



Speaking of Christ and the Gospel as a Licensed Counselor

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Preface Question One: What is the difference between counseling in a *ministry-based setting* as compared to a *licensed counseling setting*?

“I will use the term *clinical* rather than Christian or integrationist. I will use the term pastoral rather than biblical or non-integrationist. *Clinical* refers to counseling approaches that seek to be shaped by empirical data and therapeutic professionalism. *Pastoral* refers to approaches that seek to be guided by the purposes and insights that are explicitly from the Bible (p. 7).” Ed Welch in “Are You Feeling Inadequate? A Letter to Biblical Counselors” from *The Journal of Biblical Counseling*

Biblical counseling is not against empirical data or professionalism.

Biblical counseling is most at home in long-term, peer-based relationships focused on character formation as the means of creating symptom relief. This means the majority of biblical counselors will prefer not to operate within the constraints that I describe.

Premise – Counseling that honors Christ can be done in either setting, but understanding the limitations and opportunities of each setting is important to being an effective ambassador of Christ.

Parallel – Some teachers serve in Christian schools in which they can be explicit with the biblical worldview that under girds their subject matter. Other Christian teachers serve in public schools where they have to be strategic about how and when they introduce Christian themes.

Many Christians enter counseling as a vocation, rather than a ministry. Unless we believe that vocational counseling is inherently wrong, then our responsibility as a biblical counseling movement is to educate and equip our brothers and sisters counseling vocationally on how to be as distinctively Christian as possible in their setting. For more on this subject see bradhambrick.com/vocation.

For more on this first question visit – bradhambrick.com/faq5 and bradhambrick.com/counseling3

Preface Question Two: What are the obstacles that would prevent a licensed counselor from speaking openly about Christ and gospel?

Answer – The ethical guidelines that regulate licensed counseling. LPC ethical code is more restrictive than LMFT ethical code, although each can vary state-by-state.

Principle E: Respect for People’s Rights and Dignity

Psychologists accord appropriate respect to the fundamental rights, dignity, and worth of all people. They respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, mindful that legal and other obligations may lead to inconsistency and conflict with the exercise of these rights. Psychologists are aware of cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, *religion*, sexual orientation, disability, language, and socioeconomic status. Psychologists *try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone unfair discriminatory practices.*” American Psychological Association (APA) Code of Ethics (emphasis added)



These are the obstacles a licensed counselor who wishes to offer the hope of Christ and the gospel must navigate. There are at least two key words in this statement: (1) bias and (2) discrimination. As a licensed counselor, the believer's faith cannot produce bias or discrimination.

1. **Bias** – Avoid creating a sense that counseling is against the counselee because they do not share the counselor's faith convictions.
 - a. A key element in this is when and how the importance of the transforming power of the gospel is discussed in counseling.
 - b. A second key element is honoring the counselee's autonomy, which is a foundational principle in all professional code of ethics.
 2. **Discrimination** – The most prevalent question here has to do with responding to requests for counseling in matters that the Christian faith deems inherently immoral. There are two primary approaches to this question:
 - a. "I cannot counsel you because your choices violate my convictions," or
 - b. "I am not a good fit for your counseling needs because I do not have training in the type of counseling you are seeking."
 - c. *The latter is the ethically acceptable response as a licensed counselor*, although it has not always been sufficient for maintaining licensure; especially for students seeking licensure.
- **Resource** – "[How Can You Help When You Can't Talk about Jesus?](#)" by Ed Welch @ CCEF

Developing Principles for the Key Questions *through a Case Study*

Case Study: "How Christian is this counseling going to be?"

Question – Do you want this couple to have a distinctively Christian counselor to talk with them who is willing to meet them where they are on their faith journey?

- Evangelism is about having the next (not always culminating) conversation in helping someone consider what it would mean to surrender their life to Christ (I Cor. 3:6-8).

Promotion and Advertising – This couple knew we offered Christian counseling (pre-informed consent).

- How was the phone intake question handled?

Informed Consent – Starting point for ethical and liability concerns

Sample from *Metroplex Counseling* (Fort Worth, TX)

_____ (initial) I understand that my counselor provides counseling based on biblical principles, that he or she is a Christian counselor believing Jesus Christ as the son of God, who offered life in His name on the basis of belief in His atoning death.

_____ (initial) I understand that my counselor will work with me in a manner that, though shaped by and impacted by his or her faith, will help me toward my intended goals [as their training and competency allows], though I may not share that same faith.



Sample from *Soul Care Associates* (Flower Mound, TX)

You have taken a very positive step by deciding to seek help. The outcome of your treatment depends largely on your willingness to fully engage in the counseling process, which may, at times, result in considerable discomfort. Soul Care Associates is committed to the professional, clinical practice of counseling from a Christ-centered perspective. Our counselors utilize a collaborative process to provide the best care for our clients, so you can expect our team to consult with one another to give you the best available care.

- **Key Point** – To write the informed consent you have to start the counseling practice

Conversation Prompts – How to bring up gospel themes in the context of counseling

- Defining a holistic approach – “As a counselor, I am concerned about the entire person: biological, psychological, social, and spiritual. I would like for us to consider how each aspect contributes to the development and resolution of your life struggle. How do you view each area impacting your life struggle?” *This introduces the role of faith in the first session.*
- “How much does isolation/silence about your struggle exacerbate your struggle?” *As a segue to local church ministries as a source of social support and connection point to the gospel*
- “How much do the experiences of guilt or shame exacerbate your struggle? How do you manage these emotions?” *As a segue to examine unsatisfying approaches to the common complicators of emotional/relational struggles*
- “Do you view this decision to be a moral issue, wisdom issue, or matter of preference?” *As a segue to introduce moral categories into the conversation*
- “How do you make sense of the unfairness of forgiveness?” *As segue to a key gospel theme in counseling related to relational hardship... return to case study*
- **Note** – These questions are less directive in the manner they create opportunities to speak of Christ and gospel. These are the kind of limitations which a licensed counselor agrees to operate within.

Other implications – guidance and testimonies

- Diagnostic decisions
 - Chapter 6 of Emlet's *Descriptions and Prescriptions* for a sample of diagnoses to avoid in order to provide moral-laden biblical counseling
 - As for diagnosis codes, I often start with Adjustment Disorder. I will use this if I do not have a good sense for diagnosis at the onset of treatment as it gives me time to really explore what is the most effective/appropriate diagnosis for an individual. Insurance companies will often honor this for the first 90 days. After that, a more "formal" diagnosis is required.
 - Another diagnosis I used to give frequently was “Depressive (or whatever) disorder, NOS (which means *not otherwise specified*).” That was the DSM-IV term. The terminology in the DSM-5 is *unspecified*. Most insurers accept these.
- Insurance providers
 - I am not in network with any insurance companies, so I don't work with any directly at all. My clients typically decide what they want to do with the form I provide that indicates type of session, duration, date, and diagnosis code... as well as all my business/provider information.

- Other examples
 - I have found in my practice that I can discuss these topics with unbelievers who know that I am a believer because they have read my informed consent before we started counseling, and inevitably they will give me an entree to discuss the gospel openly. For example, in a recent marriage counseling session, the subject turned to forgiveness and barriers to being able to forgive, and I told them a story. The story I told was, essentially, the parable of the unforgiving servant from Matthew 18, without any reference to the Bible. As we discussed such an unfathomable debt, the incredible forgiveness extended, and the lack of forgiveness offered, before long we were talking about human depravity and the gospel. They asked me where I got the story, and I told them it was from the Bible and explained it to them from Matthew 18. The husband looked at his wife and exclaimed, “This is what we’ve been missing!” This kind of thing happens all the time. I love seeing unbelievers in a clinical setting.
 - When I counsel individuals experiencing depression, I bring up the common compounding struggle of isolation. Asking about the quality of social support they have where they can be vulnerable and encouraged gives me the opportunity to inquire about their openness, especially when they are isolated, about suggesting church as a place for this kind of community. One way I can navigate limitations I may be under is to serve as a conduit to settings where these limitations do not exist. This comes with the added benefit that church friends are long-term relational influences, while as a counselor my role is short-term.
 - When I counseling individuals experiencing anxiety, I bring up the subject of how the individual copes with situations outside of their control. This issue of trust opens the door to conversations about they make sense of hardship. This existential question is a frequent door to speak of “ultimate questions” and segue back to my initial informed consent about wanting to address the entire person; from bio-psycho-social-spiritual perspectives.
 - Since much of my theoretical approach involves the cultivation of meaning and awe, there are very naturally discussions of how the client encounters meaning, what cultivates awe in them, and this in turn can direct the conversation toward a discussion of faith.

Two Closing Questions:

1. How did the case study above conclude?
2. Was this an example of “successful” biblical counseling?