.
2. Action plan should be small and manageable incremental steps.
3. Uncomplicated, measurable, reasonable and workable.

4. Also involve the concentric circle of influence in their life. Spouse, family, siblings, children, friends, disciplers, church leaders, etc.
5. Recommend, but always let them have the last say on whom they want to seek help from.

R - **REFER:** If the issue persists or worsens, particularly if behaviour becomes erratic, self-defeating and unmanageable, refer as soon as possible to another professional Biblical counselor.

1. Involve the counselee in your decision to refer.
2. Show continuing care by being ready to support them during and after the referral procedure.
3. Caution on referring to non-Biblical counselors.

FOUNDATIONS OF BIBLICAL COUNSELING

SESSION 7

THE COUNSELING PROCESS — PART 2

SKILLS & TECHNIQUES

Core Conditions

- Empathy: Understanding what the counselee feels and not just what you would feel if you were the “client”.
- Genuineness: Being who you are without pretense or hiding behind the “therapist” role.
- Unconditional Positive Regard: Accepting the person for who he or she may be without putting conditions on it.

Attending

Physical Attending: Posture, eye contact, and general body position that communicates the counselor is paying attention to the counselee.

- Do not have a physical object between you and the counselee.
- Maintain a comfortable distance between you and the counselee.
- Face the counselee directly.
- Establish eye contact.
- Maintain an open posture.
- Lean toward the counselee.

Intentional Attending: The ability to pick up on the counselee's non-verbal as well as the verbal messages.

- Paralinguistics
- Facial Expressions
- Avoids eye contact
- Yawning
- Body posture
- Distance counselee puts between the two of you
- Other body language signs.

Courageous Listening

- Focusing on all aspects of their expression.
- Resist distractions.
- Listen to their tone of voice.
- Listen for cues to their feelings.
- Listen for generalizations, deletions, and distortions.
- Listen for common thinking and emotional themes.

Encouraging As a Part of Attending

Verbal and nonverbal ways of encouraging the counselee to continue to share his or her thoughts, feelings or behaviors.

- “Uh-hum”

- “Tell me more.”
- “He yelled at you?”
- Can you give me an example?”
- “What does that look like?”
- “And that means...?”
- Or simply nodding your head.

Exploration Skills

Responding with Empathy: Listening and understanding as if you were the counselee and then communicating your understanding.

- Reflecting content.
- Reflecting feeling.
- Reflecting meaning.
- Summarizing content.

Probes and Questions

Probing: Direct or indirect questions to further explore a line of thought.

Questioning:

Direct Questions: Questions that are to the point.

Indirect Questions: Open questions with no question mark at the end.

Silence (is NOT our enemy!)

- It can be used as an encourager.

- It keeps the focus on them.
- It can help them absorb what was said.
- It can help them collect their thoughts for expression.

Understanding

Advanced empathy:

- Attends to the feelings and thoughts that are not expressed by the counselee.
- Helps the counselee see the bigger picture.
- Helps to open up areas for counseling for which the counselee is either unaware or has only hinted at.
- Helps to identify themes.
- Helps the counselee own his or her feelings and behaviors.

Self-Disclosure

Sharing personal information with a counselee.

- It must be for their benefit and not the counselor.
- It can be used as a model to help them self-disclose.
- It should not take the focus off the counselee.
- Used sparingly and appropriately, it can enhance the restorative relationship.

Confrontation

A form of advanced empathy which helps the counselee look at thoughts and behaviors that might be self-defeating or harmful.

- It is a form of challenge and not a verbal assault.
- It needs to be done with a high level of empathy.
- Usually it is in reference to a incongruence or discrepancy on the counselee's part

Immediacy

The ability to explore the here and now in the relationship between counselor and counselee.

- Immediacy uses present tense statements.
- It usually relates to the counselor's view of the relationship.
- It adds intimacy to the counseling relationship.

Interpretation

An attempt to impart meaning about a counselee's behavior based upon the counselor's observations and understanding.

- It can help increase the counselee's awareness or insight.
- Some theories place more emphasis on interpretation than others.
- Interpretation often puts the counselor in a more authoritarian position within the relationship.
- Trust with the counselee is an essential ingredient for successful interpretation.

Directives

Instructions given to the counselee.

- Basically it is the counselor telling the counselee what to do.
- The timing in giving a directive is important.

- Some theories use more directives than others.

Advising

A form of directive.

- The advising should not be seen as a command or a demand.
- Counselors need to take responsibility for the advice they give.
- Do the advising in such a way as it leaves the counselee with the ultimate choice.

COUNSELING

As we have discussed throughout, the primary tool of the Biblical Counselor is properly interpreted Scripture.

An eye toward evangelism must *always* underpin our approach—we can never assume someone is a believer based solely on their personal claim.

Prioritize

1. What is the crisis?
2. When was the last incident?
3. What happened specifically?
4. What have they done about it?
5. What change or outcome are they seeking?
6. How does their desire correspond to the Scriptures?
7. What steps need to be taken to accomplish God's will in the situation?

Gospel

Where does the counselee stand in relation to the Gospel?

- Do they understand it?
- Do they believe it?
- Do they trust it?
- Do they rely on it?

Anthropology

What part of the problem is affected by which parts of the counselee's makeup? ?

- Which part is mental?
- Which part is physical?
- Which part is spiritual?

Scriptures — Counselee

Where does the counselee stand in relation to the Scriptures?

- Do they believe the Bible is the Word of God?
- Do they believe *only* the Bible is the Word of God?
- Do they believe the Bible is the final authority in the life of a believer?

Scriptures — Counselor

How do the Scriptures inform me about the problem and the solution?

- Do they speak specifically or generally?
- How can we apply those principles in this context?
- What do they say about the counselee's role?

Church

Where does the counselee stand in relation to the Church?

- Are they currently involved in/member of a local Bible-believing fellowship?
- Do they actively participate in the ministries of a local fellowship?
- Do they have a pastor, elder, or Discipler that they can recruit to be part of the process?

Diagnosis

What is the problem that needs to be addressed?

- Is this a real or a perceived problem?
- Who else is involved and to what degree?
- How is this problem addressed in the Scriptures?

(Illness, Mistake, or Sin?)

Treatment

What Scriptural truth does the counselee need to learn and apply?

- There may be several answers to this question.
- Are they willing to follow the work you assign them?
- Are they willing to adhere to the action plans the two of you develop together?

Treatment Pattern 2 Timothy 3:16-17; “All Scripture is God-breathed and useful for:

- Teaching
- Reproof
- Correction
- Training in righteousness

... so that the man of God [believer] may be adequate, equipped for every good work.”

S.M.A.R.T.S.

Specific

Measurable

Agreed upon

Realistic

Time-Specific

FOUNDATIONS OF BIBLICAL COUNSELING

SESSION 8

Anger & Depression

Anger

Webster (1828)

“A violent passion of the mind excited by a real or supposed injury; usually accompanied with a propensity to take vengeance, or to obtain satisfaction from the offending party. This passion however varies in degrees of violence, and in ingenuous minds, may be attended only with a desire to reprove or chide the offender.”

Anger:

- Is usually based in fear, pain, or fear of pain or loss;
- Is usually based in a sense of entitlement;
- Seeks to avenge a wrong—real or supposed, actual or potential.
- Is a judgment against a supposed wrong;
- Requires a judge;
- Requires that a redeemer and a “way of redemption” be defined.

Biblical Principles

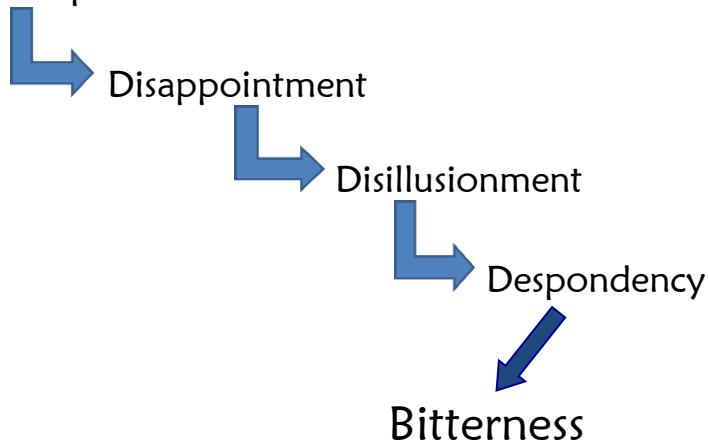
- God is righteously angry over all ungodliness and unrighteousness (Romans 1:18);
- God is the only righteous judge (Ezekiel 18:29; 24:14);
- The only Redeemer from God's rightful wrath is Jesus Christ (Romans 5:9).
- The anger of man accomplishes no good thing (James 1:19-20)
- Man's judgment is in error (1 Samuel 16:7);
- No person is entitled to judge because no person can save anyone (James 4:12).

Basic Questions

- Do you get angry about the right things?
- Do you express anger the right way?
- How long does your anger last?
- How controlled is your anger?
- What motivates your anger?
- Is your anger a “scripted response” to another’s habitual sins?
- What is the effect of your anger?

Counseling Questions

1. What was the situation?
2. What did you do with your anger?
3. What were your motives?
4. What are the consequences?
5. What is true?
6. How can you turn to God for help?
7. How should you respond in that situation to glorify God?
8. Are you willing to do those things?
9. What are the consequences of faith and obedience?

Unmet Expectations

Habitual anger is a form of bitterness and is rooted in unforgiveness. The challenge is to discover what it is that is not being forgiven and guiding the counselee to the place of healthy, godly forgiveness.

Depression

NATIONAL INSTITUTE OF MENTAL HEALTH

"Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behavior, feelings and physical well-being. Depressed people may feel sad, anxious, empty, hopeless, helpless, worthless, guilty, irritable, or restless. They may lose interest in activities that once were pleasurable, experience loss of appetite or overeating, or problems concentrating, remembering details or making decisions; and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains or digestive problems that are resistant to treatment may be present."

"Depression...involves a complete absence: absence of affect, absence of feeling, absence of response, absence of interest. The pain you feel in the course of a major clinical depression is an attempt on nature's part...to fill up the empty space. But for all intents and purposes, the deeply depressed are just the walking, waking dead."

Elizabeth Wurtzel, *Prozac Nation*. (New York: Riverhead, 2002)

"I could weep by the hour like a child, and yet I knew not what I wept for."

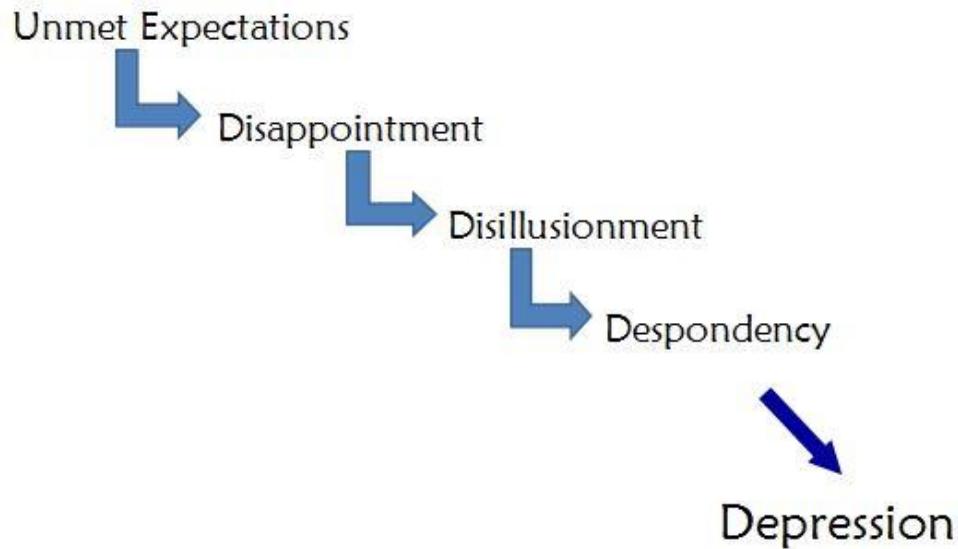
Charles Spurgeon, *Lectures to My Students* (Grand Rapids: Zondervan, 1972)

"I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would not be one cheerful face on earth. Whether I shall ever be better, I cannot tell; I awfully forbode I shall not. To remain as I am is impossible. I must die or be better, it appears to me."

Abraham Lincoln. Cited in John H. Greist and James W. Jefferson, *Depression and Its Treatment* (New York: Warner, 1992)

"My bones wasted away through my groaning all day long."

King David, *Psalm 32*



As with anger, depression is rooted in unforgiveness. Here we have the best avenue of approach to addressing both issues in the life of our counselee. Depression really is bitterness turned inward.

STRATEGIES

The attitude, approach, and bearing of the counselor are vitally important. The counselor needs to:

1. Be loving;
2. Be persevering;
3. Speak as with a friend not a “client”;
4. Be willing to speak hard-to-hear truths in love;
5. Engage in “courageous listening”;
6. Stay focused on the matter at hand;
7. Create a partnership
8. Provide structure;
9. Separate fact from feelings;
10. Interrupt as needed;
11. Ask great questions;
12. Provide creative ideas.

Refer to the *Anger Packet* (Section 4) in your “Module 1 Supplemental Handouts” for a list of ideas for helping initiate change in the life of the counselee. Included is “The Anger Project,” a five-part, anger-specific Bible Study that can be helpful with some counselees..

Don’t forget to address the needs of the counselee’s family members. They are just as impacted by what is happening as the person you are counseling. Help them to be loving and direct without being angry or ashamed.

FOUNDATIONS OF BIBLICAL COUNSELING

SESSION 9

SEXUALITY, ABUSE & NEGLECT

Biblical Principles:

1. Humans, being created in the image of God, are inherently relational beings (Genesis 1:26).
2. Humans were created as gendered beings. They were expressly blessed by God to be fruitful and multiply and to exercise dominion over the earth (Genesis 1:26-28).
3. The inherent relational nature of humankind is expressed in a variety of contexts including family, marriage, work, and — for Christians — the Body of Christ (Hebrews 10:24-25; 1 Corinthians 12:14).
4. Heterosexuality is God's design for sexually intimate relationships. Sexual union between a man and a woman is only to take place within the marriage covenant. (Genesis 2:18, 21-24; Hebrews 13:4).
5. The sexual union between a husband and wife has been designed by God to bring them together as "one flesh," creating a solid foundation on which to build a family (Genesis 2:18-24; Ephesians 5:31).
6. Jesus reaffirms the marital covenant to be heterosexual, monogamous, and life-long (Matthew 19:4-9).
7. The New Testament teaches that followers of Christ are to remain celibate outside the bond of marriage. In sexual union, both body and soul are deeply impacted. A person who engages in sexual unions outside the bond of marriage sins against his or her own body, which is the temple of the Holy Spirit (1 Corinthians 6:13, 18-20).
8. In Scripture, several sexual behaviors are expressly forbidden, which include but are not limited to: fornication, adultery, incest, unnatural sexual intercourse, and homosexual acts (Exodus 20:14; Leviticus 18:7-23, 20:10-21; Matthew 5:27-28; Romans 1:20-27; 1 Corinthians 6:9; Galatians 5:19; Ephesians 4:17-19; Colossians 3:5).

Key Factors:

1. Our gender is in inherent dynamic in our self-identity, our identifying of others, and our relational structures and interactions.
2. All abuse mars and mangles the *imago Dei* in the victim and often instills a deep sense of shame.
3. Sexual abuse “rewires” the victims’ view of themselves, God’s intent for sexual intimacy, and their ability to process life in healthy and normal ways.
4. Early sexualization of a child is a form of sexual abuse. It creates confusion and a traumatic sense of loss.
5. Survivors of neglect/abandonment often manifest the same symptomatic attitudes and behaviors as abuse survivors.
6. Abuse and neglect both deny the basic healthy protections a person needs to be healthy and safe.

Definitions:

Abuse is usually categorized in five main ways:

1. Physical Abuse
2. Sexual Abuse/Exploitation
3. Verbal Abuse
4. Spiritual Abuse
5. Neglect/Abandonment

There are many permutations of these categories, and they will often overlap in a person’s life. **All abuse is harmful; all abuse is evil.**

Physical abuse is generally defined as “any non-accidental physical injury to another” and can include striking, kicking, burning, or biting, or any action that results in a physical injury impairment. In most states and US dependent nations, the definition of abuse also includes acts or circumstances that threaten another with harm or create a substantial risk of harm to another’s health or welfare.

Sexual abuse/exploitation is generally defined as “the forcing of undesired sexual behavior by one person upon another”. The term also covers *any* behavior by *any* adult towards a child to stimulate either the adult or child sexually. **Sexual exploitation** includes allowing the child to engage in prostitution or in the production of child pornography.

Sexual abuse includes two categories:

A. Non-Contact Abuse

B. Abuse by Contact

A. Non-Contact Abuse

- 1) Compelled to watch sexual acts;
- 2) Compelled to listen to sexual talk, including comments, tapes, and obscene phone calls.
- 3) Compelled to watch sexual acts;
- 4) Exposed to sexually explicit material such as videos, DVDs, magazines, photographs, etc.; can be in-person, on the computer via e-mails, and otherwise through the Internet.
- 5) Subjected to sexually intrusive questions or comments—includes nicknames; can be verbal, on the computer, or in notes.

B. Abuse by Contact

- 1) Being touched and fondled in private areas, including kissing.
- 2) Compelled to touch another person's private areas.

- 3) Compelled into oral sex—either as the giver or receiver. Many children believe that oral sex is "talking dirty".
- 4) Compelled penetration *must* occur; penetration can be with body parts and/or objects.

Verbal abuse is generally defined as “a form of emotional maltreatment in which words are systematically used to belittle, undermine, scapegoat, or maliciously manipulate another person.”

Spiritual abuse is generally defined as “the inappropriate use of spiritual authority to force a person to do that which is unhealthy” and typically involves a “forceful or manipulative denial of that person’s feelings and convictions” done for the self-advancement of the abusive spiritual leader.

Neglect/abandonment is generally defined as “the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision to the degree that the child’s health, safety, and well-being are threatened with harm.”

Statistics show that:

- 1 in 3 females experience physical, sexual, or other abuse in their lifetime;
- 1 in 6 males experience sexual abuse before age 16;
- 1 in 4 males experience some form of abuse other than sexual.
- A report of child abuse is made every ten seconds.
- More than five children die every day as a result of child abuse.

- Approximately 80% of children that die from abuse are under the age of 4.
- It is estimated that between 50-60% of child fatalities due to maltreatment are not recorded as such on death certificates.
- More than 90% of juvenile sexual abuse victims know their perpetrator in some way.
- Child abuse occurs at every socioeconomic level, across ethnic and cultural lines, within all religions and at all levels of education.
- About 30% of abused and neglected children will later abuse their own children, continuing the horrible cycle of abuse.
- About 80% of 21 year olds that were abused as children met criteria for at least one psychological disorder.
- 14% of all men in prison in the USA were abused as children.
- 36% of all women in prison were abused as children.
- Children who experience child abuse & neglect are 59% more likely to be arrested as a juvenile, 28% more likely to be arrested as an adult, and 30% more likely to commit violent crime.
- Abused children are 25% more likely to experience teen pregnancy.
- Abused teens are more likely to engage in sexual activity, putting them at greater risk for STDs.
- One-third to two-thirds of child maltreatment cases involve substance use to some degree.
- Children whose parents abuse alcohol and other drugs are three times more likely to be abused and more than four times more likely to be neglected than children from non-abusing families.
- As many as two-thirds of the people in treatment for drug abuse reported being abused or neglected as children.

COUNSELING SURVIVORS

The dynamics of abuse within families and in individual lives are pernicious: betrayal, toxic shame, anger, emotional numbness, isolation, difficulty making decisions, unreasonable fears, bitterness, and depression are just a few of the common results in a survivor's life.

Abuse removes natural boundaries between persons, denies basic needs for safety and security, creates confusion and anxiety, and generally belies God's created order and plan.

To the Biblical counselor falls the responsibility of guiding the survivor through the morass of trauma, lies, and resulting behaviors that have brought further harm to their life. This is a slow and careful process that requires understanding and sensitivity.

A solid grasp of God's original design, His view on abuse, and His healing truth are absolutely necessary if the counseling experience is to be successful. It is more than a matter of bringing comfort—it is a matter of teaching them to know and walk in the truth.

Survivors establish and maintain a variety of defense mechanisms and protective measures in an attempt to avoid the pain of the past and shield themselves from further hurt. The greatest problem with this is that they very often are seeing current people and relationships through the lens of the past not in the current timeframe.

STEPS TO HEALING

Step 1: Establish Safety (Psalm 4:8; Psalm 12:5; Psalm 23)

Being unsafe can be real or imagined. In either case, the first step to healing is for the survivor to be safe and to experience a sense of being safe.

Step 2: Choose to Face the Truth and Feel (John 18:37; John 14:6; John 1:14)

The counselee must decide that, now that they are safe, it is time to face reality truthfully and walk through the pain instead denying the truth and numbing the pain.

Step 3: Tell and Feel the Story (Ephesians 4:25; John 8:32; Galatians 6:2)

This is the most difficult and demanding part of the healing process. Survivors have become quite adept and living the vision and not the reality of life. This is a multi-faceted and multi-layered process.

Step 4: Identify the Lies and Reclaim God's Design (Romans 12:2; Ephesians 2:10; Psalm 139:13-14)

Survivors have had an enormous amount of false-guilt and its attendant toxic shame messages foisted upon them for a very long time. They have come to believe those lies; the lies run their life, not God's truth. The key is to help them discover, learn, and saturate their minds and hearts with God's truth about them, their worth, His love and purpose for them, and that their history is not their destiny.

Step 5: Repent of Deadness and Denial (Jeremiah 17:5-8; John 6:68; Colossians 1:13-14)

Taking one's own safety and peace into one's own hands is the most natural thing for us to do—especially when we have suffered at the hands of another. The greatest difficulty with this is that it places us in the place of sovereign control of our lives instead of God—which is idolatry. Nowhere does God's Word tell us that we will not suffer, nor does it tell us we are entitled to not experience pain. Survivors don't involve God on the process of healing and protection—they have taken into their own hands.

Step 6: Mourn the Loss and Dare to Hope (Lamentations 3:21-23; Nehemiah 9; Psalm 72:13; Psalm 103:2-4, 13)

Survivors have experienced a great deal of loss; not only of what was, but of what might have been. Instead of a healthy parent-child relationship, they were treated like a punching bag or worse. Instead of being allowed to blossom in the natural talents God had instilled in them, they were belittled or tormented for how they were made. At this stage of healing, the counselee will be experiencing new-found hope for their life and their future.

Step 7: Pour into the Lives of Others the Comfort and Healing that has Been (Genesis 50:20; 2 Corinthians 1:3-5; 2 Corinthians 5:20; Galatians 6:1-2)

The healing and comfort we have received is not simply for our benefit alone: it is intended by God to be used of Him to bring comfort, hope, and healing to others who have been tormented and harmed as we have been tormented and harmed. Having experienced the healing grace of the Gospel ourselves, it is then for us to be available to God for Him to utilize that in the lives of others whom He loves as much as He does us.

There are no quick, easy answers for abuse and neglect; no quick and easy solutions for the effects of abuse and neglect. God told Adam and Eve that they human condition would include misuse and abuse of one another, and this has proved true more times than anyone can number. While abuse was never part of God's original design, He has provided the tools and path for healing for those who have been victimized. As Biblical counselors, we are called into His employ to be used of Him as His instruments of grace and healing (2 Corinthians 4:7).

FOUNDATIONS OF BIBLICAL COUNSELING

SESSION 10

Addiction, Reality Therapy & 12-Step Programs

Eclecticism is an approach to counseling in the mental health industry that engages in the practice of selecting what *appears* to be best in various doctrines, methods, or styles. Most non-Biblical counselors take this approach, and it varies from person to person. Their modality, if you will, is composed of elements drawn from various sources. **Eclecticism** differs from **syncretism** (the attempt to reconcile or combine systems) in that it does not seek to resolve the contradictions between the systems or styles drawn from.

Eclecticism is the predominant approach taken in psychology when practitioners address **addiction**. These practitioners combine a scientific approach with a subjectivist approach into a third family of modalities. The two most prominent of these are **Reality Therapy**, which is fairly simple, and the **12-Step Method**, which is more extensive and exceedingly prevalent in our society—even within the church.

REALITY THERAPY

Assumptions:

1. There are five basic human needs:
 - a. Survival.
 - b. To love and be loved by another person or group for a feeling of belonging;
 - c. The need for power — through learning, achieving, feeling worthwhile, winning and through being competent;
 - d. The need for freedom, including independence and autonomy while simultaneously exercising personal responsibility;
 - e. The need for fun, pleasure seeking enjoyment and relaxation.
2. The unsuccessful attainment of these needs causes a person's behavior to become abnormal.

3. The client is responsible for following the rules and for the consequences of not doing so.
4. Focus is on the here-and-now actions of the client and the ability to create and choose a better future.
5. Clients are to seek to discover what they really want and how they need to choose to behave in order to achieve these goals.
6. Reality therapy attempts to separate the client from the behavior—behavior is what he *does*, not what he *is*.
7. Just because someone is experiencing a symptom resulting from a social problem does not make him sick; it just makes him out of sync with his psychological needs.

Core Ideas:

1. **Action:** Reality therapy maintains that the biggest reason a person is in pain and acting out is because he/she lacks that one important 'other being' to connect with. Reality therapy maintains that the core problem of psychological distress is that one or more of the client's essential needs are not being met thereby causing the client to act irresponsibly. The therapist then addresses this issue and asserts that the client is to assume responsibility for their behavior. Reality therapy strives to empower people by emphasizing the power of doing what is under their control. *Doing* is at the heart of reality therapy.
2. **Behavior:** Behavior in the real world is an immediate and alive source of information about how we are doing and whether we are happy with what is going on in our lives. However, it is very hard to choose and to change our emotions directly. Reality Therapists approach changing "what we do" as a key to changing how we feel and how we will work to obtain what we want.
3. **Control:** Control is a key issue in reality therapy. Human beings need control to meet their needs: one person seeks control through position and money, and another wants to control their physical space. The client can, of course, get an instant sense of control from alcohol and some other drugs. This method of control, however, is

false, and skews the true level of control the client has over him or herself. This creates an inconsistent level of control which creates even more dissonance and frustration.

4. **Focus on the present:** While traditional psycho-analysis and counseling often focus on past events, reality therapy and choice theory solutions lay in the present and the future. Practitioners of Reality Therapy may visit the past but never dwell on it. In Reality Therapy, the past is seen as the *source* of the client's wants and his or her ways of behaving, not as the *cause*.

12-STEP METHOD

Assumptions:

1. These compulsions are diseases.
2. The diagnosis: They have alcoholic dysfunctional behavior.
3. Once an “addict” (etc.) always an “addict”.
4. The disease affects the individual in four areas: physical, mental, emotional, and spiritual.
5. The treatment protocol required in the 12-Step/Group Therapy Model.
6. You will need to attend meetings for the rest of your life.

Core Ideas:

1. Admitting that one cannot control one's addiction or compulsion;
2. Recognizing a higher power that can give strength;
3. Examining past errors with the help of a sponsor (experienced member);
4. Making amends for these errors;
5. Learning to live a new life with a new code of behavior;
6. Helping others who suffer from the same addictions or compulsions.

The Steps:

1. **Step 1** - We admitted we were powerless over our addiction - that our lives had become unmanageable.
2. **Step 2** - Came to believe that a Power greater than ourselves could restore us to sanity.
3. **Step 3** - Made a decision to turn our will and our lives over to the care of God as we understood God.
4. **Step 4** - Made a searching and fearless moral inventory of ourselves.
5. **Step 5** - Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. **Step 6** - Were entirely ready to have God remove all these defects of character.
7. **Step 7** - Humbly asked God to remove our shortcomings.
8. **Step 8** - Made a list of all persons we had harmed, and became willing to make amends to them all.
9. **Step 9** - Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. **Step 10** - Continued to take personal inventory and when we were wrong promptly admitted it.
11. **Step 11** - Sought through prayer and meditation to improve our conscious contact with God as we understood God, praying only for knowledge of God's will for us and the power to carry that out.
12. **Step 12** - Having had a spiritual awakening as the result of these steps, we tried to carry this message to other addicts, and to practice these principles in all our affairs.

The Twelve Traditions:

1. Our common welfare should come first; personal recovery depends upon AA unity.

2. For our group purpose there is but one ultimate authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for AA membership is a desire to stop drinking.
4. Each group should be autonomous except in matters affecting other groups or AA as a whole.
5. Each group has but one primary purpose—to carry its message to the alcoholic who still suffers.
6. An AA group ought never endorse, finance, or lend the AA name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
7. Every AA group ought to be fully self-supporting, declining outside contributions.
8. Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.
9. AA, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. Alcoholics Anonymous has no opinion on outside issues; hence the AA name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, and films.
12. Anonymity is the spiritual foundation of all our traditions, ever reminding us to place principles before personalities.

ORIGINS

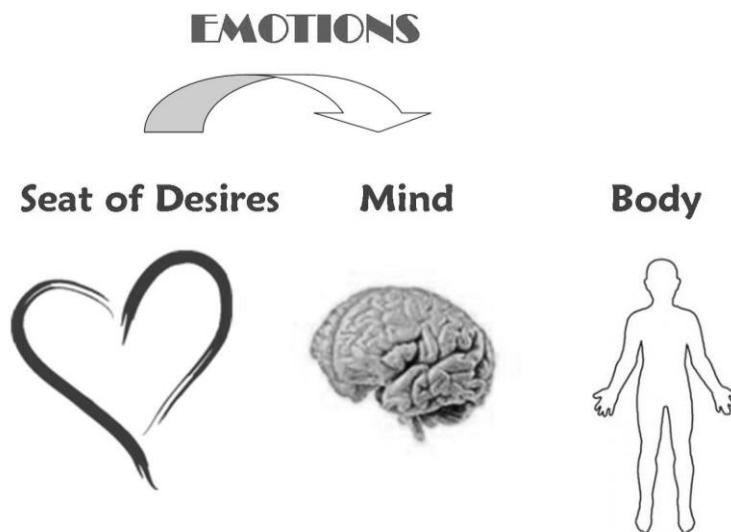
- Frank Buchman and The Oxford Group.
- Dr. Bob and Bill W.
- The Christian Endeavor Society.
- Rowland Hazard and Dr. Carl Jung
- Ebby Thatcher and Rowland Hazard.
- Bill W. and Ebby Thatcher.
- Dr. Silkworth and William James.
- Bill W. & Dr. Bob; Akron and New York.
- Not a drunk, but an addict nonetheless.

Bill W., one of the co-founders wrote this:

"Under the lash of alcoholism, we are driven to A.A. and there we discover the fatal nature of our situation. Then, and only then, do we become open-minded to conviction and as willing to listen as the dying can be. We stand ready to do anything that will lift the merciless obsession from us."

- *Twelve Steps and Twelve Traditions*, p. 24

Most people are not aware that Bill Wilson was still actively addicted to nicotine, caffeine, and sex, and engaged in destructive addictive behavior his entire life. He had not discovered a cure for alcoholism or addiction; he had only switched his addiction from alcoholism to sex, nicotine, caffeine, women, and fanatic religious practices. He also fought intense cravings to drink right up to his deathbed.



Addiction

A disease is a diagnosable condition with a physical cause. Used this way, addictions do not fit the definition. Instead of saying that addictions are *like* a disease, more people are simply saying that addictions *are* diseases.

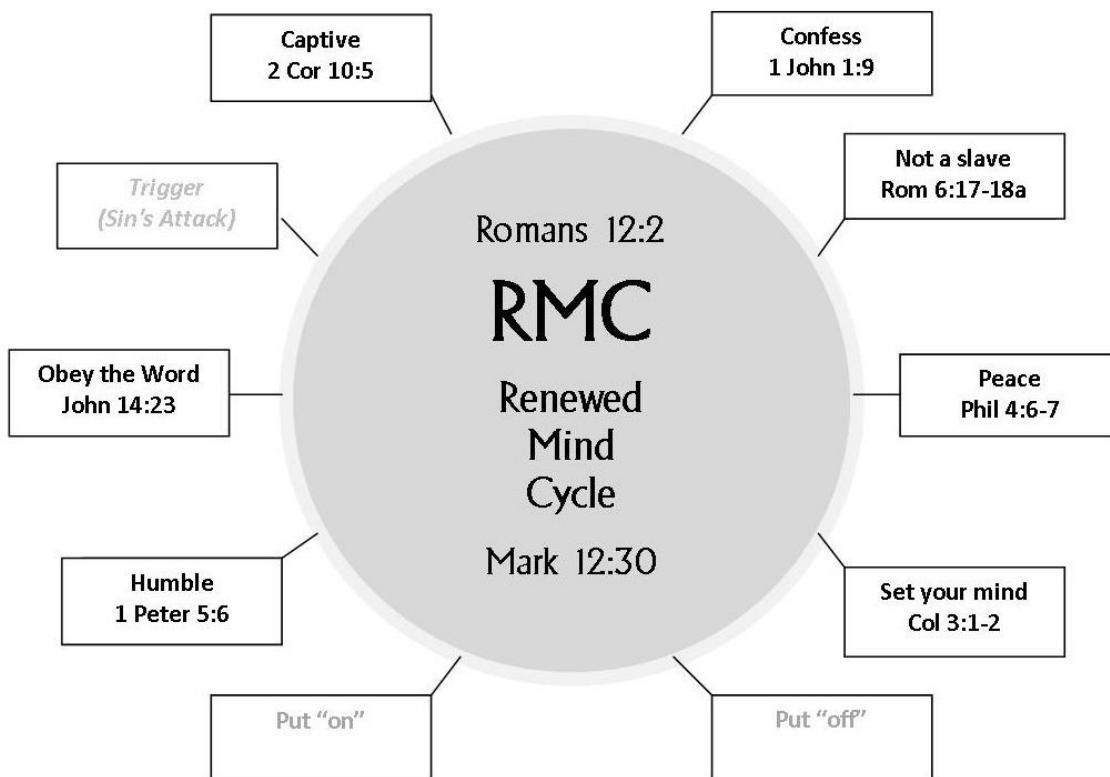
The basic cycle of addiction is there is a **desire** that the **mind** seeks to satisfy, and the **body** is the vehicle through which that satisfaction is achieved. The **emotions** are the driving force for the **mind** to satisfy the **desires of the heart**.

Biblical Paradigm—Addictive Process

1. Pride/Entitlement
2. Rebellion
3. Idolatry
4. Adultery
5. Bondage
6. Self-condemnation

Biblical Paradigm—Freedom Process

1. Capture thoughts
2. Confession/Repentance
3. Walk in forgiveness
4. Hold on to God's peace
5. Focus on righteousness
6. Saturate your mind
7. Be accountable
8. Walk in obedience:
 - a. Flee opportunity to sin
 - b. Remain vigilant
 - c. Keep fighting



The “Renewed Mind Cycle” is part of the *Unbound* curriculum we will cover in Module 5.

The RMC follows this path:

1. Take my thoughts captive and bring them into submission to what the Word of God says about them (2 Corinthians 10:5);
2. Agree with God on my sinful thinking and believing and any behavior that has resulted (1 John 1:9);
3. Agree with God that I am no longer a slave to sin and do not have to follow the path of sin (Romans 6:17-18). I no longer have to live in bondage to the old patterns;
4. Honestly and transparently lay all of my thoughts and emotions before God and gratefully trust Him to be true to His Word (Philippians 4:6-7);
5. Saturate my mind with the eternal goodness and promises of God, getting my eyes off of my circumstances (Colossians 3:1-3);
6. Find a “put off” passage of Scripture that specifically speaks to whatever SDBC I have found myself in;
7. Find a “put on” passage of Scripture that addresses the same matter from a little different perspective and tells me what to do INSTEAD;

8. Humble myself before God and willingly submit to whatever He asks of me, even if it is to trust Him and walk through the situation in faith without complaint (1 Peter 5:6);
9. Commit myself to being graciously obedient to what I believe God is asking of me (John 14:23);
10. Saturate my mind with the verses God has taught me that transform my heart and mind and help me think what God thinks and believe what God believes about my circumstances and about me.

FOUNDATIONS OF BIBLICAL COUNSELING

SESSION 11

Biblical Counseling & Common Grace

Comparing General Revelation and Special Revelation

General Revelation is that which reveals the nature and character of God and His creation in a general way that is accessible and understandable for all people at all times in all places.

Special Revelation is the Word of God, which deals specifically with the nature and character of God and the world He has created, along with His created intent and His expectations for how it all should function.

We must always, always, ALWAYS examine the presuppositions and assumptions of those involved in helping others with the Scriptures. Scripture alone is authoritative and fully sufficient for guiding us in life and the practices of our faith.

Example: If a behaviorist claims that they have discerned that the reinforcement theory of behaviorism is part of God's general revelation, we should immediately respond with an examination of God's Word to "see if these things are so."

Question: Can we and ought we be open to learning from practices that are grounded in paganism?

Common Grace

"...for He causes His sun to rise on *the* evil and *the* good, and sends rain on *the* righteous and *the* unrighteous." *Matthew 5:45b*

Common Grace and General Revelation are NOT one and the same.

General Revelation

"For the wrath of God is revealed from heaven against ... men who suppress the truth in unrighteousness ... **they became futile in their speculations**, and their foolish heart was darkened. Professing to be wise, they became fools ... For they exchanged the truth of God for a lie ..." *Romans 1:18-25*

Christian cognitive-behavior therapy?

At the core of Christian cognitive therapy is the process of assessing, identifying, and renouncing faulty thinking, adopting instead the truths and insights of Scripture and right thinking. Exposing the 'lies' we still live by after regeneration and exchanging them with the truths of Scripture is a central method of numerous models of Christian therapy now being practiced.

The best Christian cognitive therapists have incorporated Christ and the centrality of Christian maturity in the counseling goal and process. And whether they recognize it or not, many noutheric counselors are essentially practicing a form of cognitive-behavior therapy in the name of biblical counseling. Yet we would also assert that the best cognitive therapies are not enough.

Changed thinking is not enough—a changed heart is also required. In fact, it can be cogently argued that changed thinking flows primarily from a transformed heart in the process of Christian maturity. From a theological perspective, a purely cognitive therapy would be like counseling without the Holy Spirit, or lacking the Spirit's fullness and power. Systemically, however, the order of influence is not as important as recognizing the cyclical, mutually reinforcing influence that both a change of heart and a transformed mind have on each other.

Clinical and pastoral experience, moreover, reveals this insufficiency. For example, most pastors and clinicians have encountered Christians who, after years of Bible study and growth in Truth by the Scriptures, are still stuck, still oppressed. And this has nothing to do with the limits of salvation or the “need for” something more than the Bible—the Scriptures are complete in themselves, revealing all the truth that we need.

Transformative change becomes a matter of translating the Truth from a proposition to an encounter—oftentimes a series of life-changing encounters—with the living God. There are many people who will not be freed—including freed enough to grow into maturity—without a supernatural healing encounter with the Holy Spirit.

All secular counseling theories present an incomplete picture of human nature. They are unable to account adequately for both our attraction to the eternal, the spiritual, and the altruistic, and our pull toward the temporal, evil, and the selfish. These theories will emphasize either a basic goodness (e.g., Carl Rogers) or a basic depravity (e.g., Freud) in the soul. While there is an element of “common grace”, we can see that the non-biblical approach not only falls short of what properly interpreted Scripture in the Biblical counseling environment provides, it also provides the illusion of false growth and false hope.

Taken Captive?

“See to it that no one takes you captive through philosophy and empty deception, according to the tradition of men, according to the elementary principles of the world, rather than according to Christ.”

Colossians 2:8

COUNSELING SCENARIOS

Scenario #1:

Counselor Background

Ramona is 11 and recently started struggling in school. She has always been an unremarkable student, but her grades have dropped drastically. She spends most of her time in her room, alone. She has become increasingly unkempt in her appearance and slovenly in taking care of her personal hygiene.

Scenario #2:

Counselor Background

Kevin is a sophomore at the state university in town. Kevin's parents wanted him to meet new and better friends than he had in high school, and he has done so. Kevin has plans to spend Thanksgiving and Winter breaks at two different friends' homes. His parents are livid.

Scenario #3:

Counselor Background

Bob and Marilyn have been married for eight years. Bob recently received a promotion and a transfer to this city, which is over 2000 miles from where they met in grammar school. Marilyn is a stay-at-home mom with twin boys, age 2 years. Bob has adjusted quickly to his new environment, while Marilyn has yet to make single friend. They have not found a church home yet. Marilyn is feeling angrier and angrier every day, and Bob seems to be uninterested in discussing matters.

Scenario #4:**Counselor Background**

Jane, 35 years old, is a single mother of two children. The eldest, a boy 12, has been diagnosed ADHA. The youngest, a girl 5½ who is frequently ill, is in kindergarten half-days. Jane is having a great many problems managing her home and her full-time job. Jane has come to you because her employer put her on probation yesterday because of the frequency of her missing and/or being late for work due to issues with her children. She has 30-days to resolve her problems or she will be terminated.

Scenario #5:**Counselor Background**

Allan, 16 years old, was adopted as an infant by a same sex couple. Both of Allan's fathers have been very involved in his life and have been positive role models to him. Allan has been described as a well-behaved child for most of life until the last year or two when he has questioned who his biological parents are and has become increasingly defiant at home. He has started to fail his classes after being an A-B student, he is no longer interested in any extracurricular activities, he regularly comes home past curfew, and has started to experiment with illicit drugs (i.e. alcohol and marijuana). Additionally, Allan has become verbally abusive, disrespectful and uses gay slurs toward his parents.

Scenario #6:**Counselor Background**

Alicia is 51, single, never married. She has always wanted to be married and raise a family. She reports becoming increasingly depressed about her lack of prospects. She has lost interest in almost everything she enjoys. On top of this, Alicia received word three days ago that her parents were killed when a tornado demolished their home. Her last conversation with her mother the night before the disaster more tense than usual. They never spoke again.

FOUNDATIONS OF BIBLICAL COUNSELING

SESSION 12

1 Thessalonians 5 & Biblical Counseling

Competent to Counsel

God's Mission Statement: "I Am Necessary and Indispensable."

Central Mission of Biblical Counseling:

We apply Christ's *grace* to deal both with the *evils* we have suffered and the *sins* we have committed.

Biblical Counseling is

The Christ-centered, Bible-based, Holy Spirit empowered, practical and therapeutic [restorative] application of properly interpreted Biblical truths to a person's life through nurture, instruction, correction, and prayer, with the goal of personal maturity and fruitfulness.

- ▶ In summary, Biblical Counseling is Christian discipleship and spiritual formation.
- ▶ The Biblical Counselor functions as a mentor and a coach, walking alongside (*parakletos*) another to help them discover God's truth about their situation and how to live that out.

Competency:

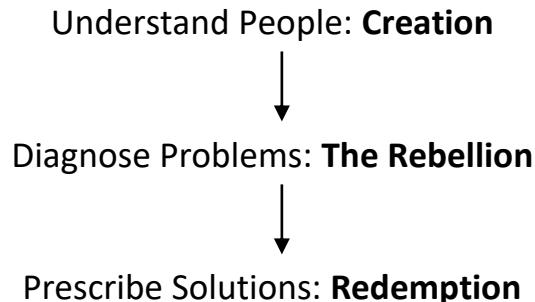
"And concerning you, my brethren, I myself also am convinced that you yourselves are full of goodness, filled with all knowledge and able also to admonish one another." *Romans 15:14*

Proficient in the Scriptures:

"Be diligent to present yourself approved to God as a workman who does not need to be ashamed, accurately handling the word of truth." *2 Timothy 2:15*

Commended to Soul-Care:

"Brethren, even if anyone is caught in any trespass, you who are spiritual, restore such a one in a spirit of gentleness; *each one looking to yourself, so that you too will not be tempted. Bear one another's burdens, and thereby fulfill the law of Christ.*" *Galatians 6:1-2*

Counseling Motifs

- Counseling serves as one form of *ministry*.
- Counseling looks out for others as one aspect of *pastoral care*.
- Counseling expresses one form of *one anothering love between peers*.

Our Model: (1 Thessalonians 5:14)

"We urge you, brethren,

1. admonish the unruly
2. encourage the fainthearted,
3. help the weak
4. be patient with everyone."

God's Word describes four broad types of people:

1. The relatively mature (brethren)
2. Unruly
3. Fainthearted
4. Weak

A 4th Motif

In 1 Thessalonians 2:7-12 Paul adopts the best qualities of mothers and fathers as a defining metaphor for his role as a sibling/counselor' who works to change the lives of his younger brothers and sisters. It is no surprise, then that the role of the 'counselor' can be understood in terms of different characteristics of children.

THE FAMILIAL MODEL

The thriving, responsive person:

Almost twenty times Paul says,

- You don't need for us to say anything to you about this.
- You know this already.
- You are already doing this.
- You remember this.
- You saw this.

The rebellious person:

The unruly" envisions one whose life is disorderly. Specifically, unruliness covers all the particular ways we actively get out of step.

- Lazy
- Rebellious
- Addictive
- Willful
- Manipulative
- Deceitful
- Impulsive

The fearful person:

These are people who think, feel, and act as if they were all alone in a dangerous world.

- Discouraged

- Worried

- Anxious

- Fearful

- Controlling

The helpless person:

These are people who never seem to have little ability or likelihood to change.

- Slow

- Confused

- Weak

- Fearful

- Passive

The image of children is helpful.

- A disabled child (hold on)

- Can be headstrong (admonish)

- Other times disheartened (comfort)

- A rebel (admonish)

- Under conviction may feel hopeless (comfort)

1 Thessalonians 5:14 aims to make us familial with our brothers and sisters. None of us hits on all four cylinders: admonish, encourage, hold on, be patient. Because none of us tends to be good at all four, our churches and ministries need to consciously cultivate all four. We will specialize individually, rightly gravitating to certain aspects of Christ's overall ministry. But each of us also should aim to diversify in the skills of love. And all of us put together will express all that is called for as we learn to walk in this familial paradigm for counseling relationships.

Finally, “be patient with them all.” All three kinds of people take a lifetime. Each of the three types can be tough. When you are charged with caring for your younger siblings, they will inevitably test you. You *yourself* might get frustrated (unruly) or discouraged (fainthearted) or feel overwhelmed at the impossibility of the task (weak).

The New York Times

January 28, 2012

Ritalin Gone Wrong

By L. ALAN SROUFE

THREE million children in this country take drugs for problems in focusing. Toward the end of last year, many of their parents were deeply alarmed because there was a shortage of drugs like Ritalin and Adderall that they considered absolutely essential to their children's functioning.

But are these drugs really helping children? Should we really keep expanding the number of prescriptions filled?

In 30 years there has been a twentyfold increase in the consumption of drugs for attention-deficit disorder.

As a psychologist who has been studying the development of troubled children for more than 40 years, I believe we should be asking why we rely so heavily on these drugs.

Attention-deficit drugs increase concentration in the short term, which is why they work so well for college students cramming for exams. But when given to children over long periods of time, they neither improve school achievement nor reduce behavior problems. The drugs can also have serious side effects, including stunting growth.

Sadly, few physicians and parents seem to be aware of what we have been learning about the lack of effectiveness of these drugs.

What gets publicized are short-term results and studies on brain differences among children. Indeed, there are a number of incontrovertible facts that seem at first glance to support medication. It is because of this partial foundation in reality that the problem with the current approach to treating children has been so difficult to see.

Back in the 1960s I, like most psychologists, believed that children with difficulty concentrating were suffering from a brain problem of genetic or otherwise inborn origin. Just as Type I diabetics need insulin to correct problems with their inborn biochemistry, these children were believed to require attention-deficit drugs to correct theirs. It turns out, however, that there is little to no evidence to support this theory.

In 1973, I reviewed the literature on drug treatment of children for The New England Journal of Medicine. Dozens of well-controlled studies showed that these drugs immediately improved children's performance on repetitive tasks requiring concentration and diligence. I had conducted one of these studies myself. Teachers and parents also reported improved behavior

in almost every short-term study. This spurred an increase in drug treatment and led many to conclude that the “brain deficit” hypothesis had been confirmed.

But questions continued to be raised, especially concerning the drugs’ mechanism of action and the durability of effects. Ritalin and Adderall, a combination of dextroamphetamine and amphetamine, are stimulants. So why do they appear to calm children down? Some experts argued that because the brains of children with attention problems were different, the drugs had a mysterious paradoxical effect on them.

However, there really was no paradox. Versions of these drugs had been given to World War II radar operators to help them stay awake and focus on boring, repetitive tasks. And when we reviewed the literature on attention-deficit drugs again in 1990 we found that all children, whether they had attention problems or not, responded to stimulant drugs the same way. Moreover, while the drugs helped children settle down in class, they actually increased activity in the playground. Stimulants generally have the same effects for all children and adults. They enhance the ability to concentrate, especially on tasks that are not inherently interesting or when one is fatigued or bored, but they don’t improve broader learning abilities.

And just as in the many dieters who have used and abandoned similar drugs to lose weight, the effects of stimulants on children with attention problems fade after prolonged use. Some experts have argued that children with A.D.D. wouldn’t develop such tolerance because their brains were somehow different. But in fact, the loss of appetite and sleeplessness in children first prescribed attention-deficit drugs do fade, and, as we now know, so do the effects on behavior. They apparently develop a tolerance to the drug, and thus its efficacy disappears. Many parents who take their children off the drugs find that behavior worsens, which most likely confirms their belief that the drugs work. But the behavior worsens because the children’s bodies have become adapted to the drug. Adults may have similar reactions if they suddenly cut back on coffee, or stop smoking.

To date, no study has found any long-term benefit of attention-deficit medication on academic performance, peer relationships or behavior problems, the very things we would most want to improve. Until recently, most studies of these drugs had not been properly randomized, and some of them had other methodological flaws.

But in 2009, findings were published from a well-controlled study that had been going on for more than a decade, and the results were very clear. The study randomly assigned almost 600 children with attention problems to four treatment conditions. Some received medication alone, some cognitive-behavior therapy alone, some medication plus therapy, and some were in a community-care control group that received no systematic treatment. At first this study suggested that medication, or medication plus therapy, produced the best results. However,

after three years, these effects had faded, and by eight years there was no evidence that medication produced any academic or behavioral benefits.

Indeed, all of the treatment successes faded over time, although the study is continuing. Clearly, these children need a broader base of support than was offered in this medication study, support that begins earlier and lasts longer.

Nevertheless, findings in neuroscience are being used to prop up the argument for drugs to treat the hypothesized “inborn defect.” These studies show that children who receive an A.D.D. diagnosis have different patterns of neurotransmitters in their brains and other anomalies. While the technological sophistication of these studies may impress parents and nonprofessionals, they can be misleading. Of course the brains of children with behavior problems will show anomalies on brain scans. It could not be otherwise. Behavior and the brain are intertwined. Depression also waxes and wanes in many people, and as it does so, parallel changes in brain functioning occur, regardless of medication.

Many of the brain studies of children with A.D.D. involve examining participants while they are engaged in an attention task. If these children are not paying attention because of lack of motivation or an underdeveloped capacity to regulate their behavior, their brain scans are certain to be anomalous.

However brain functioning is measured, these studies tell us nothing about whether the observed anomalies were present at birth or whether they resulted from trauma, chronic stress or other early-childhood experiences. One of the most profound findings in behavioral neuroscience in recent years has been the clear evidence that the developing brain is shaped by experience.

It is certainly true that large numbers of children have problems with attention, self-regulation and behavior. But are these problems because of some aspect present at birth? Or are they caused by experiences in early childhood? These questions can be answered only by studying children and their surroundings from before birth through childhood and adolescence, as my colleagues at the University of Minnesota and I have been doing for decades.

Since 1975, we have followed 200 children who were born into poverty and were therefore more vulnerable to behavior problems. We enrolled their mothers during pregnancy, and over the course of their lives, we studied their relationships with their caregivers, teachers and peers. We followed their progress through school and their experiences in early adulthood. At regular intervals we measured their health, behavior, performance on intelligence tests and other characteristics.

By late adolescence, 50 percent of our sample qualified for some psychiatric diagnosis. Almost half displayed behavior problems at school on at least one occasion, and 24 percent dropped out by 12th grade; 14 percent met criteria for A.D.D. in either first or sixth grade.

Other large-scale epidemiological studies confirm such trends in the general population of disadvantaged children. Among all children, including all socioeconomic groups, the incidence of A.D.D. is estimated at 8 percent. What we found was that the environment of the child predicted development of A.D.D. problems. In stark contrast, measures of neurological anomalies at birth, I.Q. and infant temperament — including infant activity level — did not predict A.D.D.

Plenty of affluent children are also diagnosed with A.D.D. Behavior problems in children have many possible sources. Among them are family stresses like domestic violence, lack of social support from friends or relatives, chaotic living situations, including frequent moves, and, especially, patterns of parental intrusiveness that involve stimulation for which the baby is not prepared. For example, a 6-month-old baby is playing, and the parent picks it up quickly from behind and plunges it in the bath. Or a 3-year-old is becoming frustrated in solving a problem, and a parent taunts or ridicules. Such practices excessively stimulate and also compromise the child's developing capacity for self-regulation.

Putting children on drugs does nothing to change the conditions that derail their development in the first place. Yet those conditions are receiving scant attention. Policy makers are so convinced that children with attention deficits have an organic disease that they have all but called off the search for a comprehensive understanding of the condition. The National Institute of Mental Health finances research aimed largely at physiological and brain components of A.D.D. While there is some research on other treatment approaches, very little is studied regarding the role of experience. Scientists, aware of this orientation, tend to submit only grants aimed at elucidating the biochemistry.

Thus, only one question is asked: are there aspects of brain functioning associated with childhood attention problems? The answer is always yes. Overlooked is the very real possibility that both the brain anomalies and the A.D.D. result from experience.

Our present course poses numerous risks. First, there will never be a single solution for all children with learning and behavior problems. While some smaller number may benefit from short-term drug treatment, large-scale, long-term treatment for millions of children is not the answer.

Second, the large-scale medication of children feeds into a societal view that all of life's problems can be solved with a pill and gives millions of children the impression that there is something inherently defective in them.

Finally, the illusion that children's behavior problems can be cured with drugs prevents us as a society from seeking the more complex solutions that will be necessary. Drugs get everyone — politicians, scientists, teachers and parents — off the hook. Everyone except the children, that is.

If drugs, which studies show work for four to eight weeks, are not the answer, what is? Many of these children have anxiety or depression; others are showing family stresses. We need to treat them as individuals.

As for shortages, they will continue to wax and wane. Because these drugs are habit forming, Congress decides how much can be produced. The number approved doesn't keep pace with the tidal wave of prescriptions. By the end of this year, there will in all likelihood be another shortage, as we continue to rely on drugs that are not doing what so many well-meaning parents, therapists and teachers believe they are doing.

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