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THE CHRISTIAN COUNSELOR'S MANUAL



The Practice of
Nouthetic Counseling

JAY E. ADAMS

A PDF COMPANION TO THE AUDIOBOOK

ZONDERVAN

The Christian Counselor's Manual

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Chapter Ten

PRESUPPOSITIONS AND METHODOLOGY

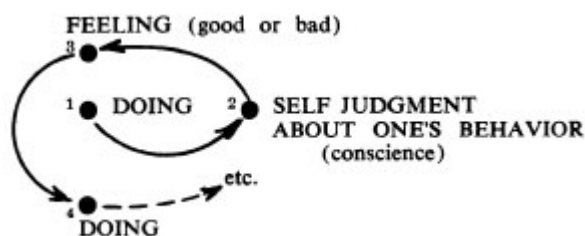
	<i>General Approach</i>	<i>Specific Type</i>	<i>Man's Problem</i>	<i>Solution</i>	
1	Expert Knowledge	Freudian	Poor Socialization	Resocialization by expert	I non-Christian approaches
		Skinnerian	Environmental Conditioning	Reconditioning by expert	
2	Common Knowledge	Rogarian	Failure to live up to potential	Resources in self	
		Integrity Groups	Bad behavior toward others	Resources in self and group	
3	Divine Knowledge	Christian	Sin against God	Spirit's Resources in Word	II Christian approach

Figure 1 Methodology and Presuppositions of Some Leading Approaches to Counseling

Chapter Fourteen

SIN IS THE PROBLEM

CHRISTIAN DECISION MAKING	
(Read Hebrews 11:24-27 before making your decision)	
Two ways to go:	
COMMANDMENT ORIENTED decision making begins by asking: <i>"What does God want?"</i> Write out your answer: _____ _____ _____ _____ Opts for present suffering in order to receive long-term pleasures. Note both: _____ _____ _____ _____	DESIRE ORIENTED decision making begins by asking: <i>"What do I want?"</i> Write out your answer: _____ _____ _____ _____ Opts for present pleasure and forgets long-term suffering. Note both: _____ _____ _____ _____
With Moses, your decision is an opportunity to "choose Christ." Write out your decision: _____ _____ _____ _____	



Chapter Eighteen

EFFECTING BIBLICAL CHANGE

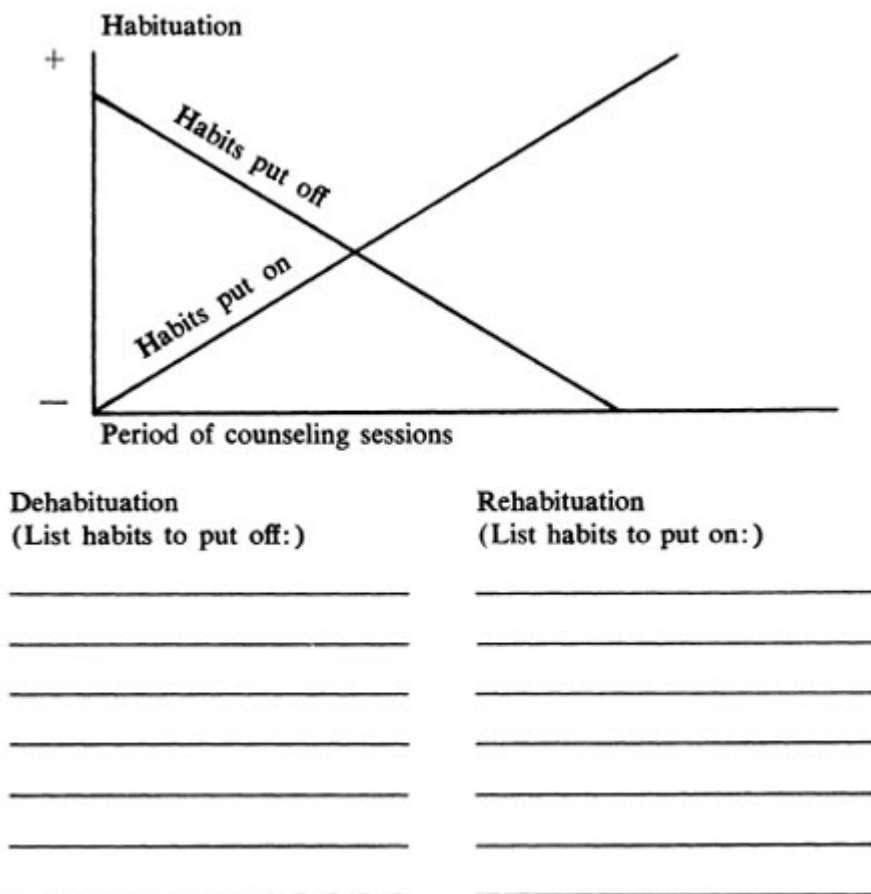


Figure 2

Chapter Nineteen

ELEMENTS OF DEHABITUATION AND REHABITUATION

IMPEDIMENTS AND FACILITATORS

To the Former Sinful Ways To the New Holy Ways

I	Add:	Remove:
M		
P		
E		
D		
I		
M		
E		
N		
T		
S		

F A C I L I T A T O R S	Remove:	Add:

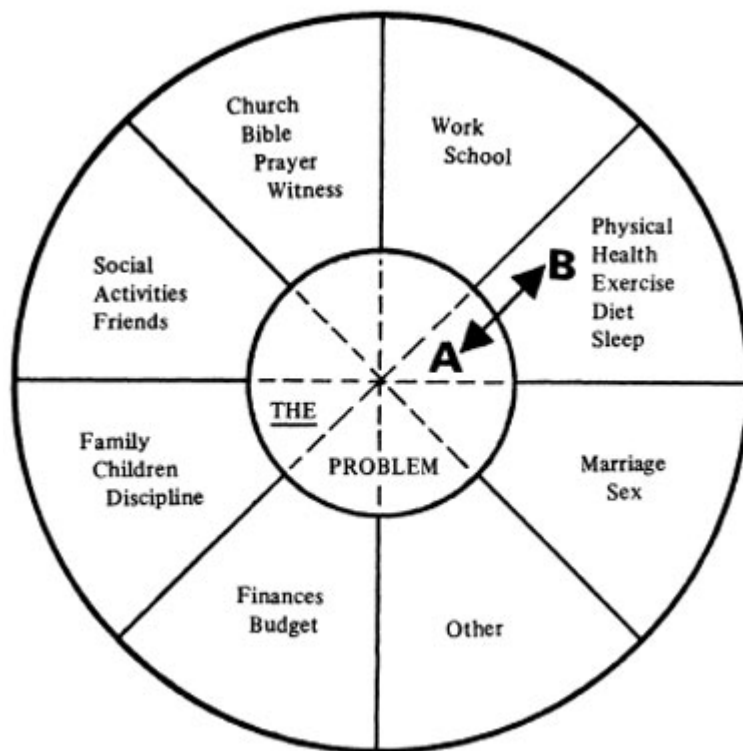


Figure 3

Chapter Twenty-five

WAYS OF GATHERING DATA

WEEKLY COUNSELING RECORD

2, 9, 2
Counselor's initials

Name Dr. Ben & Eileen Date 1-1-'80

Session No. 3

AGENDA

Evaluation of Last Week's Homework

OK - on list

OK - on Conference

"Other problems" this wk. - "could have gone better" (Ben)

"I got a little hurt" that "Eileen told our physician we were coming for counseling"

Drift of the Session

result: poor sexual relations this week

He rejected her sexually for past 8 years (on & off she slept on sofa)

HOMO PROBLEM - "began again 9 years ago." She was in the hospital. He had 1st bad problem in the army. Left three yrs. ago "after black-mail threat" (for motivated). Been going on over 17 yrs. period (on & off). "Coerced into practice" in army. "Knew it is sin" - discussed it as "learned sinful behavior". Still tempted; a current problem! Wants to stop.

"Recently involved again ... led to present depression."

✓ Eph. 5
(discussed roles in full)

What could Eileen be doing that she now doesn't do?

✓ Sex problem?

✓ any homo sin on Ben's part?

✓ Work on homo as sin not sickness

Check around the circle for the life dominating effects.

Chapter Twenty-six

ASKING QUESTIONS

DISCOVERING PROBLEM PATTERNS

Name

Date

Directions: For one week carefully list *all* events, situations or activities (good or bad) that resulted in⁸ Circle those that occur three or more times.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Morning</i>						
<i>Afternoon</i>						
<i>Evening</i>						

The blank space should be filled in with a word that describes the problem; e.g., fear, anger, headache, panic, etc.

Chapter Twenty-eight

AN ANALYSIS OF HOMEWORK

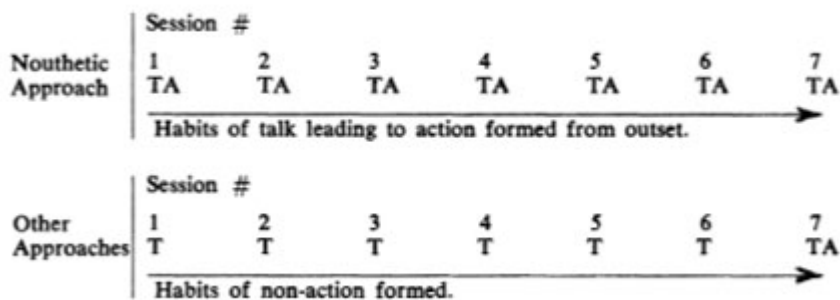
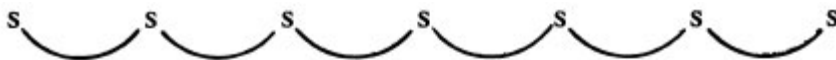
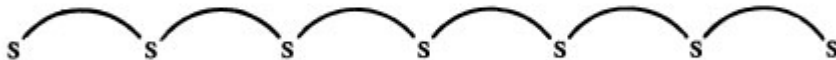


Figure 4
Habit Patterns Formed by Approaches to Counseling
(T = Talk, A = Action)



How focus upon the counseling session(s) causes a sag during the intervening periods. Approaches that emphasize the session as the magic hour tend to (1) stress the expert, (2) fail to get much done quickly, and (3) make counselees dependent upon the counselor.



How a focus upon the week's work (1) makes the counselee's relationship to God and his neighbor (rather than to the counselor) most significant, (2) stresses life as it is lived rather than the magic hour, and (3) gets much done quickly by daily effort rather than dependence upon a one-hour weekly session.

Figure 5
Getting the Right Focus

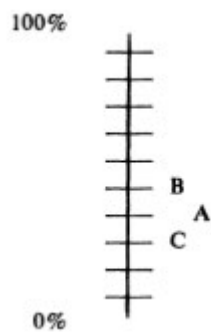


Figure 6

Life progress measured against biblical requirements

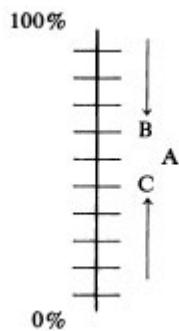


Figure 7 Life progress measured for the last six months

PROBLEM-SOLUTION SHEET			
<i>What Happened</i>	<i>What I Did</i>	<i>What I Should Have Done</i>	<i>What I Must Do Now</i>
Problem (describe)	My Response (describe)	Biblical Response (cite and explain references)	Describe the steps that must be taken to rectify matters
Problem (describe)	My Response (describe)	Biblical Response (cite and explain references)	Describe the steps that must be taken to rectify matters
Problem (describe)	My Response (describe)	Biblical Response (cite and explain references)	Describe the steps that must be taken to rectify matters

Figure 8
Problem-Solution Form

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Chapter Twenty-nine

WAYS OF USING HOMEWORK

A SAMPLE LIST (abbreviated with notations)

HIS	HER
<p>1. I snore and this annoys my wife. <i>↑ Was he serious, or a bit uncooperative in making this entry?</i></p> <p>2. I do not lead family devotions. <i>↑ Good to work on right away.</i></p> <p>3. I clam up. <i>↑ Work on soon (2nd or 3rd session)</i></p> <p>4. I haven't finished small jobs around house. <i>↑ Good opening assignment if you can get sub list.</i></p> <p>5. I fail to discipline children as I should. (Again, get specifics - then work on code of conduct.)</p> <p>6. I am inconsiderate of Barbara's feelings. (again, in what ways? - possible first assignments if you get specifics)</p> <p>7. I work too late at nights. <i>Connect with Barbara's # 11</i></p> <p>8. I blame things on Barbara that are my fault. <i>↑ Get a half dozen examples</i></p> <p>9. I hardly ever express my ideas clearly or fully. <i>↑ Explore in depth later on.</i></p> <p>10. I want things done my way or not at all. - Ask for examples.</p> <p>11. Barbara is too involved with children; doesn't care about me. <i>Explore in depth at some early session.</i></p>	<p>1. I do not trust Fred as I should. <i>too general (get specifics - about what?) Too large for early session</i></p> <p>2. I try to push Fred into things. <i>Get details here: What things? For what reasons?</i></p> <p>3. I nag him incessantly. <i>↑ Work on in combination with his # 3</i></p> <p>4. I yell at children. <i>↑ Connect with Fred's # 5.</i></p> <p>5. I do not keep the house in order. <i>Get specifics; these are high priority items for first assignments.</i></p> <p>6. I am jealous. <i>↑ Ask Fred straight out: "Is there any basis for this?"</i></p> <p>7. I have a hard time making decisions. <i>Ask for 3 or 4 examples</i></p> <p>8. I lose my temper. <i>↑ Work on at later point. At 1st session, give her a DPP to determine what occasions it.</i></p> <p>9. I forget to tell Fred about phone messages. + good, concrete. Work on agreed upon method for solving - chalk-board or wall?</p> <p>10. I take over leadership of home. <i>Will require full discussion later. Connect with Fred's # 2, 5, 7. Assign appropriate chapters in <u>Christians Living in the Home</u> for both</i></p> <p>11. Fred shows attention to other women. <i>↑ Check out connection with # 1 + 6.</i></p>

*About what?
Ask for specifics
(remember
won't change
abstractly)*

WORKSHEET FOR SCHEDULING

**Unprofitable Activities
to discontinue**

**Profitable Activities
to continue or add**

**Items from Column Two
in order of priority**

Chapter Thirty-one

HOW TO HANDLE ANGER

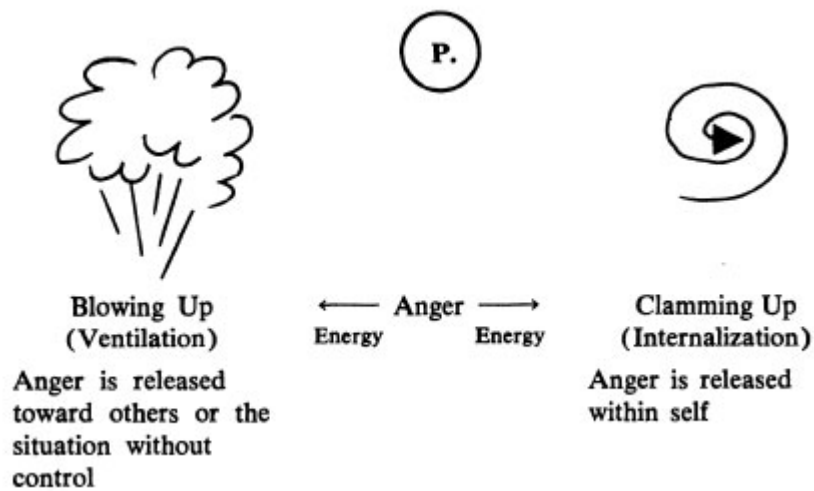


Figure 9
Two Sinful Extremes

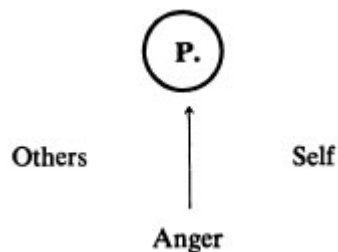
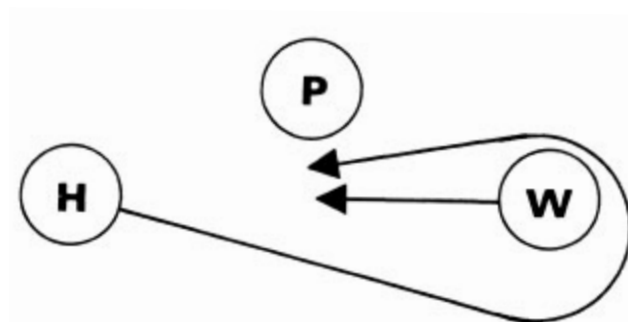
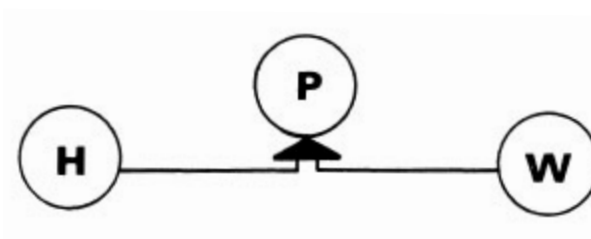
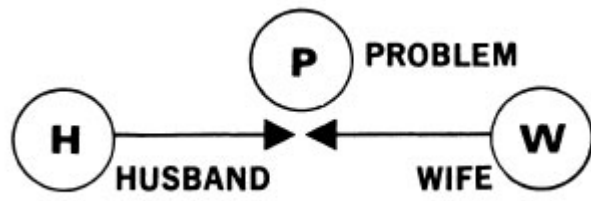
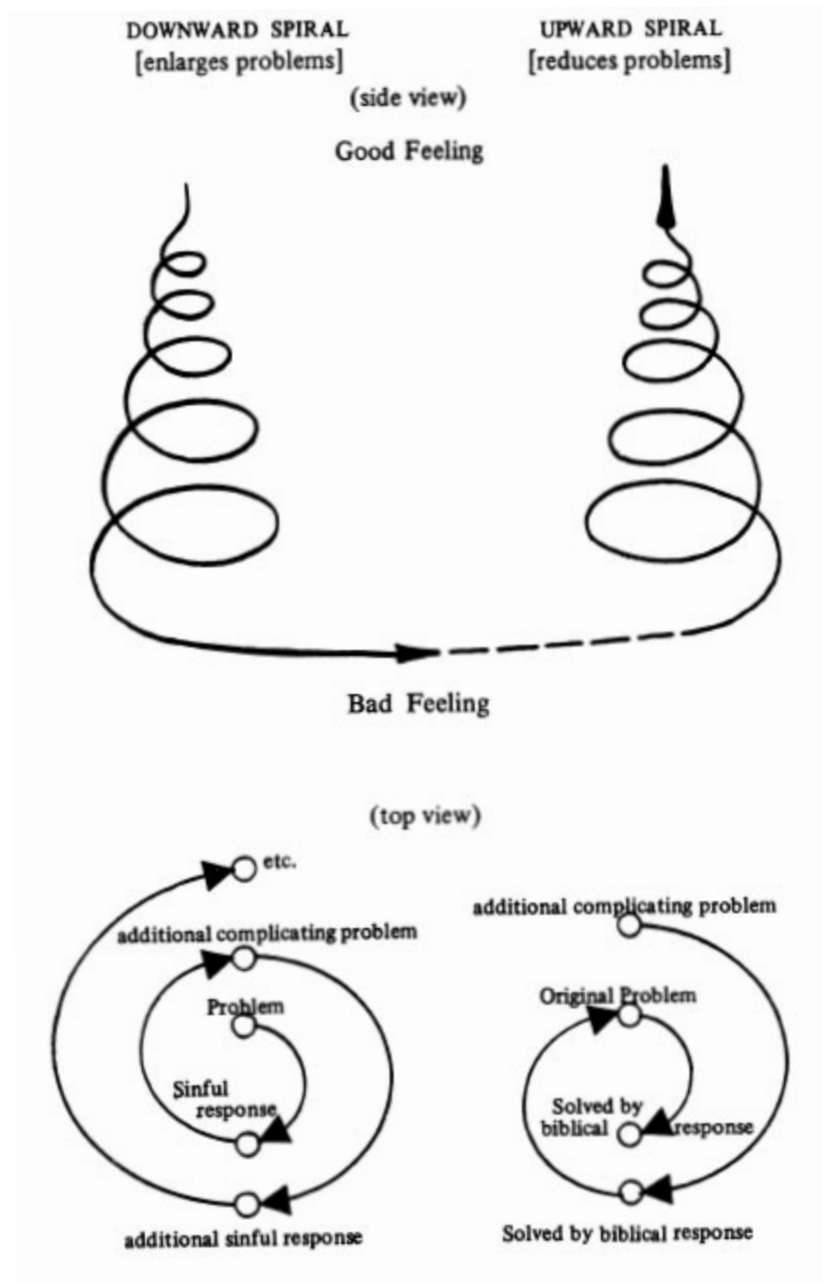


Figure 10
Using Anger God's Way



Chapter Thirty-three

HELPING DEPRESSED PERSONS



Chapter Thirty-four

HELPING THE “SCHIZOPHRENIC”

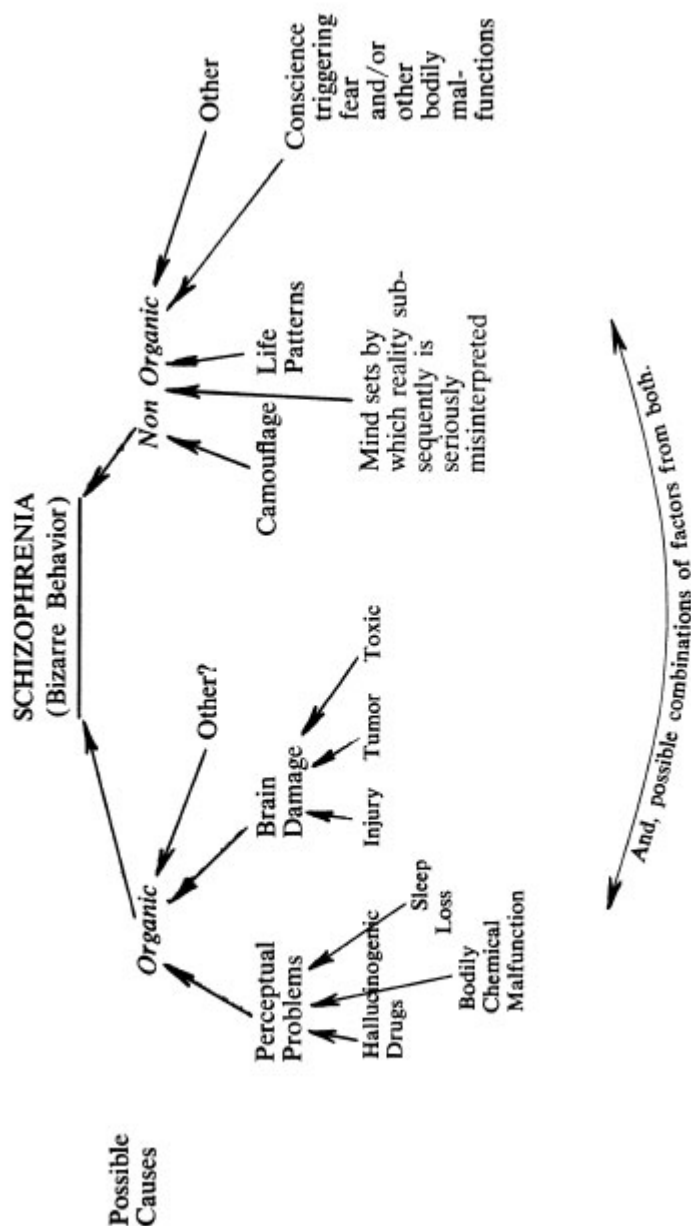
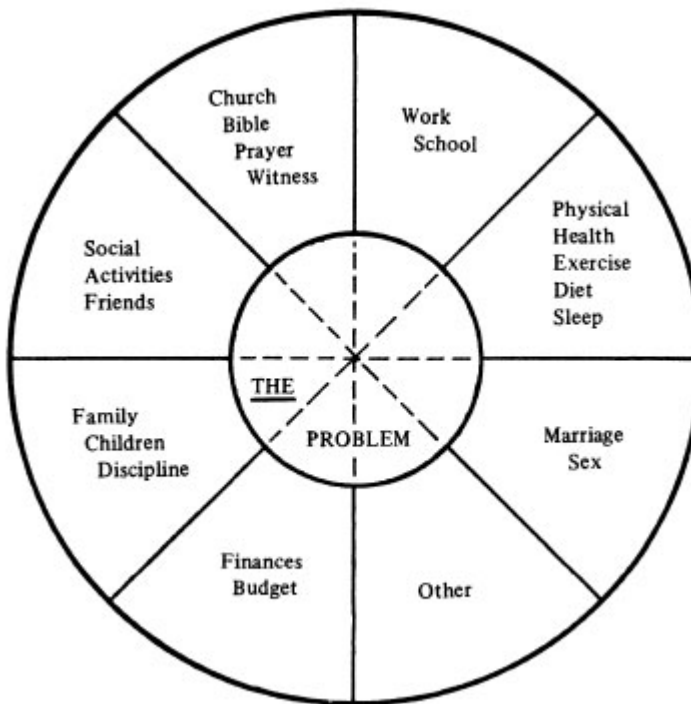


Figure 11

Chapter Thirty-five

RESOLVING SEXUAL DIFFICULTIES



TOTAL STRUCTURING means looking at *the* problem in relationship to all areas of life. The problem affects all areas, and whenever all areas are in proper relationship to God, the dotted lines become solid lines and *the* problem dissolves. The above diagram is not intended to be comprehensive, but suggestive.

Appendix A

PERSONAL DATA INVENTORY

IDENTIFICATION DATA:

Name_____ Phone_____ Address_____

Occupation_____

Business Phone_____

Sex___ Birth Date_____ Age___ Height_____ Marital Status:

Single___ Going Steady___ Married___ Separated___ Divorced___

Widowed___

Education (last year completed):___ (grade) Other training (list type and years_____

Referred here by_____ Address_____

HEALTH INFORMATION:

Rate your health (check): Very Good_ Good_ Average_ Declining_

Other_ Your approximate weight___ lbs. Weight changes recently:

Lost_____ Gained_____

List all important present or past illnesses or injuries or handicaps:_____

Date of last medical examination___ Report:_____

Your physician_____ Address_____

Are you presently taking medication? Yes_ No_ What___

Have you used drugs for other than medical purposes? Yes_ No_

What?_____

Have you ever had a severe emotional upset? Yes No_ Explain_____

Have you ever been arrested? Yes_ No_

Are you willing to sign a release of information form so that your counselor may write for social, psychiatric, or medical reports?

Yes_ No_

Have you recently suffered the loss of someone who was close to you? Yes_ No_

Explain:_____

Have you recently suffered loss from serious social, business, or other reversals? Yes_No_ Explain:_____

RELIGIOUS BACKGROUND:

Denominational preference:_____ Member_____

Church Attendance per month (circle): 0 1 2 3 4 5 6 7 8 9 10+

Church attended in childhood_____ Baptized? Yes_No_

Religious background of spouse (if married)_____

Do you consider yourself a religious person? Yes_No_Uncertain_

Do you believe in God? Yes_No_Uncertain_

Do you pray to God? Never_Occasionally_Often_

Are you saved? Yes_No_Not sure what you mean_

How much do you read the Bible? Never_Occasionally_Often_

Do you have regular family devotions? Yes_No_

Explain recent changes in your religious life, if any_____

PERSONALITY INFORMATION:

Have you ever had any psychotherapy or counseling before?
Yes_No_

If yes, list counselor or therapist and dates:_____

What was the outcome?_____

Circle any of the following words which best describe you now:
active ambitious self-confident persistent nervous hardworking
impatient impulsive moody often-blue excitable imaginative calm
serious easy-going shy good-natured introvert extrovert likeable
leader quiet hard-boiled submissive lonely self-conscious sensitive
other_____

Have you ever felt people were watching you? Yes_No_

Do people's faces ever seem distorted? Yes_No_

Do you ever have difficulty distinguishing faces? Yes_No_

Do colors ever seem too bright?_____ To dull?_____

Are you sometimes unable to judge distance? Yes_No_

Have you ever had hallucinations? Yes_No_

Are you afraid of being in a car? Yes_No_

Is your hearing exceptionally good? Yes_No_

Do you have problems sleeping? Yes_No_

MARRIAGE AND FAMILY INFORMATION:

Name of spouse_____ Address_____

Phone_____ Occupation_____ Business phone_____

Your spouse's age_____ Education (in years)_____ Religion_____

Is spouse willing to come for counseling? Yes_No_Uncertain_____

Have you ever been separated? Yes_No_When? from_____ to_____

Has either of you ever filed for divorce? Yes_No_When?_____

Date of Marriage_____ Your ages when married: Husband_____

Wife_____

How long did you know your spouse before marriage?_____

Length of steady dating with spouse_____ Length of Engagement_____

Give brief information about any previous marriages:_____

Information about children:

PM* Name Age Sex Living

Yes No Education

in years Marital

status_____

*Check this column if child is by previous marriage

If you were reared by anyone other than your own parents, briefly explain:_____

How many older brothers_____ sisters_____ do you have?

How many younger brothers_____ sisters_____ do you have?

BRIEFLY ANSWER THE FOLLOWING QUESTIONS:

1. What is your problem?

2. What have you done about it?

3. What can we do? (What are your expectations in coming here?)

4. As you see yourself, what kind of person are you? Describe yourself.

5. What, if anything, do you fear?

6. Is there any other information we should know?

Appendix B

COUNSELOR'S CHECK LIST

1. Determine whether evangelism is indicated.
2. Sort out responsibilities.
3. Gather concrete data.
4. Stress *what* rather than *why* for data.
5. Distinguish presentation, performance, and preconditioning problems.
6. Talk not only about problems; talk also about God's solutions.
7. Check motivation (ultimately it must be *loving obedience*: because God says so).
8. Insist on obedience to God regardless of how one *feels*.
9. Check out Agendas.
10. Give concrete homework at every session. (Explain "how to"; begin with single-stranded problems.)
11. Check on homework.
12. Would a medical checkup be advisable?

(Cut out or Xerox and post in counseling room,
or slip under glass on desk)

Appendix C

THE ORGANIC/NONORGANIC PROBLEM AND COOPERATION WITH PHYSICIANS

Man is a complex whole. He cannot (in this life) be separated into his parts, except for purposes of analysis. All attempts, therefore, to divide man as body, soul, and spirit in order to allocate these several parts to the physician, to the psychologist, and to the preacher, respectively, must fail. They fail because the concept of a tripartite nature of man is not biblical (despite a superficial reading of I Thessalonians 5:23 and Hebrews 4:12). The obvious point that is made by the writer of Hebrews, for instance, is that only the Word of God is sharp enough to make the subtle distinction (not separation) between soul and spirit. Yet those who facilely divide between these believe that the division is obvious and should be apparent to all. Careful exegetes understand the Bible to speak of man dichotomistically, not trichotomistically.

Yet, even the twofold division of man that becomes clear in biblical comments pertaining to life in the intermediate state is not, in this life, easy to distinguish. While alive and in the body (which is man's proper state; apart from his body he is "unclothed" [II Corinthians 5:4]), he is a psychosomatic whole. Throughout the Scriptures he is treated as such.

It is no surprise, therefore, to discover that when one attempts to deal with man in ways that demand some distinction between the organic and the nonorganic, he runs into problems. These problems cannot be solved either by Skinnerian reductionism: man is only an animal (all is organic), or on the other hand by simplistic categorization: the nonorganic is the province of the pastor; the organic is the province of the physician.

While the latter solution is preferable to the former, and in a limited and carefully guarded fashion must become the working model for biblical counselors, they can never shirk their responsibility for dealing with ethical matters of bodily use and abuse, nor can they allow physicians unhampered freedom to advise Christians in ways that tend to ignore or exclude this dimension. James 5:14-16, for instance, puts the organized church squarely in the business of dealing with organic illness.

That the body affects the soul and the soul the body in so many obvious, as well as subtle, ways is a fact that the Christian counselor must always remember. His work, therefore, constantly involves the organic dimension. He will strive always to work from this biblical presupposition in ways that are consistent with it. He should take the time and trouble, therefore, to study the fundamental functions of the human body.

Because the problem of the dividing line between problems caused by organic factors and nonorganic factors is often fuzzy, the best solution to this problem (to date) seems to be for the counselor to cultivate a close alliance with a Christian physician with whom he can work closely. Such teamwork recognizes and gives expression to man's fundamental psychosomatic unity. The following article, which appeared in the *Christian Medical Society Journal*, Fall, 1971, sets forth in outline some guides to such cooperation:

The Christian Physician and Counseling

"Many of your patients suffer from more than medical problems, as you well know. Even if you tried to forget or ignore the fact, that guilty depressed woman or that resentful colitis patient who will appear in your office tomorrow will raise the matter afresh. You *cannot* avoid the issue. The problem, of course, involves the further question: 'Should I take the time to counsel, should I refer the patient, or should I by-pass the issue of counseling by treating symptoms alone?'

"Suppose you opt for counseling; by assuming the role of a counselor immediately you will stir up several additional problems.

For instance, you must face the issue of *time*: where, in your busy schedule, can you find the time to devote to counseling? An average routine office visit may take no longer than ten minutes, while a complete physical might take no more than forty minutes to an hour. Most effective counseling sessions take from forty to fifty minutes.

“One way to get the time is to limit the number of patients you see. But this suggestion will hardly be found acceptable because of the obvious financial difficulties that this may cause for either the physician or for his patients. Such a radical decision in favor of counseling may also curtail his principal activity as a physician in a day when such activities are needed so desperately.

“More likely, as a devoted Christian physician you may determine to find time for counseling by attempting to stretch your already overly expanded schedule. But this solution may cut short your social life, reduce your activities in the local church, and most of all inevitably lop off another chunk from the all too little amount of time that you have allotted to your family.

“Possibly if you already have opted to do counseling, you are dissatisfied with these solutions and find yourself vacillating between both of them. Chances are that you also have chopped counseling sessions down to what has become a frustratingly inadequate length of time. While such solutions may dissolve some problems, they tend rather to give rise to new and more serious ones. Then, too, you need to determine what sort of counseling you are going to do. Some non-Christian forms of counseling (e.g., psychoanalytic or reflective counseling) take enormous amounts of time with highly questionable results.

“Instead of undertaking counseling yourself, you largely may have opted for referral. This, of course, is the easiest solution. And yet so frequently it is no solution at all (as you know only too well). So often patients either find little or no help at all or return in worse condition. Referral raises the crucial question: *to whom?* Shall the patient be referred to a psychiatrist? So few are Christians (and of these still fewer have based their practice upon Christian presuppositions and principles). Can you, in good conscience, refer a patient to such a psychiatrist when it is his task to attempt to change behavior and attitudes through value change? If his values

are not Christian or if he divorces his personal faith from the Rogerian, Skinnerian, or Freudian presuppositions and methods by which he practices psychiatry, how can you justify referral?

“Of course, you might refer your patient to a Christian minister. Perhaps this is what you would prefer to do, but you dare not; you are afraid of his incompetence. Possibly if you did he might refuse to accept the referral! There are so many incompetent ministers and, in particular, ministers who are incompetent counselors. One of the reasons for this is because of their inadequate and faulty training based upon the erroneous belief that they must refer people with personal problems more serious than a psychic scratch to psychiatrists. And, the pastoral counseling most widely taught has been of an unbiblical and almost totally ineffective non-directive sort. No wonder Christian physicians hesitate to refer their patients to ministers.

“But that is a tragedy! It is time for ministers to confess and to apologize for their sin against God and their Christian brethren in the medical profession. By their incompetence, conservative clergymen (with notable exceptions) have forced physicians into the present dilemma that I have just described. Christian physician, let me say it again: the counseling dilemma is not of your own making. The Christian physician (with confidence) *ought* to be able to refer cases that demand extensive counseling to Christian ministers. But sadly, this has not been possible in our society recently. On behalf of myself and many of my brethren, let me apologize.

“However welcome a belated ministerial apology may seem, confession and forgiveness are not a solution to the problem. Happily, I can go further. Indeed the situation is changing rapidly. Over the last five years a new awareness of the minister’s proper biblical role as a counselor has been developing among conservative (and in particular among reformed) ministers. Evidence of this may be seen in the response of ministers who have been trained in courses at Westminster Theological Seminary and at the Christian Counseling and Educational Foundation to the biblical approach to counseling that is sometimes called *nouthetic confrontation*. There has been wide favorable response to this approach by others.

“Let me partially describe this new pastoral counselor. First and

foremost he will have an unshakeable confidence in the power of the Spirit working through His Word to solve the nonorganic problems of living caused by the eventual failure of sinful living patterns into which men drift. Secondly, he will use the Scriptures in counseling in a practical fashion that at the same time exalts Christ and meets human needs. He will not give out passages like prescriptions or dispense platitudes like pills. Rather, he will use (and teach his counselees to use) the Bible in a plain and practical manner that enables them to see *how* God has provided solutions to their problems. Thirdly, he will have a humble confidence, acknowledging that any benefit accruing from his counseling is ultimately attributable to the work of God and not to himself. Yet, at the same time he will strive continually to improve his knowledge and technique, recognizing that God ordinarily works through human agency. When he does not understand a problem, he will honestly admit it, but he also will search the Scriptures to discover the answers that previously eluded him. He will tackle nearly any problem that previously might have been referred to a psychiatrist, probably with a significantly higher rate of success and certainly in much shorter periods of time. He will work enthusiastically with Christian physicians and will frequently send counselees for medical checkups.

“Brethren, something has been happening, and you should be aware of the fact since you may be able to enlarge the effectiveness of your own ministry as a physician by achieving a significant alliance with a minister (or ministers) to whom you confidently can refer patients for counseling.

“Do not expect this new pastoral counselor to have all of the answers, anymore than you would claim answers to every organic problem, but look for a man who can do far more to help complement you in your medical ministry than many pastors whom you previously have known. I encourage you to explore this possibility to the full.”

Appendix D (Sample)

WEEKLY COUNSELING RECORD

Name _____ Date _____ Counselor's initials _____

Session No. _____

AGENDA

Evaluation of Last Week's Homework

Drift of the Session

Appendix E

FINANCIAL PROFILE

Salary (take home pay) per month	_____
Additional Income per month	_____
	TOTAL _____
Outstanding debts (list all debts and total)	
	TOTAL _____
Regular Monthly Obligations (convert all other quarterly or yearly payments to monthly figures)	
Church	_____
Insurance	_____
Savings and Investments	_____
Gas, electricity, heat	_____
Telephone	_____
Food and household items	_____
Family recreation	_____
Doctor, dentist, medicine	_____
Clothing	_____
Auto payments and maintenance	_____
House payments (or rent)	_____
Incidentals	_____
Other	_____
	TOTAL _____

Questions to ask when preparing a Budget

Can I get along without it? (steaks, cigarettes); Do I need to use as much? (toothpaste, detergent); Can I substitute a cheaper item when quality is not essential? (waxed paper for baggies); Is there another way to do it? (sew rather than buy dresses); Can I suspend the practice for a time? (amusements, newspaper).

(On sheet provided, draw up a proposed monthly budget.)

PROPOSED BUDGET

Appendix F

Early in the book are ten statements, some of which a Christian counselor could make; others he ought not to make. Let us look at the thinking behind the decisions concerning each.

Statement number 1: “Confess this sin to God and forsake it.” If the practice (e.g., adultery, lying) is a transgression of a plain commandment of God, the counselor not only *may*, but *must*, speak with this sort of finality. There can be no suggestion of situation ethics. Statements 6 (concerning homosexuality) and 8 (concerning worry) are of the same order. Statement 10 corresponds to Luke 17:3-10 and may be made just as baldly. Biblical injunctions like 3 (regular Scripture study and prayer) must be stressed with equal firmness.

The other six statements are of a different sort. Statement number 2, “Sell your car and pay off the loan,” may be offered as a piece of wise advice under certain circumstances, but must be given along with room for other possible solutions. The biblical principle to “owe no man anything” must be fulfilled, however it may be accomplished. If selling one of two cars is the *only* way to obey, then that must be done. However, there may be another way.

Statement 4 again might be offered as a good suggestion. Much may be said for morning Bible study and prayer of the length indicated. But since the Scriptures do not so clearly define the time for such activities, the statement *as it stands* should not be made. The “must” of statement 3 is biblically legitimate; the “must” of statement 4 is not.

Statement 5 is a good one. It recognizes that there may be more than one way to implement God’s commandments (the words “one way” substituted for “must” in statement 4 would make it acceptable) and offers a concrete suggestion for a minimal beginning.

Statement 7 may be beyond the counselor's competence to make. Although he may be of this opinion (rightly) he would do well to phrase the matter differently: "While I cannot prescribe medically, I can see no good in depending upon tranquillizers. In our counseling we will be concerned about getting you off of them." Or, perhaps, in some cases: "I find that I am talking to a pill more than to a real person. Until you decide to get off of those tranquillizers, I am afraid that we can go no further in counseling." Or, "Shall I call your physician and tell him that we agree that you should be taken off of tranquillizers while coming for counseling?"

Statement 9 may be made as a typical homework assignment and urged upon the counselee as one plain application of the commandment to do *all* one's work in six days. Yet, if there are *other* more pressing matters to catch up on, it is possible that debate about the assignment might lead to a decision to "catch up on" those first.

REFERENCE

SECTION

Reference 1

<i>Typical Counselee Remarks</i>	<i>Typical Counselor Responses That May Be Used</i>
1. "I can't!"	1. "Do you mean can't or won't?" or, "God says that you <i>can</i> ."
2. "I have done everything that I could."	2. "Everything? What about ..."
3. I've tried that but it didn't work."	3. "Did you <i>really</i> try? How many times? For how long? In what way? How consistently?" (Get the details: "precisely, what <i>did</i> you do?")
4. "I did my best."	4. "Are you sure? Tell me precisely <i>what</i> you did." or, "Remember, the <i>best</i> is what God says to do. Did you ...?"
5. <i>No one</i> believes me, etc."	5. "Can't you think of <i>one</i> person who does? How about some more?" or, "I believe you ..."
6. "I could <i>never</i> do <i>that</i> ."	6. "Never is a long time. Really, how long do you suppose it might take to learn? By the way, if you think hard enough you will discover that

	you have learned to do a number of things that are just as hard (or harder). Take for instance ...”
7. “If I had the time, I’d do it.”	7. “You do. We all have 24 hours each day; it all depends on how you slice the pie. Now let’s work on drawing up a schedule that honors God.”
8. “Don’t blame me ...”	8. “Are you saying that you are not responsible? God says ...”
9. “Don’t ask me ...”	9. “But I am asking you. Who else would know? I am sure that you know the answer. Think hard; I’ll help you by asking some other related questions, and perhaps we can come up with it.”
10. “I guess so.”	10. “Are you really guessing or is that what you believe (think)?”
11. “You know how it is ...”	11. “No, I don’t know; can you explain it more fully?”
12. “But I’ve <i>prayed</i> about it.”	12. “Fine! Then what did you <i>do</i> ?” or, “Have you prayed for help to discover what God’s Word says to <i>do</i> about the problem?” or, “What, exactly, did you pray?”
13. “I’m at the end of my rope.”	13. “Which end? Perhaps you are beginning to uncoil the problem for the first time.”

14. "I have a need to ..."	14. "Is it a need or only a desire? (or, habit)."
15. "I'm just one of those people who has to ..."	15. "Yes, I'm sure you are; but Christ wants you to become a different sort of person."
16. "That's just the way I am."	16. "Doubtless, but God says that you can be different."
17. "That is impossible."	17. "What you mean, of course, is that it is very difficult."
18. "There are all sorts of [too many] objections to doing that."	18. "Would you mind naming six or seven so that I can see what sort of things you have in mind and determine what it will take to answer them?"
19. "You can't teach an old dog new tricks."	19. "Perhaps that is true—but you are not a dog. You were created in the image and likeness of the living God! He knows you and commands you to change."
20. "It'll never work."	20. "It is God's way and it always works when people abandon that attitude."
21. "I'll never forgive him!"	21. "If you are a child of God, as

you claim, you will. You are going to live with him for eternity; why don't you forgive him and begin to get used to it now?"

22. "I don't do anything half way so ..."

22. "Are you sure? Can't you think of some things that you do? For instance, what about ...?"

23. "Everything [one] is against me."

23. "No, you are wrong. If you are a Christian the Bible says the opposite: 'If God be for us, who can be against us?' (Romans 8:31)"

24. "How do you feel about ...?"

24. "May I tell you what I think, or may I only discuss my emotions?"

Reference 2

THE COUNSELOR'S LIST OF PATTERNS AND THEMES OF SIN

Sinful Patterns and Themes	Corresponding Bible Passages	Corresponding Counseling Cases (use code names and give thumbnail sketch)
		(over)
		(over)

Reference 3

THE COUNSELOR'S PERSONAL LIST OF PUT-OFF's AND PUT-ON's

Dehabituate (Put Off)	Rehabituate (Put On)	Scriptural References
		(over)

Reference 4

FIFTY FAILURE FACTORS

For a quick check on what *may* be behind counseling failure, consider the following factors:

1. Is the counselee truly a Christian?
2. Has there been genuine repentance?
3. Is there a vital commitment to the biblical change?
4. Are your agendas in harmony?
5. Do you have *all* of the necessary data?
6. Are you trying to achieve change in the abstract or concretely?
7. Have you been intellectualizing?
8. Would a medical examination be in order?
9. Are you sure that you know the problem(s)? Is more data gathering necessary?
10. Are there other problems that must be settled first?
11. Have you been trying to deal with the *issue* while ignoring the *relationship*?
12. Did you give adequate scriptural hope?
13. Did you minimize?
14. Have you accepted speculative data as true?
15. Are you regularly assigning concrete homework?
16. Would using a D.P.P. form help?
17. If this is a life-dominating problem, are you counseling for total restructuring?
18. Are you empathizing with self-pity?
19. Are you talking about problems only or also about God's solutions?
20. Have you carefully analyzed the counselee's attitudes expressed in his language?
21. Have you allowed the counselees to talk about others behind their backs?

22. Has a new problem entered the picture, or has the situation changed since the counseling sessions began?
23. Have you been focusing on the wrong problem?
24. Is the problem not so complex after all, but simply a case of open rebellion?
25. Have you failed to move forward rapidly enough in the giving of homework assignments?
26. Have you as a counselor fallen into some of the same problems as the counselee?
27. Does doctrinal error lie at the base of the problem?
28. Do drugs (tranquilizers, etc.) present a complicating problem?
29. Have you stressed the put-off to the exclusion of the put-on?
30. Have you prayed about the problem?
31. Have you personally turned off the counselee in some way?
32. Is he willing to settle for something less than the scriptural solution?
33. Have you been less aggressive and demanding than the Scriptures?
34. Have you failed to give hope by calling sin *sin*?
35. Is the counselee convinced that personality change is impossible?
36. Has your counseling been feeling-oriented rather than commandment-oriented?
37. Have you failed to use the full resources of Christ? (e.g., the help of the Christian community).
38. Is church discipline in order?
39. Have you set poor patterns in previous sessions? (e.g., accepting partially fulfilled homework assignments).
40. Do you really know the biblical solution(s) to his problem? (Can you write it out in thematic form?)
41. Do you really believe there is hope?
42. Has the counselee been praying, reading the Scriptures, fellowshiping with God's people, and witnessing regularly?
43. Could you call in another Christian counselor for help? (With the counselee's knowledge, of course.)
44. Would a full rereading of your Weekly Counseling Records disclose any patterns? Trends? Unexplored areas?

45. Have you questioned only intensively? Extensively?
46. Have you been assuming (wrongly) that this case is similar to a previous case?
47. Has the counselee been concealing or twisting data?
48. Would someone else involved in the problem (husband, wife, parent, child) be able to supply needed data?
49. Are you simply incompetent to handle this sort of problem?
50. Are you reasonably sure that there is no organic base to the problem?

Reference 5

SOME DON'TS IN COUNSELING

(Sometimes useful to reread before each period of counseling)

DON'T ALLOW COUNSELEES TO:

1. Act on feeling
2. Avoid problems
3. Blame others
4. Lose hope
5. Remain undisciplined and disorganized
6. Harbor grudges
7. Simply talk about problems
8. Stop with forgiveness
9. Talk about another behind his back
10. Shut off communication
11. Give up when they fail
12. Goof off on homework
13. Settle for solutions to immediate problems when wrong underlying patterns remain
14. Neglect regular prayer, Bible study, and church attendance
15. Leave without hearing the gospel
16. Generalize rather than specify
17. Use any other basis than the Bible for belief or action
18. Make major decisions when depressed or greatly pressured
19. Use inaccurate language to describe their problems
20. Call sin sickness
21. Hurt others in solving their own problems
22. Wallow in self-pity, envy, or resentment
23. Become dependent upon the counseling session
24. Set unbiblical agendas for counseling
25. Continue counseling in an uncommitted manner

Reference 6

SIGNS OF TEN COMMON PROBLEMS

SIGNS	PROBLEMS									
	1 Anger	2 Blame Shifting	3 Depression	4 Envy, Jealousy	5 Fear	6 Guilt	7 Rebellion	8 Self Pity	9 Sexual Deviation	10 Organic Problem
CROSS REFERENCES	(2),(4), (5),(6), 7,(8)	1,(4),5, 6,(8)	2,(4), 6,8	1,(3), (5),8	(1),2, (4),6,(8)	(1),2, (3),5,(8)	1,2, 6,8	1,(2),3, 4,5, 6,(7)	(2),(3), 5,6,8	(3),(1)
Failure to do daily chores			•					(•)		•
Slackening of interests			•				•		•	•
Withdrawal, avoidance	•		•		•	•		(•)	(•)	•
Frequently asks why? Dwells on past			•	(•)		(•)		•		
Loneliness			•	(•)	(•)	(•)	(•)	•		
Disorder of person, in home, on job			•	(•)	•	•		•		•
Muscular tension	•	•			•	•	•	(•)	•	•
Dry mouth, clammy hands, heart palpitation					•	•				•
Tiredness	(•)	(•)	•	(•)	(•)	•	(•)	•	(•)	•
Shyness			(•)		•	•			(•)	
Blue, sad, tears	(•)		•	•	•	•		•		•
Sensitive, touchy, irritable	•	•		•	•	•	•	•	•	•
Bitterness	•	•	(•)	(•)		•	(•)	•		
Suicidal tendencies	•		•	•	•	•	(•)	•	(•)	?
Violence (verbal or physical)	•	(•)		(•)	•	•	•	(•)		•
Communication breakdown	•	•	•	•	•	•	•	•	•	•
Immobility	(•)	(•)	•	•	•	•	•	•	•	•
Sleeplessness	•	•	•	•	•	•	•	•	•	•
Loss of appetite (weight loss)	•	•	•	•	•	•	•	•		•
Excessive eating (weight gain)			•	•	•	•	•	•		•
Headaches	•	•		•	•	•	•	•		•
Sexual impotency	•	(•)	•		•	•			•	(•)
Hallucinations										•
Anxiety	•	•	•	•	•	•	•	•	•	•
Bizarre behavior	(•)			(•)	•	•		•	•	•
Excuses, lies		•	•		•	•		•	•	
Trouble with people	•	•		•	•	•	•	•	•	•
Suspicion				•	•	•		•	•	•
Ulcer	(•)	•			•	•		•	(•)	•
Colitis	•	(•)	(•)	•	•		•	•		•

Key:

Numbers = cross references to items listed across top of table (e.g., 1 = anger).

• = probable presence of sign.

() = possible presence of sign.