Proverbs 4:6-8

6 Do not forsake wisdom, and she will protect you; love her, and she will watch over you. 7 The beginning of wisdom is this: Get wisdom. Though it cost all you have, get understanding. 8 Cherish her, and she will exalt you; embrace her, and she will honor you.

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Journal of Applied Christian Counseling

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- Book reviews related to literature in the field of Christian counseling
- Literature reviews about issues that Christian counselors face
- Conceptual, policy and position papers related to issues and trends in the field of Christian counseling.
- Case study or application of counseling techniques
- Original research with an applied focus for practitioners in the Christian counseling field.

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Dear Reader:

Thank you all for your continued support. The first issues of the Journal of Applied Christian Counseling (JACC) was well received. Countless hours have gone into the creation of this journal. The goal of this journal is simple: Honor Jesus Christ and assist Christian counselors in helping the world.

Throughout the past several months, the Lord has taught me several things. First, Jesus Christ is worthy of all glory, honor and praise. Second, that the things of God will endure forever, and even though I cannot comprehend eternity God is faithful. Finally, that God is sovereign.

As I prepare the Spring 2016 edition of the JACC, know that we are moving forward with a spirit of prayer and a desire to glorify the name of Jesus Christ. Thank you to Dr. Kennedy for his leadership and patience. Thank you to the authors for sharing your talents. Finally, thank you to the readers for your support. We welcome your comments and submission. Together we can share knowledge and influence the development of Christian counseling around the world.

Thank you for representing the profession well!

Blessings!

John Spoede, Ph.D.,
LPC- S, LCDC, NCC, CSC

To Our Fellow Christian Counselors:

Nothing is more rewarding than hearing the Good News. When we sit back and think about the advantages and blessings of being a Christian, and especially a Christian counselor, we should fall to our knees in praise and thanksgiving.

Dr. Spode and I received good news from several CCT members who read the first issue of the Journal of Applied Christian Counseling (JACC). Thanks to all of you for your supportive feedback.

In this issue Christian counselors have submitted articles summarizing prior workshops, book reviews, and there is my Ethics Corner. We have one research study by three professors who found that spiritually based counseling was not taught well enough to LPCs. It is a great read.

For the next issue we are inviting Christian graduate students to submit a literature review on topics relevant to the practice of Christian counseling. Please contact me for guidelines.

Thanks to Dr. John Spoede for his dedication and drive to make this Journal a quality one.

As Dr. Spoede said in his note, in all things related to this journal, he and I want them to honor God and help the Christian counselor. Amen.

In His name,

Tom Kennedy, Ed.D., LPC
Articles

Counselor Perception of Competence in Addressing Spiritual and Religious Dimensions in Therapy: Implications for Counselor Training

Joan S. Davis, Ph.D.  Stephen A. Armstrong, Ph.D.  Ryan D. Foster, Ph.D.
Dallas Baptist University  Texas A&M University-Commerce  Tarleton State University

The responses of 270 licensed clinicians were examined from two subgroups, Licensed Professional Counselors (LPCs, n = 144) and Licensed Professional Counselor Interns (LPC Interns, n = 126), concerning the extent to which the participants felt competent to address spiritual/religious interests and concerns with clients. Participants completed a self-report assessment on spiritual competency and a second assessment which evaluated the participants’ counselor training programs. Approximately 33% of participants indicated the training they received adequately prepared them to address spiritual and religious dimensions in therapy. The intent of this study was to confirm the importance of integrating religion and spirituality into therapy and to explore strategies for effectively educating counselors-in-training to competently address these areas with their clients.

Though most adults in the United States acknowledge that religion and spirituality play an important role in their lives (Newport, 2011) and many clinicians and counselor educators have noted the significance of spiritual and religious dimensions in therapy, most counselor preparation programs do not provide sufficient coursework to properly train students to competently address religion and spirituality with clients (Adams, Puig, Baggs, & Wolf, 2015; Dobmeier & Reiner, 2012; Young, Wiggins-Frame, & Cashwell, 2007). Furthermore, Cashwell and Young (2011) stated:

The counseling profession is at an interesting stage regarding the integration of spirituality and religion. The importance of this domain within the counseling process is clearly recognized, yet a substantial need remains for more writing on and training in methods for doing this competently.

Collectively, counselors seem to have recognized the need for shelter, but they are still building the house. (p. 287)

McInnes and colleagues (2006) argued for the importance of ethical awareness when discussing spiritual and religious dimensions in counseling. Similarly, Post and Wade (2009) stated, “The practical question for clinicians is no longer whether to address the sacred in psychotherapy with religious and spiritual clients, but rather, the questions are when and how to address the sacred” (p. 131). With the increasing emphasis on treating the whole person in therapy, spirituality has been referred to as the fifth force in counseling, preceded by psychodynamics, behaviorism, humanism, and multiculturalism (Stanard, Sandhu, & Painter, 2000). In a holistic approach to therapy, it is important to integrate spirituality and religion into therapy, counselor training,
and discussions of counselors’ ethical obligations to clients. Mark McMinn, professor of psychology at George Fox University (2011), defined what he called intradisciplinary integration as follows:

Intradisciplinary integration in Christian counseling is both conceptual and relational. Conceptually, it draws upon important ideas from theology, psychology, and counseling theory and offers practical suggestions for how these concepts are applied within the discipline of Christian counseling. And practically, intradisciplinary integration in Christian counseling is thoroughly relational—emerging out of a counselor’s relationships with God and others, and ultimately influencing clients’ relationships. (p. 30)

While noting the need for further revision of instructional strategies, researchers seem to indicate that spiritual and religious topics continue to be a neglected dimension in counselor preparation programs and counselor educators have had minimal preparation to offer such training (Adams, Puig, Baggs, & Wolf, 2015; Curtis & Glass, 2002; Dobmeier & Reiner, 2012; Hage, Hopson, Siegel, Payton, & Defanti, 2006; Souza, 2002). Counselors’ lack of training regarding religious and spiritual issues and their own unresolved religious and spiritual struggles also contribute to hesitancy in addressing religious and spiritual dimensions with clients (Cashwell, Bentley, & Bigbee, 2007; Dobmeier & Reiner, 2012; Frame, 2000, 2003).

It was the purpose of the current study to investigate the self-perceived competence of licensed professional counselors (LPCs) and licensed professional counselor interns (LPC Interns) in addressing religious and spiritual dimensions in therapy. The extent to which participants perceived the training they received as providing adequate preparation in this area was also explored.

The sample for this study was randomly selected from the state board of professional counselors in Texas. A pencil and paper 21-item self-report instrument, the Spiritual Competency Scale (SCS-R-II), was mailed to 1200 randomly selected participants: 600 LPCs and 600 LPC Interns. A second instrument, the Assessment of Training Experience, developed by the researchers, was also included.

A total of 270 usable surveys were returned from the two subgroups: LPCs (n = 144) and LPC Interns (n = 126). Of the 270 participants, 53% were counselors and 47% were interns. Accordingly, 224 (83%) were female and 46 (17%) were male. Over two-thirds (68%) indicated they received their counselor training at a secular university and slightly less than one-third from a faith-based institution. The participant pool was composed of 25 (9%) clinicians who identified themselves as African American, 9 (3%) Asian, 4 (2%) Bi-racial, 214 (79%) Caucasian, and 14 (5%) Hispanic.

According to Robertson (2010), creator of the Spiritual Competency
Scale (SCS-R-II), competency is indicated by a minimum score of 105 on the SCS-R-II. The overall mean score of the current sample was 99.32, falling short of the minimum score of 105. For LPCs, the mean score was 99.39 (SD = 15.477). The mean score for LPC-Interns was 99.25 (SD = 13.851). Of the participants in the current study, approximately 41% of the respondents scored a cumulative score of 105 or better on the SCS-R-II assessment.

When asked if their graduate training prepared them to address spiritual and religious dimensions competently, only 31% of the LPCs and 36% of the LPC Interns agreed. In addition, 37% of the LPCs and 42% of the LPC Interns reported that their coursework provided the necessary training to understand diverse spiritual/religious beliefs. Although the emphasis on the inclusion of spiritual and religious constructs in counselor education seems to be increasing, only 17% of LPCs and 21% of LPC Interns indicated that their counseling degree programs provided training in the use of spiritual and religious interventions (Table 1). These findings support the need for more focused training in spiritual and religious dimensions in therapy. In addition, further description of what constitutes spiritual and/or religious interventions should be explored.

Table 1: Assessment of Training Results by Percentage

<table>
<thead>
<tr>
<th>Training Statements</th>
<th>LPC’s</th>
<th>LPC Interns</th>
</tr>
</thead>
<tbody>
<tr>
<td>The training I received included the study of spiritual/religious dimensions.</td>
<td>44</td>
<td>67</td>
</tr>
<tr>
<td>The coursework I completed provided the knowledge necessary to understand diverse spiritual/religious beliefs.</td>
<td>37</td>
<td>42</td>
</tr>
<tr>
<td>The coursework I completed provided training in the use of spiritual/religious interventions.</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>My counseling supervisor provided opportunities to discuss clients' spiritual/religious concerns.</td>
<td>42</td>
<td>65</td>
</tr>
<tr>
<td>Overall, the training I received has prepared me to address client spirituality in a competent manner.</td>
<td>31</td>
<td>36</td>
</tr>
</tbody>
</table>
Sixteen percent of the participants completed a separate course addressing spiritual and religious dimensions. Mean SCS-R-II scores for participants who completed a course dedicated solely to addressing spiritual and/or religious concerns was 104.84 (n = 37, SD = 9.619). Mean scores for respondents who completed a course on diversity which included information on addressing spiritual and/or religious concerns was 100.40 (n = 144, SD = 14.198). For participants whose training did not address spiritual and religious concerns, the mean SCS-R-II score was 92.38 (n = 56, SD = 16.531). These scores seem to support the efficacy of offering a course dedicated solely to addressing spiritual and religious dimensions in therapy.

In a recent study by Adams, Puig, Baggs, and Wolf (2015), the researchers examined the views of counselor educators to help identify strategies for overcoming perceived barriers to the integration of religion and spirituality into counselor training. The strategies included increased participation in continuing education opportunities, heightened awareness of self and others, and curriculum-specific recommendations. The panel agreed that the “lack of awareness of religion and spirituality in counseling is the primary obstacle to integrating religious/spiritual topics into curriculum” (p. 52).

Participants’ responses indicated that continuing education is the most effective strategy for addressing counselor educators’ lack of awareness of the role of religious and spiritual dimensions in therapy and counselor training. Members of the panel also affirmed the importance of counselors’ increased awareness of their own religious and spiritual beliefs and the beliefs of their clients. In addition, participants’ responses supported the recommendation that counselor educators should consider integrating religious and spiritual dimensions into every course in their respective counseling programs. This finding supports the idea of a comprehensive infusion of spiritual and religious dimensions throughout the counseling curriculum, similar to McMinn’s intradisciplinary approach to integration.

The current study supports the position of other authors who acknowledge that most counselor preparation programs do not provide sufficient coursework and training to competently address religious and spiritual dimensions in therapy (Adams, Puig, Baggs, & Wolf, 2015; Dobmeier & Reiner, 2012; Young, Wiggins-Frame, & Cashwell, 2007). Based on this deficit, we recommend that preparation programs provide substantially more didactic and clinical training in addressing religious and spiritual issues. In addition, counselor training programs appear to be inadequate in providing clinical interventions specifically designed to respond to clients’ concerns about and interests in religious and spiritual matters. Additional investigation is necessary to explore curricular models and methods of infusing training in spiritual and religious...
competency into counselor training. This process may need to be initiated by additional training for counselor educators. Infusion of spiritual and religious dimensions into counselor training is unlikely unless the educators themselves receive comprehensive instruction in this area.

Addressing religious and spiritual dimensions in therapy demands an undeniable role in effective, holistic practice. As researchers seem to indicate, the majority of Americans profess belief in some higher power and many are actively involved in an organized religious institution. The implication is that most clients will present for counseling with some kind of spiritual/religious background that shapes their behavior, attitudes, feelings, and beliefs, underscoring the need for the inclusion of more effective training in counselor education degree programs.

References


Created for Relationship: A Resource Guide for Integrating Faith and Neuroscience for Distressed Relationships

Pamela Bermender, MA
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Scripture informs that we are created in God’s image and for loving relationships, both with Him and with others. While relationships can be a source of comfort and support, they can also become damaged due to an accumulation of unresolved conflict, stress, and feelings of betrayal. Healing and repairing a ruptured love relationship can be quite difficult when an entrenched toxic looping pattern continues to erode a sense of meaningful connection. This presentation explores a therapeutic approach that integrates the clients’ faith perspective with simple straightforward neuroscientific concepts that promote empathy, compassion, and reconnection for distressed love relationships.

A recurrent theme throughout Scripture is living in peace and loving one another in ways that glorify God. If we first consider how we are created with intentional design as physical and spiritual beings, we can marvel at the Creator’s handiwork. Psalm 139 reminds us that we are “fearfully and wonderfully made” (ESV), and that we were created in God’s image. Our bodies are intricately complex, and a neurobiological understanding of ‘self’ is quite fascinating. It is even quite mind-boggling that we are able to use our mind to understand our own mind (as well as the inner workings of our body)!

During the 2016 CCT Conference, this workshop explored four focus areas: (1) an understanding of ‘self’ from spiritual and neuroscientific perspectives; (2) an understanding of ‘others’ from spiritual and neuroscientific perspectives; (3) viewing relationships through the lens of Attachment Theory; and (4) integrating these three perspectives in helping couples repair distressed relationships. Each of the four presentation segments includes Scriptural reflections, plus inspirational citations from several primary references regarding faith, neuroscience, and psychology.

Through an understanding of how our body and mind functions, we can utilize various tools and techniques in our own self-care to increase our overall emotional and relational wellness. Then, we can allow clients/others to “borrow” our healthy emotional and relational systems to develop an increased capacity for emotional and relational wellness within them. The desired goal is helping others to move toward more secure and healthy relationships, with the ability to repair relationships ruptured by past
emotional wounds. Restoring healthy loving marital relationships promotes healthier families and communities, which is pleasing and honoring to our Creator.

As a faith-based resource, Baker (2007) provides many thought-provoking “spiritual principles” for understanding self, others, and relationships. His easy-to-read book with short chapters can also be used for devotionals. Bruce (2002) is another interesting faith-based resource for understanding our “spiritual brain” from a neuroscientific perspective. There are many excellent neuroscientific resources available, but Siegel (2012) provides a wonderful anthology of easy-to-read chapters that cover a breadth of neurobiological concepts from an interpersonal perspective. For those who desire more in-depth neuroscientific concepts, LeDoux (1996) provides interesting material regarding right-left brain dominance research involving our emotion systems, and Bergmann (2012) details many aspects about the workings of our neurons and our memory systems.

References

Faith-Based


Neuroscience


Attachment Theory


**Emotionally Focused Couples Therapy**


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Although unpleasant to consider; trauma does happen in childhood. Recent statistics show a 16-20% frequency of physical abuse in childhood, a 33-44% frequency of witnessing domestic violence, 25-33% rate of sexual abuse in girls and 15-20% in boys; with natural disasters trauma being less common. Child sexual abuse in particular has become an epidemic, with some reports suggesting rates as high as 40% due to likelihood of underreporting. This problem appears to be present across multiple environments including the church; with members, priests, and pastors being found in scandals. Miller (1997) found that children abused by relatives were more likely to be a member of a Protestant denomination and children abused by nonrelatives to be more likely affiliated with a Catholic church or no church at all.

For those who experience trauma, we have research to support evidenced based treatments. Both Trauma-Focused CBT and Christian Cognitive Therapy have been found effective in treating child survivors.

Trauma-Focused CBT (TF-CBT) was originally developed by Dr. Judith Cohen and Dr. Anthony Mannarino. The secular version is one of the most empirically validated approaches for treating child and teen survivors of abuse, with conventional therapy taking 12-14 sessions to work through this model. Even with its large body of validation, TF-CBT is not right for every client. TF-CBT is best suited for targeting symptoms of PTSD, depression, anxiety, and abnormal symptoms secondary to trauma. TF-CBT may not be the most beneficial choice for children presenting with a preponderance of behavioral problems. However, TF-CBT has been effectively used for all types of trauma with children from ages 3-18 with or without parental participation and found useful in schools, group homes, foster homes and in-home settings. It is most commonly provided individually to the child and parent in clinical settings.

Research has shown that faith integration enhances wellness outcomes even when “secular” format is clinically effective on its own. There is a long standing correlation between increased spirituality and religiosity and an increased likelihood of resilience. Studies have also shown that integration of faith can enable a fluency of language that may be harder to achieve in secular therapy modalities.
The main counseling modality of TF-CBT is PRACTICE. This acronym stands for:

Psycho-education about childhood trauma and PTSD

Psychoeducation with the parent component including parenting skills training,

Relaxation,

Affect identification and regulation,

Cognitive coping,

Trauma narration and

In-vivo desensitization to trauma reminders,

Conjoint child-parent sessions, and

Enhancing safety and future development.

When it comes to Faith-informed TF-CBT it is important to have a thorough assessment surrounding the abuse/trauma as well as an assessment regarding Religiosity and Spirituality (R/S). For kids this portion of the assessment can be carried out through interviewing, standardized assessments, and activities such as spiritual genograms. At this stage it is important to note that the client’s R/S may be helping or hindering resilience in the face of potential trauma. Do not assume it is always a helper!

As stated earlier, PRACTICE is important for TF-CBT. In traditional TF-CBT, we teach about reactions to trauma and introduce the CBT model. Faith-informed TF-CBT also includes spiritual reactions to trauma as well as providing a R/S rational for CBT. By utilizing sacred text homework from Job or Lamentations, we can aid in bridging the language barrier often involved in teaching clients about psychotherapy. This action can also act to relieve some apprehensions that high religiosity clients may have with the prospect of seeking counseling outside of the church. The “unspoken P” is the Parent training that often happens directly after psychoeducation, in order to help the parents cope and be better prepared to help their child. Relaxation focuses on belly breathing and Progressive Muscle Relaxation. With a faith-informed version we add in centering prayers and Christian devotional meditation that combine mindfulness and breathing. Affective expression and modulation works to teach identification of feelings and thought stopping, with the faith-informed model utilizing songs, sacred texts, and written prayers to distract from trauma-related thoughts. During stage 1 of cognitive coping and processing, the cognitive triangle is taught (thoughts, feelings, and behaviors). Role playing is utilized to act out the triangle and reinforce restructuring; faith integration has been found particularly powerful during the challenge stage of the “catch, challenge, and change” method of restructuring. The trauma narrative stage is a stage that requires preparation well in advanced due to the possibility of re-traumatization or further instilment of self-blame if attempted too early or mismanaged. This narrative is typically developed to be shared with a loved one.
so preparation is required for both the child and the loved one. In Faith-informed TF-CBT, the book of Job is often discussed in this preparation due to the content of potential trauma. The second stage of cognitive processing and coping is performed here in order to address any lingering cognitive distortions, particularly those revealed in the narrative. In-vivo desensitization is necessary for breaking the bond to hypersensitive “triggers” that are both related to the incident and those related to the reaction. Fear hierarchies are created and clients engage in gradual exposure to desensitize the client. The use of sacred texts related to courage and peace can be powerful here and utilization of previously learned relaxation skills lead to mastery of the hierarchy. The conjoint parent-child sessions focus on the child sharing their narrative in a safe environment in order to instill the ideas that they do not have to go through this alone and that their loved one is a person that they can safely rely on. Last, enhancing safety and future development tries to teach skills for healthy avoidance of danger with the combination of skills related to handling bad situations. More information pertaining to TF-CBT can be found at www.musc.edu/tfcbt.

References


We talked in the last issue about how the American Counseling Association (ACA) 2014 ethics code demands that counselors not refer clients based on a “values” difference. If you do not want to want to counsel anorexics, or child molesters, or wife beaters, that is too bad. You must counsel whoever calls you on the phone. If you do not have the skills, that is too bad. Go get them. If you have psychological issues, too bad. Get therapy.

For example, if you were abused by a child molester, you cannot refer based on those childhood experiences and the values/feelings created by them. You have to get therapy that will re-educate you to counsel them. Apparently after therapy you will magically be able to counsel “value free”.

Many believe this is a bad idea for both the counselor as well as the client. I am one of those.

You may think that because you are not a member of the ACA you do not have to abide by their ethics. That may no longer be true. Many states have already adopted the ACA ethics code to augment their judicial rules for counselors. Arkansas is considering adopting the ACA ethics but eliminate the “values” section. Tennessee recently adopted the ACA ethics code but without the “values” section. (The ACA protested by pulling its conference out of Tennessee and moving it to San Fransico) Texas is not considering adopting the code.

Now enter the Council for Accreditation of Counseling & Related Educational Programs (CACREP). This is the only national organization (monopoly) that sets a standard of accreditation for counseling programs in universities. In this day and time having a CACREP stamp of approval means a student’s degree has portability (can transfer to other states easily) and is a source of advertising pride for the university. It can also mean that CACREP can determine which programs a university can keep. CACREP will not accredit any degree that has a religious title to it (Christian counseling, for example) even if it leads to state licensure. In one case I know of they suggested a university discontinue a degree that had an obvious Christian name. Though many of us in the
university settings have been wary of CACREP’s power, in order to compete with other universities CACREP accreditation is becoming more of a requirement these days than an option. In addition, CACREP is pushing states to require their accreditation for all universities, even religious ones.

A recent statement by CACREP has raised the threat level to Christian universities and others that respect “values” differences in the counseling process. CACREP will now require all university counseling programs to follow and enforce the ACA ethics with their students. It means that if you allow students to refer for a “values” difference, you may lose your CACREP accreditation.

**Just before this issue of the JACC went to print CACREP backed off of the university requirement for endorsing the ACA ethics when**

**there is a tradition of differences in certain values. Their new release states,**

> “Although the 2016 CACREP Standards delineate accreditation requirements, they do not dictate the manner in which programs may choose to meet standards. Program innovation is encouraged in meeting both the intent and spirit of the 2016 CACREP Standards. Program faculty and reviewers should understand that counselor education programs can meet the accreditation requirements in a variety of ways.”

Adam Hamilton is a Methodist pastor who confronts popular, but scripturally ambiguous half-truths in this book. Perhaps you have encountered these half-truths masked as rationalizations in your counseling practice. Perhaps you have also used one or more of these to console or confront a client. Hamilton dives into these half-truths and compares them to the Bible. Be careful. These clichés have a life of their own in the Christian world but Hamilton sees the potential for them to be psychologically destructive. The following are five half-truths he confronts. Remember, they are not completely right, but they are not completely wrong.

1. Everything happens for a reason
2. God helps those who help themselves
3. God won’t give you more than you can handle
4. God said it, I believe it, that settles it
5. Love the sinner, hate the sin

Hamilton compares how we selectively use scripture to support these ideas. He quotes one of his church member’s healthy reactions on page 42, “Everything happens for a reason, but sometimes the reason is that you’re stupid and you make bad decisions.” In my opinion this cliché should never be used to comfort someone.

The second one, “God helps those who help themselves,” is decidedly not Biblical but 80% of Americans believe this is one of the 10 commandments (p. 54). “God won’t give you more than you can handle.” This phrase makes God the bad guy instead of a loving God. Hamilton does a good job of pointing out that God does not give us pain or suffering or evil. Hamilton confronts the “God said it, I believe it, that settles it,” with the fact we pick and choose our scriptures to believe. Interpretation and a historical context is important to understand how to correctly interpret this half-truth.

Love the sinner, hate the sin,” was a phrase Jesus never used. Instead he used the term “Love you neighbor,” which includes the “love the sinner.” Why did Jesus focus on “love your neighbor”? Hamilton believes it is keep us from becoming judgmental by looking for “sinners” instead of positively loving all neighbors, even the sinners.

The book is small, short, 160 pages, and easy to read. I think all Christian counselors need to read it.
The book will help to understand how to confront some of the client, and possibly Christian counselor rationalizations that are brought to the Christian counseling process.
At first glance, this book seems unimposing and unimportant. It is literally small enough to be carried in a large back pocket or a medium sized purse (it is about the size and thickness of a large wallet). Do not let the size of this book be deceiving, several of the pages have activities or questions that are helpful. Upon a closer look at this book, it confirmed some practices that are utilized in a Christian counseling setting and also provided challenges for seasoned professionals. It is noteworthy that this book has materials that were “included as part of The Christian Counselor’s New Testament... (and) was designed to be used as a handy reference guide” (p. 4).

There is a lot of information packed into this little book (64 pages). This book has been a help to many Christian counselors over the years. Helps for Counselors was designed to be used by therapists in a practical setting. In this review, the contents of the book and possible applications for this book will be discussed.

Though there is no table of contents the book is easy to peruse. Topics discussed throughout the book include: Counselor’s Quick Checklist, Some Don’ts in Counseling, Fifty Failure Factors, Remarks and Responses, Data Gathering, Question Asking, Listening, Homework, Counseling Outlines, The Counselor’s Topical Worklist, and the Christian Counselor’s Quick Reference Chart to Ten Common Problems. Though the titles of each section may not clearly communicate the purpose of each section, once the reader scans the page or reads a clarifying sentence, the purpose for each section becomes clear.

I will briefly describe each section below. The “Counselor’s Quick Checklist” serves as a reminder of topics for the Christian counselor to consider prior to each counseling session. “Some Don’ts in Counseling” is another section that may be helpful to review prior to a counseling session, and reminds the therapist about what clients should not be allowed to do during the session (such as avoid problems, blame others, or lose hope). The “Fifty Failure Factors” function as a detailed check on what may be behind counseling failure and may also acts as a catalyst for correcting mistakes that may have been made in therapy. These sections are designed to assist counselors in being effective counselors, and provide an opportunity for the counselor to prepare or reflect
on sessions to increase counseling efficacy.

The next sections of the book are geared towards applied techniques with clients. The “Remarks and Responses” helps the Christian counselor challenge erroneous language in such a way that many times faith is used to reality test and challenge what a client says in order to produce healthy change.

Another section is “Data Gathering” where practical steps are discussed on how to gather important data from the client so that Christian counselors can create and implement an informed treatment plan. In the next three sections, “Question Asking”, “Listening” and “Homework”, Adams reviews techniques that can be used to successfully implement these strategies to benefit the client and effectually move the counseling process forward at a healthy pace.

Adam’s concludes this resource book with three sections to assist Christian counselors with making a scriptural and therapeutic plan for working with clients. In the “Counseling Outlines” section, 15 topics are outlined with scripture references. These outlines are neither exhaustive nor complete, but serve as a reference for counselors as they work with clients in relation to a specific topic. “The Counselor’s Topical Worklist” consists for 64 topics and strictly provides references to scripture that can be utilized during counseling sessions. Finally, in the last pages of the book Adams shares the “Christian Counselor’s Quick Reference Chart to Ten Common Problems”. This section of the book discusses ten common problems Christian counselors frequently address in therapy sessions. These areas are: anger, bizarre behaviors, depression, drunkenness/drugs, fear, grief, guilt, sexual sin, suicidal, and worry. The table (p. 62- 63) addresses all of the following areas for each common problem: “check signs of”, “complications”, “direct him to...”, “special future efforts”, and “key passages” in scripture.

Though this book is small and looks like it was printed in the 80’s, there is a lot of helpful information geared towards those who practice Christian counseling. As with any resource materials, the reader should absorb the material in the book, and make the material his own. It is probable that not all therapists will enjoy and find this book as helpful as this review portrays, but this is a resource and can be utilized in sundry ways. It will probably be most helpful to students who are beginning their career in Christian counseling. However, it is worth the time and effort for all counselors to review, as it is a treasure trove of Christian counseling knowledge.
Proverbs 4:6-8

6 Do not forsake wisdom, and she will protect you; love her, and she will watch over you. 7 The beginning of wisdom is this: Get wisdom. Though it cost all you have, get understanding. 8 Cherish her, and she will exalt you; embrace her, and she will honor you.

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