

THE PASTOR
AS
COUNSELOR:

**Role Definition, Process Clarity,
& Skill Development**

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Role Definition, Process Clarity, and Skills Development**

We want everything we do as pastors to result in the spiritual development and personal flourishing of those under our care. This could be taken to mean that everything a pastor does is counseling. But it is helpful and appropriate to distinguish between things like: one another care between members, general pastoral care, formal pastoral counseling, and professional counseling.

In this brief, eight lesson series you will be equipped with the basic categories, processes, and skills of serving as a pastoral counselor. The intent is to equip you to utilize your current level of awareness regarding particular life struggles to your fullest pastoral potential.

BEFORE THE FIRST MEETING

These first three lessons provide the concepts necessary to understand key differences between general pastoral care and formal pastoral counseling. Additionally, these initial lessons equip you to shape expectations with the individual seeking counseling and navigate the relational dynamics that change when general pastoral care becomes formal pastoral counseling.

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FIRST MEETING

The first meeting is the most important meeting for counseling. Expectations will be managed, problems will be defined, and goals will be set. The density and intentionality of discussion in a first counseling appointment will set it apart from casual conversations.

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If the first session identified “what” and garnered trust, the middle sessions identify “how” and facilitate progress. The transition from the first to middle sessions is a transition from understanding to movement.

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In professional counseling, the last session is the end of the relationship. In pastoral counseling, the last formal counseling session is a transition back to a previous style of relating.

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**BEFORE
THE FIRST
MEETING**

Lesson One: Getting Started Well

When is a pastor a counselor? What emotion-laden conversations count as “counseling” conversations? Is it only the ones that happen in your office by appointment or do the tearful ones between services count too? When am I just a “friend offering advice” and when am I a “pastor offering counsel”?

Before we can know *how* to do pastoral counseling well, we must know *when* we’re actually counseling as pastors. This is not as clear as most people think it would be.

Let’s start by considering three questions that help you determine if someone is interacting with you for general pastoral care or is asking for pastoral counseling. If the answer to any of the following questions is “yes,” then two things are true:

1. You need to have a clarifying conversation; what professional counselors call “informed consent.”
2. This lesson series is going to equip you for what needs to happen from this point forward.

First, is this person accelerating the rate of their disclosure? Stated more simply, are they sharing more with you than the depth of your relationship would warrant? Do you know this person well enough that, if you were not their pastor, they would be sharing this information with you?

When the rate of disclosure is faster than the depth of relationship would warrant, then this person is talking to you in your official role as pastor. It doesn’t matter if you are in your pastor’s study, in the foyer of the church, or at a coffee shop.

Second, is this person giving artificial weight to your words? Again, to simply state this question, are they treating you like an expert? Do they have more confidence in what you’re saying than you do?

When someone is giving heightened weight to our words, we have an obligation to either (a) ensure that our words merit this weight, or (b) let them know that their confidence may not be warranted.

As an important side note, we need to realize that our competency as a counselor and the sufficiency of Scripture are not the same thing. *Acknowledging our personal limits is no insult to our Bible.*

Third, does this person want more than comfort and prayer? Sometimes people share weighty things with their pastor, but simply want prayer and encouragement. We don’t need to overly formalize these interactions or pressure someone to engage in a degree of care greater than they are requesting.

During a lecture series like this we can easily fall into the “to a man with a hammer, everything looks like a nail” trap. Just because we are talking about formal, pastoral counseling doesn’t mean that formal, pastoral counseling is what every emotion-laden conversation with a church member should become.

As a general rule, *the church member should decide* if general pastoral care becomes formal pastoral counseling, and, when this decision is made, *the pastor should inform* that person about the implications.

Notice what I didn't give you, because I can't. I didn't give you a T-chart with life struggles that pastoral counselors should address in one column and life struggles that professional counselors should address in the other.

Subjects for Pastoral Counseling	Subjects for Professional Counseling
1.	1.
2.	2.
3.	3.

That's what we want. It would make life simpler. So why didn't I do that? *When we think in terms of a T-chart we add to the stigma and isolation commonly associated with counseling.* The person experiencing a life struggle that would merit professional counseling still needs Christian friends and a pastor.

We want to be pastors and lead churches that decrease the stigma and isolation associated with counseling. That means we need to think of counseling in terms of "styles of relating" rather than for "a certain class of struggles." Friendship, pastoral care, and professional counseling are each a style of relating which can be helpful for any life struggle. When done well, these styles of relating complement one another.

So that brings us to the question, "**What do we say when an informal conversation begins to move towards formal, pastoral counseling?**" Here are a few guiding principles:

- Let the individual finish describing the situation and framing their request before speaking.
- Thank them for trusting you as their pastor with this information.
- Affirm the wisdom and courage this person has shown by reaching out for help.
- Transition to an informed consent (i.e., expectation management) conversation as an extension of your desire to care for them well.

To put flesh on this outline, imagine a church member comes to you after service and begins to talk about a life struggle. Here is what your response might sound like:

Initially it sounds like listening until the person is (a) satisfied they have described their situation and (b) made a request for how they would like you to help.

If, while listening, this church member just wants you to pray for them, you would pray. If that feels incomplete, ask if they would like to talk further.

"Thank you for being willing to share this with me. Too many people hurt alone and in silence. When they do, it feels like God is distant from their pain. I wish more people invited their church to care for them like you are doing. If it's okay with you, let's set a time to meet this week when we can talk more and discern what resources in our church or community might be the best fit to help you."

The closing sentence in this sample statement sets the expectation that the first meeting will be focused on assessing the situation and identifying best-fit resources to care for them. Additional informed consent can be provided during this first meeting if it is determined that formal, pastoral counseling is a good fit.

This brings us to one final question in this lesson, "**How do I know if I'm a good fit for their needs?** How do I make a decision about whether my level of competence would allow me to provide quality pastoral counseling?"

We'll answer this question in two ways. First, I will give you a *simple litmus test question* that serves as a subjective, intuitive gauge. Second, I will give you a *point-based chart* to provide a more objective framework for this decision.

Here is a **simple question**, “Do you know the next question to ask and why you would ask it?” If you feel lost in how to direct the conversation, then your level of competence for their struggle is that of a friend rather than a counselor. That’s still an immensely valuable role.

If you want a **more objective gauge**, consider the chart from Garrett Higbee’s book *Uncommon Community* (page 51; modified and adapted):

	WITH FRIEND	AND PASTOR	AND PROFESSIONAL
SEVERITY	1	5	10
	Wisdom Issue	Moderate Conflict	Crisis
	Mild Stress	Distressed but Functioning	Stronghold Sin
OWNERSHIP	Everyday Problems	More Complex Issues	Significant Suffering
	1	5	10
	Repentant	Sees Sin	Blame Shifts
SUPPORT	Open	Makes Excuses	Defensive
	Highly Teachable	Moderately Teachable	Denial - Not Teachable
	1	5	10
SUPPORT	Close to Family	Some Family Support	Estranged from Family
	Intimate and Accountable	Few Friends	No Friends
	Vulnerable in Small Group	Somewhat Open in Small Group	Isolated - Not in Small Group

The **three rows** in this chart define three areas of assessment: (a) *the severity* of the life struggle, (b) the *level of ownership* over key choices, and (c) the *degree of social support* in the individual’s life.

The **three columns** provide descriptions that indicate a growing degree of concern: (a) the one point column describes things a mature Christian friend should be able to assist with, (b) the five point column describes things for which it would be preferable to have a pastor come alongside that mature Christian friend, and (c) the ten point column describes situations for which the advisement of an experienced counselor would help the pastor and friend.

Garrett Higbee provides the following scoring system for this chart (page 51; modified and adapted):

- **3-9 Points:** The peer-support care of a good friend or small group should be adequate
- **10-21 Points:** Adding pastoral consultation and counseling is advised
- **22-30 Points:** Adding the perspective of an experienced counselor is recommended

The *transition from column one to column two* is when one member in your church says to another, hurting member, “I am grateful to get to walk with you through this hardship. I want to make sure we benefit from all our church has to offer. Can we also talk with our pastor about this to get his input?”

The *transition from column two to column three* is when you, as pastor, would say something like, “I can tell why this has been challenging. It’s not immediately clear to me either how to best respond. I appreciate your trust in talking to me. I think our care for you, as a church, would be enhanced if you spoke with an experienced counselor, so that we are sure we are not missing something as we walk alongside you.”

It is important to remember that *making a referral is not a “hand off” but “adding a member to the care team.”* You are not outsourcing pastoral care but getting another set of more experienced eyes on the situation. You continue to provide pastoral care, just with greater confidence that important elements in this person’s care is not being overlooked.

Hopefully, knowing when, why, and how to have the conversation covered in this lesson will allow you to engage with the rest of this tutorial on pastoral counseling with greater freedom. *When we realized that we don’t have to be good at everything to be a good pastor, it frees us up to fulfill with excellence those that we are equipped to do.*

Follow Up Resources

- If you want to know more about how to vet quality counselors in your area, consider reading “[How to Vet Potential Counseling Referral Sources.](#)”
- If you want a more extensive discussion of how to triage the severity of a counseling case, consider reading “[Counseling Triage: Where to Begin with Complex Struggles](#)” or “[How Do I Know If My Life Struggle Merits Counseling?](#)”
- If you want to be able to better articulate the difference between peer-based care and formal counseling, consider reading “[Mentoring vs. Counseling: What’s the Difference?](#)” or “[How Would Formal Pastoral Counseling Compare with Counseling from a Licensed Counselor?](#)”

Lesson Two: Structure of Pastoral Counseling

In the first lesson, we began to make a distinction between *general pastoral care* and *formal pastoral counseling*. You may find it intuitively appropriate to make this distinction, but difficult to articulate the difference. If it is hard for you, as the pastor, then it is likely also difficult for the church member seeking counseling.

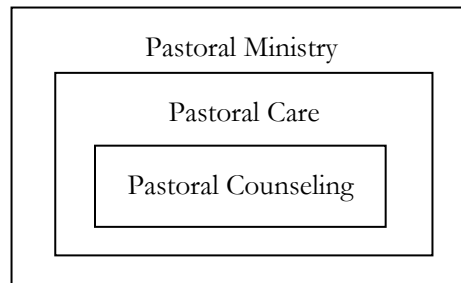
As the helper in the relationship, it is a pastor's responsibility to explain what the difference between:

- (a) praying with a church member about grief after a service as compared to
- (b) meeting with someone to talk about their experience of depression; or

- (a) visiting a church member in the hospital as compared to
- (b) meeting with a married couple to talk about conflict resolution.

Helping you have these conversations well is what this lesson is about.

Before we can explain something well, we must understand it clearly. David Benner provides a three-fold distinction between pastoral ministry, pastoral care, and pastoral counseling that can help us begin to develop this clarity (*Strategic Pastoral Counseling*, pages 14-15).



If we wanted to define each aspect of a pastor's role, we could do so like this:

- **Pastoral Ministry** is what pastors do for *the congregation as a whole or with subgroups of the congregation*: preaching (including sermon prep), teaching, leading worship, leading committees or workgroups, leading ministry teams, advising small group leaders, and other equipping tasks.
- **Pastoral Care** is *ministry at the pastor's initiative with individuals or families*: visiting the sick and homebound, reaching out to families during seasons of grief or tragedy, praying for church members, encouraging volunteer leaders, and enacting church discipline.
- **Pastoral Counseling** is ministry done *in response to a member's request that is focused on giving guidance to a particular need*. Based on what we learned in the previous lesson, the accelerated rate of disclosure and imbalance of power (i.e., giving additional weight to our words) means that confidentiality is relevant to these conversations. In ministry contexts, the legal term for confidentiality would more accurately be called pastor-parishioner privilege.

To help you assimilate these concepts, take a moment and place the pastoral activities you've done over the last week into the three-column chart below.

Pastoral Ministry (Teaching / Equipping)	Pastoral Care (Pastor Initiated Care)	Pastoral Counseling (Church Member Requested Care)

The purpose of this lesson is to answer questions like:

- What do I need to say and do in order to begin formal pastoral counseling appropriately?
- What obligations do I have in column-three-ministry that don't exist in columns one and two?
- How do I protect congregational responsibilities (columns one and two) from being crowded out by the time consuming and narrow focus of column three?

We will address these questions under two headings: (a) **expectation management** and (b) **understanding confidentiality**.

There are two qualities of pastoral counseling that can allow it to go on for an indefinite duration of time: *it's free and convenient*. The lack of monetary expense, proximity of the church, and flexibility of scheduling remove common inconveniences that limit the duration of professional counseling relationships.

In order to balance the care of an individual (sheep) with the care of the congregation (flock) a pastor (shepherd) will have to clarify the expectations around counseling. The same values that resulted in the creation of deacons in Acts 6 are relevant to expectation management for pastoral counseling. Pastors are finite people; therefore, how they manage their time with respect to their various roles is important.

In Lesson One we left off with the level of informed consent that should be provided prior to a first meeting. Here we will pick up with where that conversation should resume in the first formal meeting by looking at five key elements in this conversation.

The **first thing** that should be communicated is **appreciation and affirmation**. Asking for help is not easy, but it is good. When people do hard, wise things, a proper pastoral response is to affirm them. If we start with informed consent instead of appreciation, then the interaction feels cold and impersonal.

“Thank you for being willing to meet today. As a pastor, I admire those who are willing to seek godly counsel for their life struggles. I wish more people were willing to take this step...”

The **second element** in this conversation is to **clarify the pastoral counseling role**. The word “counseling” can mean many things in our culture. Taking the time to explain the nature of the counsel you offer is an important part of pre-care.

“... As a pastor, I enjoy helping people pursue Christlikeness amid life's challenges. I want my counsel to help people grow in their faith and deepen their understanding of Scripture. In professional settings, my approach to counseling would be called *character formation* and *narrative*

reframing. If other forms of guidance are helpful, I am happy to help you find those as we continue to work on deepening your walk with Christ together...”

A **third component** of this conversation is to **acknowledge your capacity and limitations**. If you were hosting a birthday party at your house and had 15 cupcakes for 15 guests, saying “just take one” would be a form of hospitality. Similarly, articulating our capacity as pastors is a form of pastoral hospitality.

“... I find that I help people best when I acknowledge my limitation up front; both my training and capacity. My training is to offer the hope of the gospel from the truth of Scripture.

If I am going to be faithful in balancing the care for the congregation as a whole and individual members, my capacity for formal counseling is about six meetings. If your needs extend beyond that, we can discuss how we rally relationships within the church and/or professionals in our community to ensure your care needs are met...”

A **fourth topic** in this conversation is **clarifying confidentiality**. When a church member increases the depth of their disclosure to a pastor, who also ministers in their circle of family and friends, understanding the parameters of confidentiality is important. We will discuss three key concepts related to confidentiality before giving a vignette of how to describe this to a church member.

First, Let’s start by *differentiating gossip from breaking confidentiality*. Gossip is a violation of trust in a peer-based relationship. Breaching confidentiality is a violation of trust in a privileged relationship. Both are sins and relationally offensive, the latter represents a deeper level of betrayal.

Second, what do we mean by “*privileged relationship*”? A privileged relationship is one where you have access to information beyond what you would have based on friendship alone. For instance, your doctor has privileged information about your health history. Similarly, pastors are often entrusted with a significant amount of information about their member’s personal, spiritual, emotional, and relational history.

Third, *pastoral ministry bridges casual and privileged interactions*. As pastors, we talk in foyers, small groups, potlucks, and our office. We talk about children, sports, mission trips, sins, and tragedies. We talk in the role of friend, ministry supervisor, accountability partner, and counselor. *As the helper in the pastoral counseling relationship it is our responsibility to ensure the individual under our care understands when our role changes and the implications*. So, the vignette we’ve been creating would continue...

“... When, as your pastor, I also serve as a counselor, the rules of our relationship are different. Most of my pastoral conversations are public; meaning they play by the rules of friendship. Counseling conversations are both private and purposeful. *Private*, meaning I will not talk with anyone else about these conversations without your permission unless legally required to do so. *Purposeful*, meaning we are working towards a goal. We’ll talk about your goals in just a moment

But, in light of this conversation, my request is that you help me protect your confidentiality by not raising questions about things we discuss in counseling in the presence of people you do not want to be involved in the counseling process...”

A couple of observations on this part of the informed consent conversation are warranted. If you intend to consult with other pastors or elders about counseling cases, you need to request permission from the counselee at this time. Following the biblical teaching about there being wisdom in multitude of elders does not excuse violating pastor-parishioner privilege.

Also, if church discipline is a possible element of your pastoral care, that would also need to be disclosed and explained. As pastors, we do not have to read counselees their “Miranda Rights.” However, we should honor counselees by ensuring that they understand the implications of their words and actions.

The **fifth and final part** of this conversation is to **transition towards gathering history and identifying goals**. After allowing for questions about the previous points, your focus should turn to listening. These first four topics should be able to be covered in 5-7 minutes. The rest of the first meeting should be reserved for listening (Lesson 4) and identifying goals (Lesson 5).

“... I hope this all makes sense. I always want to make sure people understand the implications of meeting with their pastor for counseling. *It's not that I'm special, it's just that these conversations are unique, and I want to honor them as such.* Do you have any question? [pause... listen... clarify]

Great. My main goal today is to hear what is burdening you. So, do you mind sharing with me the main things you would like to work on and the pertinent parts of your story for how we got here?”

We will cover how to listen well and identify goals in future lessons. The main thing for you to know from Lesson One is *when* a version of this conversation is needed. The main thing for you to know from Lesson Two is *what* the key elements of this conversation are and how to have discuss them. The more comfortable you are with when and why informed consent is needed, the less awkward you will feel having the conversation. The more comfortable you are, the more comfortable the counselee will be, and the more effective counseling will be.

Follow Up Resources

- If you want to know more about the types of struggles that are discussed in counseling, consider reading “[What is Counseling About? Problems in Living, Meaning of Life, or Mental Health?](#)”
- If you want to know more about the differences in pastoral versus professional counseling, consider reading “[Comparing Pastoral Ethics and Counseling Ethics.](#)”

Lesson Three: Good Pastoral Assessment

In counseling, methodologies *should* flow from assessment. Too often, for pastors, assessment *actually* flows from our preferred methodologies. What do I mean by that?

We can begin unpacking this concept by considering the two predominant methods of pastoral counseling: (a) character formation and (b) narrative reframing. **Character formation** is instruction or guidance on pursuing holiness and Christlikeness amid life's hardships. **Narrative reframing** is coming to understand particular challenges in light of the ultimate hope of the gospel.

These two types of instructional-based counseling methods are what pastors tend to enjoy most and feel most equipped to do. That is wonderful. However, *when what the pastor enjoys most about counseling is assumed to be what the church member will benefit from most, that is not wonderful*. Actually, it's bad.

How do we, as pastors, avoid assuming our preference is our church member's best interest? The answer is assessment. *If we skip to instruction without doing assessment, we are not doing good pastoral counseling*. You don't want a car mechanic or plumber who doesn't do good assessment. Your church members don't want a pastoral counselor who doesn't do good assessment.

We will discuss two type of assessments in this lesson: (a) moral assessment, and (b) severity of problem assessment. We want to assess what moral categories best captures our church member's life struggle and we also want to assess what aspect of their life merits our attention first.

We begin with **moral assessment** because it is the most natural category for pastors to consider. Pastors want to make sure they are not excusing sin or distracting from needed repentance.

Two dominant categories exist for moral assessment: *sin and suffering*. Pastors tend to default towards a sin assessment because the implications of the gospel are clearer: Jesus died for our sin, purchased forgiveness from sin, and gave us freedom from the dominion of sin. *When sin is the problem, it is clear how Jesus is the answer*.

But let's consider several situations where suffering is in the forefront of someone's life struggle. The list below moves from scenarios where pastoral counseling for suffering is relatively clear to situations for which it is less clear. The goal is to help you identify instances of suffering you might miss it.

- **Grief** – We recognize it would be inappropriate to label sadness at a funeral as a lack of faith. We intuitively recognize that suffering, not sin, is at the forefront in this situation; therefore, comfort, not forgiveness, is the most appropriate form of care.
- **Illness** – We know that the person battling with cancer needs encouragement rather than correction for their discouragement. A Christ-like response to them would be a version of “The spirit is willing but the flesh is weak.” *Weakness* is suffering, not sin.
- **Trauma** – Things can get less clear here. The distance between traumatic event and emotional manifestation can cause us to lean towards a sin-assessment. Being in an earthquake six months ago

can make the unexpected starting of the air conditioning unit a fear-provoking experience. That is not wrong (sin); it is *hard* (suffering). Instruction on how to offset the impact of suffering is needed.

- **Aptitude Challenges** – What about a low emotional intelligence husband who is trying to love his wife but his best efforts are subpar? What about the employee who lacks good organizational skills and it getting bad performance reviews? Would we call these things laziness and neglect (sin categories), or would they be more accurately understood through the lens of suffering?

If our only counseling methods are for sin-based struggles, then we would be prone to assess these struggles as idolatry, a lack of faith, resistance to owning one’s sin, or laziness.

Based on these wrong assessments we could give good counsel (meaning, gospel-based) that was a bad fit (meaning, wrong moral category) and the results would be spiritually and emotionally damaging. We would be an inaccurate ambassador of Christ even if we could biblically proof text everything we said.

The reality is that we are all both sinner and sufferer. But this does not mean we are equally sinner and sufferer in every situation. A drunk driver may be drowning their pain from a tough childhood, but in that moment their sin is at the forefront of the care needed. Conversely, an abused child failing in school may be neglecting their schoolwork, but their home environment would merit attention before their study habits.

Pastorally we should help someone sort their moral laundry, so they know what aspects of Christ’s redemptive work to access: forgiveness or comfort.

1. What part of your struggle is emerging from unbiblical behaviors, beliefs, or values (sin)?
2. What part of your struggle is emerging from hardships outside of your control (suffering)?

That raises another question, “Since both sin and suffering are present in all our lives, how do we know where to start?” This question brings us to the second type of assessment we need to do: **a severity of struggle assessment.**

Here, we will use a **five-level triage progression**: (1) safety, (2) addiction, (3) trauma, (4) character, and (5) skill. **The big idea** is that *we should address upper level concerns before lower level concerns.* For example, we won’t be effective at character formation (level four) when someone is addicted to a mind or mood altering substance (level two). That is why addiction should be addressed first. Each sample dialogue below models how to redirect a counselee towards a higher level than their presenting problem.

However, it should be noted that in the higher categories denial is likely to be a complicating factor. For example: abusers, addicts, and those who have been traumatized are very prone to deny or minimize the impact of their struggle. A good triage model provides a reason-based system to appeal to in order to help individuals see why would not be effective to just “be nicer” and learn to “do better”.

1. Safety: *When the basic requirements of safety are not present, safety takes priority over any other counseling concern.* Safety is never an “unfair expectation” from a relationship. This category includes thoughts of suicide, violence, threats of violence, destruction of property, and similar experiences.

Sample Dialogue (suicide): “I hear you talking about how hard it is for you to live realizing how much pain you’ve caused your family. It makes sense why that is overwhelming. But I want to make sure our conversation does not add to your sense that life is not worth living. Can we pause from talking about what has happened with your family to talk about why suicide is not an answer?”

Sample Dialogue (abuse): “I can tell you’re very upset about the ways you believe your wife disrespects you, but in describing that, you’ve mentioned several things that are concerning: striking her when she ‘back-talked,’ not allowing a conversation to end when she asked for a break, and not allowing her to have access to transportation or talking to her parents. These behaviors are abusive and controlling. They raise concerns of safety which supersede potential concerns of disrespect. The way you describe her offensive actions as ‘causing’ (by implication excusing) your actions, indicates that your lack of self-control is a greater concern than the prompts for conflict.”

2. Addiction: After safety, the use of mind or mood altering substances is the next level of priority concern. Addictions inhibit any maturation process. The consistency and stability required for lasting change are disrupted by addiction. Addiction here is not limited to substance abuse but could also refer to habituated life practices that lead to destruction (e.g., overspending leading to bankruptcy).

Sample Dialogue: “It is good that you want to learn how to manage conflict with your spouse, but when you’ve described your arguments they are usually in the evening when you’ve been drinking. It seems you ‘have a drink’ more nights than you do not, and this leads to much of the conflict with your spouse. Several times you’ve blamed what you’ve said as being excessive because you ‘had too much to drink.’ It is doubtful that you will practice the self-control necessary to engage conflict well as long as you abuse alcohol in the way you do. For this reason, if you are serious about your desire to manage conflict better, then you will need to address your substance abuse problem.”

3. Trauma: Trauma is when past events significantly shape how we respond to present events. When in counseling, you notice the “then and there” creating an inability to respond to the “here and now” on its own terms, then it is likely you are speaking of a traumatic experience that needs to be resolved before the presenting problem can be effectively addressed.

This category could include physical or sexual abuse, significant verbal or emotional abuse, exposure to an act of violence, experience of a natural disaster, or a major unexpected loss.

Sample Dialogue: “I admire your desire to become ‘a more positive person’ and willingness to acknowledge how your pessimism may be impacting the sense of security in your children. But what you’re calling ‘being negative’ or ‘anxiety’ seems to be hypervigilance – a natural response to a trauma, like what happened when you lost everything in the house fire last year. I believe the most effective way to shape your character in the way you desire is to understand the impact of the trauma you and your children went through, so that you do not try to ‘just be stronger’ in a way that makes your normal response to a tragedy seem like a defect in your character.”

4. Character: Character refers to persistent dispositions that express themselves in a variety of ways across a variety of settings. Skill training alone will not change character. If character concerns exist, then teaching skills without addressing the core values of an individual tends to result in change that only lasts as long as the consequences of misbehaving.

Sample Dialogue: “It takes a great deal of courage to admit you need to become a less controlling person. But the kinds of questions you’re asking center on the ‘rules of relationship’ – what you can and cannot expect from others without being considered controlling. If we engage that conversation, I’ll just be helping you become a controlling-person-no-one-is-allowed-to-be-upset-with. It seems to me you are too emotionally dependent on your friends for your sense of security. As long as that is the case, even reasonable expectations will carry too much weight for you and friendship will be strained by your response to the normal short-comings of imperfect people.”

5. Skill: With skill level changes there will usually be a high degree of self-awareness that change is needed in the moment when change is needed. However, confusion or uncertainty prevents an individual from being able to respond in a manner that it is wise and appropriate.

Sample Dialogue: “I can understand why you are upset with yourself for frequently being late and disappointing your friends. It’s good that you’re willing to address this pattern, but I’m not sure it means you’re “chronic liar” (your words). It seems that you’re an extrovert who gets so lost in one moment you lose any sense of what’s next. If this is accurate, then we can begin by learning some scheduling or time management techniques. If this resolves the problem, then this is just a strength-weakness of your personality of which you need to be more aware and manage better.”

To help you begin to think in these categories, reflect on a couple of your more difficult pastoral counseling cases and use the chart below to help you sort through how good assessment could have helped you care for this individual or family better.

Counseling Case	Safety Concerns	Addiction Level Concerns	Trauma-Related Concerns	Character Concerns	Skills Needed
1 [Name]	__ Sin __ Suffering	__ Sin __ Suffering	__ Sin __ Suffering	__ Sin __ Suffering	__ Sin __ Suffering
2 [Name]	__ Sin __ Suffering	__ Sin __ Suffering	__ Sin __ Suffering	__ Sin __ Suffering	__ Sin __ Suffering
3 [Name]	__ Sin __ Suffering	__ Sin __ Suffering	__ Sin __ Suffering	__ Sin __ Suffering	__ Sin __ Suffering

Follow Up Resources

- If you want to know more about types of counseling conversations or methods, consider reading [“Four Types of Helpful Counseling Conversations.”](#)
- If you want to know more about how the biblical category of idolatry can be shaped by experiences of sin and suffering, consider reading [“Idols of Sin vs. Idols of Suffering.”](#)
- If you want to know more about how the gospel speaks differently to the experiences of guilt, shame, and regret, consider reading [“The Difference Between Guilt, Shame, and Regret.”](#)
- If you want to know more about how “good counsel” can be both simple enough to follow but complex enough to be hard to give, consider reading [“Simple Counsel; Complex Counseling.”](#)

THE FIRST MEETING

Lesson Four: Incarnational Ministry – Listening and Empathy

Let's start with the question, "How does (should) a counselor listen differently than a friend or peer?" I believe the answer can be found in a metaphor: a friend listens as *a participant in your story* while a counselor listens as *an observer of your story*. As a pastoral counselor, you are a peer stepping into the role of counselor.

Listening as a friend creates the tendency to be self-referential in your listening; asking (whether out loud or not) questions like, "What do you want me to do about this? What should I have done to prevent this?" These are not bad questions. At the right time, they are proactive and loving questions. But in the early stage of counseling, they put you too much at the center of your counselee's story.

A counselor should be more objective. The kind of questions a counselor filters through are: "Who are the key people and events in this story? How is my counselee making sense of what is happening; to whom are they assigning responsibility? What is most significant to this person about their story? What would make the biggest difference, for better or worse, in the story I'm being told?"

These questions are not always good. From a friend they might come across as too impersonal or aloof. But from a counselor, they allow someone to feel understood and like their concerns are at the forefront.

Let's introduce a more theological metaphor. **Listening is incarnational.** *Listening is how we enter another person's world.* Just like Jesus' earthly ministry began with the incarnation, so pastoral counseling begins with entering someone's world and getting to know it *as they experience it*. Reflect on Hebrews 4:15-16.

"For we do not have a high priest who is unable to sympathize with our weaknesses, but one who in every respect has been tempted as we are, yet without sin. Let us then with confidence draw near to the throne of grace, that we may receive mercy and find grace to help in time of need."

Notice in this passage that incarnation did two things. First, the *incarnation created empathy in Jesus* – he resonated with our experience. Second, the *incarnation cultivated trust in us* – we were drawn near to embrace what Jesus had to offer. In pastoral counseling, listening should have the same effects: creating empathy in the pastor and cultivating trust in the counselee.

This begs the question, "What prevents us from engaging in this kind of incarnational listening?" The answer is usually neither a lack of desire (we got into ministry to help people) nor lack of ability (listening is something we are all capable of doing). The answer most often is that listening makes us uncomfortable.

When we listen well, we don't impose our assumptions, preferences, and perspective on the other person's experience. This is hard for pastors for two reasons. First, we like to teach, so not imposing our perspective on someone's story takes restraint. Second, hearing someone's difficulty, and accompanying emotions, without immediately trying to fix it is uncomfortable.

That brings us to the **number one skill of counseling** – *being comfortable being uncomfortable*.

Who do we think about most when we are uncomfortable? Ourselves. We focus on our discomfort in the same way get preoccupied with a jammed finger or stubbed toe. This is the opposite of being incarnational. Every sermon should end with resolution. Every counseling session will not. That's uncomfortable.

What changes in us when we allow discomfort to make our thinking self-referential? We begin to ask ourselves “What would I do in this situation? What is my most similar experience to this?” These kinds of questions force the counselee into our world.

We also shift from “problem solving thinking” to “recall thinking.” This response puts us in teaching mode. We start *recalling* past sermons or Bible studies for relevant teaching points. We want something to say when person in front of us stops talking. We focus on what we might *say to this person* (statements) instead of what we need to *know about this person* (questions). Remember, we’ve just started the first session.

Now that we see the importance of listening and power of empathy, we are in a better place to ask, “How can we become more skilled at listening as a pastoral counselor?”

The Practice of Listening

Let’s start with the simple reality, no instruction can create or replace desire. *The main skill in being a good listener is wanting to be a good listener.* The **seven techniques** below are merely tangible expressions of this value.

1. Show and Maintain Interest

As we’ve said, it can be easy to allow your focus to shift towards what you are going to say next. When this happens, it is likely your next comment will not pick up where your counselee left off. This communicates that what you are thinking is more important than what they are saying. The more this occurs, the less trust there is in the counseling relationship.

2. Honor through Body Language

Indicators of attention are primarily non-verbal: eye contact, leaning forward, nodding your head as you track with the conversation, pleasant facial expressions, relaxed shoulders, and removing distractions.

When we fail to honor the other person through body language, we create a temptation for them to increase the “force” of their speaking in order to gain our attention. At a time when we want to be calming presence for our counselee, a lack of honor through body language becomes a temptation to increase their emotional intensity in order to get what their feelings understood by the person who is supposed to be helping.

3. Clarify Confusing Points

Often a confused expression or tilted head is enough to request clarification without interrupting. *Expressing confusion well is a form of honor. It means we want to understand.*

If more than a confused expression is needed, how do we express confusion well? We do this with clarifying questions which assume there is a good answer for what doesn’t make sense. For example, it is better to ask:

- “How do those two points fit together?” [assumes there is a good explanation] than
- “How can those two points both be true?” [expresses skepticism that there is an explanation]

We must remember *times of confusion tend to be critical junctures when trust either grows or evaporates.* Our counselee is already wrestling with whatever life difficulty caused them to reach out to us. They don’t need to also feel like they are being cross-examined.

4. Summarize Information

A step beyond clarifying is summarizing. This is when we test whether we can translate their experience into our words. This is not imposing our perspective or offering a reinterpretation but vetting how well we have entered our counselee's world.

Summarizing can be done with classic reflective listening phrases:

- “What I hear you saying is...”
- “Would it be fair to represent what you've said in these words...?”
- “Would I be capturing the key parts of what you're saying if I said...?”

Beyond ensuring that you are responding to what the other person actually said, reflective listening has another benefit. It allows you to clarify whether your response is to *a part or the whole* of what your counselee was trying to say.

For the directive element of pastoral counseling to be effective, the counselee needs to know that we haven't arbitrarily reduced their experience to one component. While in the goal setting phase (next lesson) we may narrow our focus, our counselee should feel like their total experience has been heard, understood, and taken into account. Summarizing well is how we do that.

5. Listen to Affirm / Honor

When counseling, it is so easy to just listen for what needs to be different, changed, or corrected. Counseling is a problem-focused endeavor, so it is easy to fall into a problem-focused mindset.

Without being falsely (or annoyingly) positive, we also need to listen for what is good, accurate, courageous, steadfast, or faithful in what our counselee is saying. In counseling, *it can be just as effective to build on strengths as it is to shore up weaknesses*. Our approach to listening needs to reveal that we are seeking to do both.

6. Listen Like You're Taking a Prayer Request

After considering so many techniques related to listening, we might need to re-ask the basic question, “How do I know if I have listened well?” Here is **a good litmus test** – *could you pray for your counselee in a way that they felt like accurately represented them to God?*

If we can pray and our counselee say, “Yes, that is what I would have wanted to say to God if I could have put into words,” then we have listened well. This simple litmus test lets us know when we have listened well enough to transition to the goal setting phase of counseling.

7. If You Don't Know What to Say, Ask More Questions

Often the pressure to know what to say is what prevents us from listening well. Hopefully the previous points have helped alleviate this pressure. If not, this final one can help.

Give yourself the freedom to merely ask another question if you don't know what to say. This freedom can often be the thing that makes the implementation of these other skills possible.

Instead of thinking, “What do I need to say to this person?” Ask yourself, “What do I need to know about this person or their situation in order to provide more helpful counsel?” This pivots you towards resolving confusion with good questions instead of giving generic (even if biblical) advice.

What about Note Taking?

One final subject is relevant to our discussion on listening. Should a pastoral counselor take case notes? As you listen with empathy, should you write down what you’re hearing?

Here are **a few evaluative questions** to help you make this decision.

- (1) Do you know what to do and not do with those notes?
- (2) Can you protect the information you write down?
- (3) Do you know what do with those notes after the formal counseling relationship concludes?

If the answer to these questions is “yes,” then taking notes can be an effective way of retaining information, recording goals, and tracking progress between sessions. If the answer to these questions is “no,” it is better not to take notes.

If you take notes in pastoral counseling, you should let your counselee know:

- (1) how these notes will be *stored*,
- (2) who will have *access* to them and on what terms, and
- (3) if/when/how you will *dispose* of the notes when counseling concludes.

The notes you take is their story that they are entrusting to you, so they should know how it will be handled.

Closing Exercise: As you finish this lesson, allow me to give you assignment. Write down the key points of this lesson on listening. Share them with at least one person in each key area of your life: home, church, recreation, friend, etc.

Invite each of those people to give you feedback on your strengths and weaknesses. Allow their feedback to shape where you place your emphasis in how you seek to grow in response to this lesson.

Follow Up Resources

- If you want to learn more about navigating conversations with someone resistant to change, consider reading [“Conversations with Someone Not Ready to Change: Rolling with Resistance.”](#)
- If you want to learn more about how effective listening makes the directive elements of your pastoral counsel more impactful, consider reading [“Why Your Pastor Can’t Be More Practical than You Are Honest.”](#)

Lesson Five: Goal Setting

There are two things you want to accomplish in a first meeting: (1) hear the person well, and (2) establish goals for counseling. The previous lesson was about listening. This lesson is about goal setting.

Towards the end of the first session you want to be able to make a pivot statement something like this:

“Based on what I’ve heard you share; I think there are [one to three] things that are most important to you that we could work on together. [concisely articulate possible counseling goals] How well does this capture what you were hoping to accomplish?”

When you and the counselee have agreed upon shared goals and identified what can be done before the second meeting to move towards at least one of those goals, the first meeting is complete.

That’s where we’re going. Now we ask, how do we get there?

There is a sense in which you will reverse engineer this process. Begin the first session with this question in mind, “Based on the challenges this person is facing what are the most helpful and realistic things we could focus on over six to eight meetings (two to three months) to help them improve their life?”

Caveat: *What if the challenges this person is facing are larger than can be resolved in six to eight meetings?* Be honest. Recommend a more long-term care option and identify the pastoral support you can provide to supplement that long-term care. In these instances, your pastoral counseling goal will likely be to help them established in a good-fit, long-term counseling option.

If this is the case, you could recommend several counseling options to research. At the next meeting, you can help them discern the best fit. After that, you would likely schedule meetings with them monthly to hear how things are going and identify ways the church can be supportive. That is still good pastoral care.

But let’s not allow the more severe cases to distract from learning how to fruitfully conclude a first session of pastoral counseling. As we focus on pastoral counseling goals, we also need to consider a theological distraction that can hamper goal setting.

Theological Reflection: Areas of lifelong sanctification are not the same thing as pastoral counseling goals. If we equivocate sanctification with counseling goals, counseling will never end. There will always be something to work on.

Sanctification is about character formation (becoming Christ-like). The result is holiness. *Counseling goals* are about alleviating life struggles or navigating a difficult life transitions. The result is healthiness. We must remember that *holiness and healthiness are not in competition with one another*.

We always want to work on counseling goals in a way that contributes to our sanctification, but the possibility of greater sanctification does not necessitate the need for further counseling. A person who is healthy in their emotional and relational life does not need counseling but can always grow in virtue.

This is why establishing counseling goals begins with the question, “What is the acute life struggle or difficult life transition we are trying to navigate?” The focus of goal setting and the remaining pastoral counseling sessions is on alleviating the answer this question.

You’ll notice that the verb of choice is “alleviating” rather than “eliminating” or “remedying.” It is wise to use humble verbs. This is partly for theological reasons – sanctification is never finished – and partly for logistical reasons – trying to make things “completely better” often decreases our satisfaction with things being “significantly better.” Goal setting should foster the virtue of contentment.

As you begin to set goals, it is helpful to keep in mind the popular acronym SMART. Goals need to be:

- **Specific**
- **Measurable**
- **Attainable**
- **Relevant**
- **Time-Bound**

Let’s consider poorly-constructed and well-constructed counseling goals for each of these criteria.

Specific

- Poorly-Constructed:
 - “I want to feel better. I want to worry less.”
 - “I want to communicate better with my spouse.”
- Well-Constructed
 - “I want to be able to take a test without anxiety adversely impacting my performance.”
 - “I want my spouse and I to be able to express disappointment without becoming defensive towards each other.”

Ambiguous goals aren’t bad. They are a starting place. If someone comes to counseling and articulates their goals like the first set of examples, the follow up questions would be, “What would be the clearest or most meaningful thing that would be different when you ‘feel better?’,” or, “What is the most difficult or dissatisfying part of your marital communication that you’d like to improve?” The intent of these questions is to narrow and clarify the goal setting process. Helping someone make their goals more specific raises their level of self-awareness and cultivates their readiness to change.

Measurable

- Poorly-Constructed
 - “I want to be less depressed.”
 - “I want a better relationship with my teenage son/daughter.”
- Well-Constructed
 - “I want to cut the number of things I avoid because I’m unmotivated by 50%.”
 - “I want us to have two meals together as a family per week without any technology present.”

Subjective goals leave us at the mercy of recent events and provide little direction on the pivotal ‘choices of consequence’ in our lives. Our depressed friend might say, “I don’t know how to ‘just feel better.’” Identifying loneliness (avoiding people) and purposelessness (not engaging meaningful activities) as driving factors in their down mood can make key moments of change clearer. Our parent friend may be discouraged that their most

recent interaction with their teenager was poor and miss the overall quality of interaction that has emerged from having regular family meals together.

Attainable / Personal Agency

- Poorly-Constructed
 - “I want to be debt free. I’m tired of having money stress.”
 - “I want my spouse to listen to me more. I feel uninteresting to them.”
- Well-Constructed
 - “I want to create and follow a budget with enough margin that unexpected expenses don’t create a high level of stress and I only have mortgage debt remaining after two years.”
 - “I want to understand what my spouse finds interesting and learn how I can use those things to prompt higher quality of conversations between us.”

Goals can be unattainable because they are grandiose (debt free) or because they are third person (about another person’s actions). Again, this doesn’t mean they are bad goals. It means additional conversations are needed to determine the parts of the struggle that the counselee has influence over and what attainable progress towards their goal would be. In short-term pastoral counseling, you need to keep in mind that attainable means six to eight session (roughly, two to three months) in duration.

Relevant

- Poorly-Constructed
 - Spouse of an Alcoholic: “I want to increase the level of appreciation in our marriage.”
 - Student Failing School: “I want to spend more time with my friends.”
- Well-Constructed
 - Spouse: “I want to identify a few friends in whom I can confide why things are hard at home and tell them why their appreciation means more to me than it normally would.”
 - Student: “I want to figure out what I need to do differently with my studies so my time with my friends isn’t just an escape from stuff I don’t want to deal with.”

Some of the most difficult counseling situations emerge when someone gives goals that are not relevant to the primary struggle in their life. *Goals that lack relevance are usually towards good things that don’t change the main thing causing the problem.* In the first example, even if the spouse is appreciated more for the many extras they do because of their partner’s addiction, the overall quality of life is still likely to decline. In the first reframing of goals, the less relevant goal was redirected to a different context. Appreciation is unlikely to eliminate addiction, but appreciation is something that would increase the spouse’s resilience to persevere in a difficult context. In the second example, the less relevant goal is reframed as a beneficial outcome of focusing on the more relevant goal.

Time-Bound

- Poorly-Constructed
 - “I want to overcome my struggle with gambling.”
 - “I want to be less anxious.”
- Well-Constructed
 - “I want to overcome my struggle with gambling before I consider dating.”
 - “I want to have three months without a panic attack before I add anything to my workload.”

Imagine playing a game without a time reference (i.e., basketball without timed quarters or baseball without innings). It would make score keeping less relevant. You could be “winning” but you would never “win.” *Goals without a time reference generally create apathy via frustration.* Time references can either be units of time (the example of “three months”) or a significant life event (the example of “before dating”).

Observation: Helping someone create SMART goals may be one of the most impactful things you do in counseling. Setting good goals is an opportunity to teach effective problem solving. *Often the helpfulness of counseling is not just in the content of our counsel but in the process of arriving at the destination.*

In the same vein, if someone is resistant to engaging a wise problem-solving process, they are unlikely to effectively engage counseling. Going through a goal setting process in the first session is a way to assess someone’s readiness to change. Unmotivated counselees often claim that the Bible “doesn’t work” when counseling is ineffective when, in reality, the primary problem is their lack of engagement. Garnering commitment towards a well-defined goal is an effective way to remove this excuse.

After articulating well-crafted goals for counseling, there are two remaining things you can do to pass the baton to the second session well: (a) sequence the goals and (b) identify a transition assignment.

Sequencing: The ordering of goals can be practical or motivational. The *practical ordering of goals* answers the questions, “Which of these goals must be accomplished first in order for the accomplishing of the other goals to be viable?” The *motivational ordering of goals* answers the questions, “Completing which of these goals would create the most emotional energy for the counselee to complete the others?” There is not a universal best-choice between these two options. The choice should be made based on what serves the counselee and addresses their life challenges best.

Transition Assignment: This final element addresses the question, “How do we pick up next time where we left off this time?” If you done much counseling at all, you know this is harder than it sounds. You might ask the individual to track the frequency of an emotional experience, make a list of friends who could provide support, create a list of expenses to create a budget, or journal about a pivotal question. The possibilities are almost endless. *The big idea is that you want to give them something to do between sessions that allows you build on the momentum you’ve built in the previous session.*

Follow Up Resources

- If you want to learn more about the challenges of using the word “better” in goal setting, consider reading [“The Dangerous Double Meaning of Better.”](#)
- If you want to learn more about identifying a good-fit counselor, consider reading [“How Do I Find a Counselor Who Is a Good Match for My Needs?”](#)
- If you want to learn more about the complementary nature of pursuing holiness and pursuing healthiness, consider reading, [“Does Your Healthiness Aid Your Pursuit of Holiness?”](#)

MIDDLE MEETINGS

Lesson Six: Directive, Narrative, Reflective, AND Relief-Focused Counsel

It probably feels like we've been talking a lot about counseling and still haven't gotten to *the words of counsel* that you might actually say. Well, it feels that way because we haven't. It's time to change that. This lesson is about the different types of counsel you might offer.

Think of this lesson like examining different types of exercise: strength training (getting big muscles), cardiovascular conditioning (building your endurance), and flexibility work (maintaining a limber frame). All are important. If you were a physical trainer, you would want to be proficient in each. The same is true for pastoral counseling. You want to be competent in each of the types of counsel below.

Towards that goal, we will do four things for each type of the four types of counsel we will discuss:

1. Name each type of counsel
2. Define the benefits that can emerge from each type of counsel
3. Describe the context in which each type of counsel may be beneficial
4. Provide examples of what each type of counsel might sound like

The intent for this lesson is that you are not only biblical in *what* you say during counseling, but also strategic in *why* and *how* you say it.

Counsel Type One: Directive

We describe directive counsel first because it is what most intuitively comes to mind when we think about giving counsel. When we go to counseling, we want *practical advice on what to do or stop doing* to make our situation better.

Pastorally, directive counsel is usually *combined with biblical instruction and a moral guidance*. Pastors should provide a biblical basis for their directive counsel. Biblically based, directive counsel makes clear what the next God-honoring steps towards hope and wholeness could be.

Directive counsel is most effective when *confusion, distraction, or rebellion* are at the root of a given life struggle.

Examples of what directive counsel might sound like are:

“When you talk about your anger, you talk more about what’s going on around you than what is going on within you. In Luke 6:45 Jesus says, ‘Out of the abundance of the heart the mouth speaks.’ This means our words reveal what we value most. In Matthew 12:36 Jesus says, ‘People will give account for every careless word they speak.’ My recommendation is that you begin to speak of your anger as something you are doing rather than something that is happening to you. Until this is your consistent pattern, you are not really working on your anger. You are seeking compassionate support for blame-shifting. Owning your responses is an important step towards repentance and towards restoring relationship with those your anger has harmed.”

“It seems like that when you are anxious your attention span gets shorter. It’s like you think God is upset with you for being afraid. Then your sense of guilt accelerates your anxiety. In Psalm 56:3 it

says, ‘When I am afraid, I will trust in you [God].’ That is an invitation to turn towards God in our fear. I Peter 5:7 invites us to rest in God’s care when we’re anxious, ‘Cast all your anxieties on him [God], because he cares for you.’ God doesn’t want you to be anxious, but He does want you to feel safe with Him when you’re anxious. I think it might help you think clearer if we allowed these verses to view God as being *for you* in the midst of your anxious moments.”

Counsel Type Two: Narrative Reframing

If directive counsel is narrow – a clear, next step – then narrative reframing is broad – *placing a life struggle in a larger, redemptive context*. Narrative reframing is helpful when someone is struggling to resolve a life challenge not because they don’t know what to do, but *because they inaccurately defined that challenge*.

For example, someone might think their car won’t start because the battery is dead. In this case, jumper cables would be a logical solution. But if the alternator has gone bad, then jumper cables – while logical and often effective – will not help their car engine start.

Pastorally, narrative reframing is helpful when someone has *inaccurately defined one of the key elements in their life struggle*. Often narrative reframing focuses on the moral nature of an individual’s response (i.e., sin or suffering) or the disposition of God towards them in their struggle.

Examples of what narrative reframing might sound like are:

“You speak as if God is upset with you for not enjoying your job. It seems like you think it’s sinful that you don’t find your current job fulfilling. [Pause for person to respond to this possible interpretation of their experience] Being unfulfilled in a job is not necessarily the same thing as discontentment. You’re not slacking off in your work, badmouthing your boss, or creating a negative work environment for your peers. Those things would be indicators that your lack of fulfillment was sinfully expressing itself as discontentment. How much cognitive and emotional relief would it create if you felt free to explore other employment possibilities while continuing to honor God in your current job?”

“It seems that you are interpreting your current hardships as God’s punishment; as if God is trying to get your attention for something you’ve done wrong, but you don’t know what it is. [Pause for person to respond to this possible interpretation of their experience] I admire your willingness to respond in repentance and learn anything God wants to teach you. But I think your willingness may be making it feel like God wants repentance *from* you when in fact he wants to give comfort *to* you. How would it change your experience if you viewed God as compassionate towards your hardship instead of as if God was trying to teach you a lesson you were too stubborn to learn?”

Counsel Type Three: Reflective

In pastoral counseling circles, there is a tendency to be all-or-nothing with reflective approaches to counseling. Some believe reflective approaches are a near panacea, capable of resolving any life struggle. Others believe reflective approaches are rooted in heresy, teaching that everything we need for life can be found by looking within. Neither extreme completely accurate.

Reflective questions are helpful when *an individual lacks self-awareness*. A rudimentary example of this kind of interaction would be the classic parental interaction:

Parent: Why did you hit your brother?

Child: I was mad at him.

Parent: Why were you mad?

Child: He had the toy I wanted to play with.

Parent: Did your brother take it from you?

Child: No. He just had it and I wanted it.

Parent: What you are experiencing is called jealousy. It is something we all experience and tempts us to do bad things. Let's talk about jealousy before we talk about consequences...

Reflective counsel is *effective at identifying motives* so that calls to repentance (directive counsel) can be about more than outward behavior. Reflective counsel is also an *effective precursor for narrative reframing* for individuals who are wrongly interpreting their experience because they do not perceive themselves accurately.

Examples of what reflective counsel might sound like are:

“Let's try to put your experience of depression into words a bit better. If your depression could talk, what would it say? What might your depression want to change about your life? Is your depression responding to hurt, frustration, disappointment, or something that's hard to identify? [Pause for person to respond to this possible interpretation of their experience] Too often I think we try to 'feel better' before we listen to our emotions and discern what they're telling us about our life. The Psalms are a place where we see the value of listening to and articulating even our unpleasant emotions as we seek to honor God in hard times.”

“You describe yourself as being angry at God. But I don't hear you being hostile. Actually, you come across as being more upset with yourself than anything else. What I hear is that you're struggling to figure out what life is going to look like after your injury and wishing things would just go back to the way they were before. Grief might be a better name for your experience; grieving the loss of the abilities you had before. How well does grief capture what you're feeling? [Pause for person to respond to this possible interpretation of their experience] If you understood your primary emotion as grief, which often has a component of anger, how would that impact our conversation and the way you relate to God during this season of hardship?”

Counsel Type Four: Relief-Focused

Relief-focused counsel *seeks to address the symptoms of a struggle* more than the cause. Both sin and suffering have residual impact on the body, mind, emotions, or relationships. Part of a holistic redemptive response is to provide as much relief as possible from the impact of sin and suffering.

Early in counseling, relief-focused strategies may be used when the *symptoms of a struggle are becoming severe enough to impair someone's ability to address the cause*. **Later in counseling**, relief-focused strategies may be used to *mitigate the impact of sin or suffering once the cause is resolved as much as it can be*.

As you counsel someone, it is *wise to be overt* about whether you are offering relief-focused counsel to create more emotional bandwidth to address a central element of their struggle or whether you are seeking to help them experience the full relief their work earlier in counseling has afforded them.

Examples of what relief-focused counsel might sound like are:

“It seems like the level of anxiety that you are experiencing makes it difficult for you to engage the things that would help reduce your life stress. You've mentioned several panic attacks in the last week and an increasing difficulty sleeping at night. I think it would be wise for you to speak with

your primary care physician about medication that could help you manage your anxiety as we continue to think through your level of over commitment and financial debt. In I Timothy 5:23 Paul advised Timothy to use the best medical practices of his day. It seems wise that you would do the same. You don't get any extra points with God for addressing your stress without medication. If you're able to sleep better and had fewer panic attacks, I think we would be more effective at the other things we are trying to do to make life more manageable for you."

"I'm really proud of the hard work you've put in to being sober. I know it's been hard. But you've persevered well and allowed people to support you. You keep mentioning that the hardest times for you to resist relapse are when something reminds you of [traumatic experience]. I think it would be wise for you to meet with a counselor who has more experience in helping you manage the physical response that occurs with those memories. Fear is not just an emotional experience. It is also a physical experience. There are techniques you can learn that I think would really help you solidify the recovery work you've done. I'd love to continue meeting with you as you practice these techniques and help you think through how they're an aid to your goal of honoring God in all things."

Now that you've got an introduction to these four types of counsel, what should you be able to do?

- **First**, you should be more self-aware and intentional about the type of counsel that you offer.
- **Second**, you should be clearer about the indicators prompting you to offer a particular type of counsel. *These first two points increase your confidence and comfort in the counseling role.*
- **Third**, you should be able to orient the counselee to why you are advising them as you are. *This third point increases your counselee's confidence in the care they're receiving.*

If you can do these things, you've learned what this lesson intended to teach.

Follow Up Resources

- If you want to learn more about helping someone think through the use of psychotropic medication, consider reading "[6 Steps to Wise Decision Making About Psychotropic Medications.](#)"
- If you want to learn more relief-focused counseling strategies, review the Step 6 material in the responsibility-based seminars and Step 7 material in the suffering-based seminars in these [resources on emotions](#).

Lesson Seven: Mental Health and Pastoral Care

Take a moment. Try to define mental illness. For most of us, mental illness is one of those phrases that we use frequently but aren't really sure what it means. It is a term like "beauty." We know what we mean by it, but it's hard to define. To add to the confusion, there is even disagreement amongst healthcare professionals about the best definition of the phrase.

For the purposes of this lesson we are not going to get tied down in a technical definition or nuancing the diagnostic criteria for specific mental health disorders. We will look to create a layman's definition of mental illness that allows us to accomplish three things.

- A. Determine when something more than directive or narrative reframing counsel is needed.
- B. Discern the indicators that a pastor should look for in identifying a mental health concern.
- C. Clarify how pastoral counseling should complement mental health counseling.

If you feel comfortable doing these three things after this lesson, we will have accomplished great deal. Let's start by providing a lay-level definition of mental illness, by answering the question, "What do and don't we mean when we use the phrase 'mental illness?'" We will make four points on this question.

1. We mean that *the mere passing of time is unlikely to resolve the life challenge.*
 - Many life challenges naturally resolve themselves with the passing of time. If that is the case, you are not addressing a mental health challenge. That is one of the key differences between situational discouragement and depression that would qualify as mental illness.
 - If wise choices, well applied over time do not alleviate a struggle, this is an indication that the struggle may be an expression of mental illness. This leads us to the second point.
2. We mean that *the life challenge is not primarily caused by an individual's choices, beliefs, or values.*
 - Directive counsel and narrative reframing primarily address choices, beliefs, and values. Later in this lesson we will discuss the four spheres of influence that can contribute to an individual's life challenges: biological, psychological, social, and spiritual.
 - If an adverse emotional experience seems impenetrable to changes in beliefs and choices, this is an indication that the struggle may be an expression of mental illness.
3. We do *not* mean that the resolution to the life challenge is necessarily medical.
 - Often people can resist identifying a life struggle as mental illness because they don't want to take medication; as if medication is the only possible remedy for a mental health concern.
 - When medication is the best option, sometimes it is a short-term intervention that allows work in the area of choices, beliefs, and values to be more effective. Other times it is a long-term option.
 - A responsible psychiatrist, physician, or counselor will discuss a variety of approaches that have a probability of creating relief and allow the individual to make an informed choice about what serves their needs and honors their values best.

4. We do *not* mean that the person is “crazy” or necessarily struggling with reality testing.
 - Too often mental illness is used as a synonym for reality testing impairment (i.e., the inability to distinguish factual thinking from fanciful or paranoid thinking).
 - If we use the term mental illness this way, we will create a sense of stigma that contributes to the tendency to only pursue help after things get “that bad.”
 - Pastorally, both in our public and private ministry, we have the opportunity speak of mental health concerns in a way that offsets this common stigma.

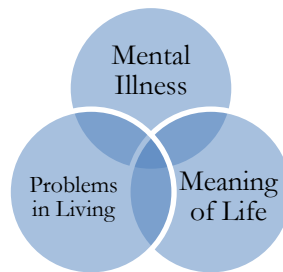
So, what have we said so far? If someone is trying to implement wise responses to their life challenges and not making progress, then we should consider mental health concerns as a possible contributing factor and recommend that an individual add a mental health professional to their care team.

There are two images that can help us bring more clarity and guidance to this discussion: (a) a four-legged stool and (b) a Venn diagram.

First, we'll consider the image of a **four-legged stool**. If a stool is off balance, it may be attributed to any one or combination of its legs. Similarly, the origin of any given life struggle *may be attributed to any one or combination of the following facets of personhood*.

1. **Biological** – *Our bodies impact our wellbeing*. Blood sugar levels, sleep debt, hormones, physical injuries, illness, cardiovascular stamina, blood cell counts, neurotransmitters, and comparable biological factors contribute to our mental health. Therefore, it is wise to ask someone to have a checkup with their primary care physician and discuss their symptoms early in the counseling process. We want to assess and shore up the biological leg of the stool in any way possible.
2. **Psychological** – *Our thinking patterns and personalities impact our wellbeing*. In this arena we're talking about “how” someone thinks or relates (patterns) more than “what” they think (content, which would fit under the category of beliefs). Patterns of thought and styles of relating may be necessary adaptations in one context (i.e., an abusive home or a high demand work environment) but create disruption in another (i.e., an otherwise healthy marriage or small group). When these kinds of factors are in play it is wise to meet with someone who is skilled articulating these patterns and at helping someone make an adjustment in their patterns of thought or styles of relating.
3. **Social** – *Our social setting and relationships impact our wellbeing*. Even when we are Christ-like, unhealthy relationships have an adverse effect on us. Even before we were saved, healthy relationships had a positive effect on us. The Bible acknowledges the effects of social settings (I Cor. 15:33). Often the mental health concerns that present in counseling can have sociological more than psychological roots. When this is the case, encouraging the counselee to invite a counselor trained in assessing, articulating, and responding to these dynamics may be helpful.
4. **Spiritual** – *Our beliefs, values, moral choices, and sense of purpose impact our wellbeing*. No one is more influential in your life than you are because no one talks to you more than you do. Beliefs, values, and choices are the wheelhouse of pastoral counseling. You understand the Christian worldview of your members more than other professionals. When you understand how your role complements the other roles that may be helpful, this optimizes cooperation amongst the team of people best able to serve your friend.

This second image is another way of saying the same thing, but whereas the four-legged stool *emphasizes how contributing factors are distinct*, this **Venn diagram** *emphasizes the overlap* that exists and clarifies that everything discussed in counseling (pastoral or professional) is not mental illness.



In this Venn diagram we see three types of life challenges that lead someone to seek counseling: mental illness, problems in living, and meaning of life struggles. We will define and provide examples of each, but it should be noted that these categories overlap.

1. **Mental Illness:** We have spent most of this lesson defining and describing mental illness. Examples of life struggles that fit in this category include bipolar, post-traumatic stress, Asperger’s Disorder, various phobias, many experiences of depression, and struggles that can impact reality testing such as schizophrenia. *Pastorally, the response in these situations would entail ministering to the suffering that a person is experiencing while providing social support and accountability to remain engaged in key parts of their care.* For example, often those who experience mental illness resulting in mania do not like taking medication. Pastorally, we would encourage them that medication is a way to “love their neighbor as themselves” (Mark 12:30-31) and as a means of strengthening the social support around them which is likely deteriorating due to their irrational actions.
2. **Problems in Living:** These are struggles that emerge because life is hard, good priorities often exist in tension with other good priorities, and the consequences of sinful choices. Examples of life struggles that fit in this category include time management, self-control, debt reduction, stress management, blended family challenges, marital communication, and similar difficulties. *Pastorally, we would point people to the biblical principles that undergird God’s design for life and godliness (II Pet. 1:3) and honoring God as the appropriate motivation for enacting these principles.*
3. **Meaning of Life:** These struggles usually emerge during times of large transition when we are grappling with what is most important. Examples of life struggles that fit in this category would include: grief – as we face the brevity of life, mid-life crisis – as we wrestle with whether the things we’ve worked so hard for are “worth it,” and emerging into adulthood – as we realize the weight and responsibility of being a self-sustaining adult. *Pastorally, we sympathetically help people interpret these challenges in light of a creation-fall-redemption-glorification worldview.* We help people make sense of their struggle in light of their Christian faith, but with the realization that we can have a good theology, and life still be hard (e.g., grief still weighs heavy).

So now we are left to try to tie these strands of thought about mental illness and pastoral counseling together into some coherent and practical applications. Let’s do that by making four concluding points.

First, don’t be afraid of mental illness. Our pastoral calm and willingness to move towards someone who is suffering does a great deal to break the stigma and isolation of mental illness. Remember our guiding principle from Lesson One, we don’t have to be able to do everything well to be a good pastor. Let this emotionally free you up to do the following three things.

Second, *understand the relevance of pastoral care for every area of life.* Character formation and narrative reframing with the gospel is relevant and needed for mental health concerns even when other forms of care are beneficial. Pastoral care and caring Christian community are essential for mental health concerns even when other forms of care are beneficial. What the church does is vitally important.

Third, *recognize and cooperate with relevant experts.* The role of the church and a pastor can be highly relevant and essential without being exclusive. The short-term nature of pastoral counseling described in these lessons all but demands that we recognize this reality. Pastoral counseling and Christian community can have a fruitful and cooperative relationship with mental health professionals.

Fourth, *think “team” in initial acute care and ongoing church care.* When someone comes for pastoral counseling and mental health concerns are part of their struggle, it is unlikely that 6-8 sessions are going to create long-term resolution to their struggle. The kinds of questions you need to be asking are, “How can we create a community of support for this person? What interval of pastoral care interactions is going to be helpful long term?” A key part of pastoral counseling will be identifying settings where this person can serve and be served, care for others and be cared for by those who understand their story and challenges.

Conclusion: Do you now know everything you need to know about mental health and pastoral counseling? No. But hopefully you know enough to be comfortable learning alongside each person you counsel. Your church members don’t need you to be an expert in mental health in order to be a good pastor. They need you to be informed enough to lovingly and patiently fill your role as pastor and coordinate the care of the church in conjunction with other professionals who may be helpful.

Follow Up Resources

- If you want to learn more about the role of caring community in the long term effective of counseling mental illness, consider reading “[The Therapeutic Benefits of Community.](#)”
- If you want to learn more about helpful pastoral advisements for mental health concerns, consider reading “[50 Good Mental Health Habits.](#)”

CONCLUDING MEETING

Lesson Eight: Becoming “Just a Pastor” Again

Do you remember the too long ending of *The Lords of Rings* series? It seems to take Frodo and Sam forever to return home to the Shire. One of the things that Tolkein was conveying in his extended conclusion was that *the conquering of a problem is not the same thing as settling into a new normal*. Even when things are “better” they do not return to being “the same.” The journey changes things.

The same is true for pastoral counseling. The journey of pastoral counseling changes your relationship with a church member, even when counseling is helpful. In professional counseling, accomplishing objectives means the end of the counseling relationship. But in pastoral counseling, you face the process of becoming “just a pastor” to this person again.

With that in mind, we are going to talk about three things that need to happen in a concluding session. The culmination of formal counseling is the resuming of an old-now-different pastoral relationship.

1. Review the progress made and key contributing factors
2. Identify key choices to maintain progress
3. Discuss the transition to being “just a pastor” again

Looking Back: Review Progress

Socrates is famous for having said, “The unexamined life is not worth living.” The parallel statement, “Unreviewed counseling is not worth doing,” is only a slight hyperbole. Life is busy. It would be easy to just move on to the next thing, but much would be lost if we did.

If we don’t take time to reflect and evaluate, we are likely to drift back towards what prompted the need for counseling. As many a pastor and counselor have said, “People don’t drift in a good direction.” Continued growth requires intentionality.

As you review progress, here are some questions to help guide this part of the conversation.

- What were the primary life *challenges* that prompted counseling?
- What were key *choices* that made the biggest positive impact?
- What did you *learn* about yourself, God, and the gospel during counseling?
- What *beliefs or values* did you need to change to experience the desired growth?
- How would you articulate the *key truths* that made the biggest impact?
- *Who* did you invite into your life in a more meaningful way during counseling?
- What are the *remaining goals* you want to work on within your peer group?
- What choices are most important to *maintain* the change you’ve experienced? (transition)

Looking Ahead: Identify Key Choices

The last question of the looking back process is the first question of the looking ahead process. The doctrine of progressive sanctification means that we never “arrive” as people. There are always new areas to grow and see our character refined. Each new season of life also presents new growth opportunities.

There are two ways to think about the looking ahead question. **First**, you can identify the most important elements from counseling that need to be maintained. What do we want to *retain from counseling*? **Second**, you can do a general sustainability assessment of life. What will need to be *different after counseling*?

These two questions force us to grapple with a counter-intuitive reality. Not everything that is necessary to promote change is sustainable after the season of change concludes. Some things that are good during counseling are unsustainable post-counseling.

For instance, residential rehab may be an important step to recover from alcohol abuse, but someone cannot live in rehab. Similarly, there are sacrifices someone makes to get out of severe debt that would be over-restrictive once the financial crisis is averted. Some choices are good “for a season,” others are perpetually wise. As we conclude counseling, it is good to help someone discern the difference.

This is true for the person in counseling and for you as the pastoral counselor. The time and frequency of meeting that you’ve devoted during counseling was sustainable for a season but is not something you could continue and fulfill your responsibilities to the congregation as whole. That is why we will talk about becoming “just a pastor” again in just a moment.

As you assess how to maintain change, here are some questions to help guide this part of the conversation.

- What *one thing* will be most important to do or keep an eye on to maintain the progress you’ve made?
- Regarding that one thing, *who* do you need to tell in order to have support and accountability?
- What would be the *early indicators* that this one thing was beginning to slip?
- In addition to assessments related to counseling goals, this is also a time to review key practices to maintain a sustainable life.
 - *Spiritual Disciplines*: What spiritual discipline is the best indicator of your spiritual health?
 - *Values and Worship*: What priority or value is the best early indicator that your priorities are beginning to drift from what is God-honoring and sustainable?
 - *Physical Health*: What matters of diet, sleep, and exercise are most important for you to steward your body’s influence over your soul and emotions?
 - *Time and Financial Balance*: What is the best indicator that you are beginning to cut into your time or financial margin in a way that is unwise?
 - *Relational Health*: Who are the people that need to know the answers to these questions, when are you regularly engaged with them, and how are you caring for them as they care for you?

Discuss Being “Just a Pastor” Again

Now we get to the portion of the conversation that, if we’re not careful, feels like a ministerial break up talk. This is also the part of pastoral counseling that if it’s not done overloads the pastor’s schedule, if it’s done poorly is spiritually harmful to the counselee, but if it’s done well prevents God’s design for the one another ministry of the church from being replaced by the individual care of the paid pastoral staff.

For this component of pastoral counseling to be done well, it has to have been foreshadowed. That is why we’ve been alluding to step periodically. The counselee needs to understand that pastoral counseling is a short-term, intensive component of general pastoral care and the ministry of the church-at-large.

With that said, let’s consider a sample monologue of what this component of pastoral counseling might sound like and reflect on the key components of this interaction.

“As we’ve been looking back and looking ahead, you’ve probably gotten the sense that we are culminating formal counseling. From our first meeting, we have talked about pastoral counseling being a short-term component of ongoing pastoral care; *that I would always be your pastor but that I wouldn’t perpetually be your counselor.*

We’re now at the point where I become ‘just your pastor’ again. That doesn’t mean you only hear from me on Sunday morning during the sermon. It means that our conversations are at a common social setting level (e.g., talking before or after church events, praying together after services, or conversation after a Bible study) or written correspondence (e.g., encouragement and guidance that can be effectively provided through email).

I want you to know that I will not bring up elements from our counseling conversations in a public setting. But you are welcome to initiate updates to me when you are comfortable with the setting. When I ask, “How are you doing?” always feel free to share as much or as little as you feel comfortable. [Based on the counseling need, indicate to the person a general frequency with which you anticipate following up with a phone call or home visit about how they are doing.]

If you feel like you still need more guidance, I would be happy to talk about how one of the ministries of our church or a counselor in our community can continue the work we’ve been doing together. I would want you to update me on how these forms of care are going so I could pray for and encourage you in your continued growth.

This is also why we’ve spent time talking today about who from our church you would want to engage with for one another care. We want to make sure we, as a church, are caring well for all our members and that requires all our members to be involved in giving-and-receiving care.

Name and Acknowledge the Transition: There is no “slick” way to avoid naming the transition. If you have done a good job of setting expectations, this conversation should not be a surprise. The more comfortable you are in initiating and articulating this part of the conversation, the less awkward it will be. You want to be *compassionate without being apologetic* in this discussion.

Define General Pastoral Care: It is important to articulate the nature of the transition. *Pastoral counseling* is private and exclusive. *Pastoral care* is done within the context of community. For example, you would not do pastoral counseling in a church lobby, but you would do pastoral care in that setting. Another example, you would not stop praying for someone because another person walked by, but you would pause a counseling discussion if someone were able to overhear the conversation.

This conversation is not a transition from pastoral availability to non-availability. It is a transition from exclusive pastoral availability for scheduled periods of time (i.e., a weekly hour-long appointment in a private office) to availability in the regular discipleship rhythms of church life.

By way of pronoun, you are asking for a transition from “my” pastor to “our pastor” in how the counselee thinks of you. The pronoun “my” communicates “private and exclusive.” The pronoun “our” reveals a sense that your pastoral duties are towards an entire group of people.

In this conversation, you want to emphasize the number of ways that you are still available to them. You are moving from a private relationship of guidance to one of social support as others take on the primary role of counselor (if needed).

Offer Connection with Other Care and Counseling Options: You are not saying that their struggle has resolved. Many life struggles will persist beyond six to eight meetings. Your limitations are not their time clock to achieve their goals. After your time with them as counselor, you should be able to make wise recommendations for good-fit ongoing care resources.

Whenever possible, you want to recommend options available within your church. But there will be times when their need is outside what your church can do well. As pastors and churches, we need to have the *humility* to acknowledge what we can/can't do well and the *integrity* to make sure that the helping resources we recommend are a good fit for an individual's current struggle.

You want to be supportive as someone engages these resources. This support is part of *pastoral care* that transcends the before and after of *pastoral counseling*. You want to find times and ways to get updates on how they are doing and how you can pray for them.

Emphasize the Role of One Another Care: This is another way to return pastoral counseling to the axiom, "It takes a church to raise a Christian." The Ephesians 4:12 model for ministry leaders is that pastors "equip the saints for the work of ministry." Concluding formal pastoral counseling is one way of acknowledging that pastors cannot and should not do all the ministry of the church.

We cannot privatize the work of discipleship to the professional clergy. Instead the vocational pastor's job is to mobilize and equip the congregation to care for another.

Conclusion: With this conversation about the conclusion of formal counseling, you should *pastor this individual in the same way that cultivated the trust which prompted them to deem you safe and caring enough to confide their struggle*. Returning to normalcy helps alleviate the stigma of counseling that comes from the fear, "If I share my struggle, people will treat me differently." *Being the kind of pastor that led people to seek counseling from you is being a good pastor after counseling.*

Follow Up Resources

- If you want to learn more about the concluding conversation of counseling, consider reading "[9 Questions to Help You Steward All of Your Life for God's Glory.](#)"
- If you want to learn more about how to facilitate more intentional one another ministry through small groups, consider reading "[Using Prayer Request Times to Cultivate Ministry.](#)"

Appendix A: What to Read Next?

I hope you are asking the question, “What should I read next?” But this series of lessons has only been an introduction. It has, at best, provided a skeleton of knowledge that needs muscle, ligaments, organs, and skin to come alive and be beautiful.

Below I offer an annotated bibliography of resources that would be helpful next reads as you continue to grow as a pastoral counselor and lead a church that is a community of care.

Articles with Each Lesson. Each lesson has two to three “Follow Up Resources” articles that are free, on-line resources that go into more depth on each subject.

Becoming a Church that Cares Well for the Abused (churchcares.com). This resource is comprised of twelve, 20-minute lessons that cover the key responses in the initial stages of learning about various forms of abuse. It is written specifically for pastors and ministry leaders. It is a must-watch resource.

The Pastor and Counseling by Jeremy Pierre and Deepak Reju is a book (160 pages) that provides another set of voices and perspectives on the same primary questions as this lesson series.

Instruments in the Redeemer’s Hands by Paul Tripp is a longer book (just over 350 pages) that provides a more robust theology of and practical guidance for pastoral counseling. This book is a sequel call *How People Change* by Paul Tripp and Tim Lane that provides a theological perspective on the process of change.

Descriptions and Prescriptions: A Biblical Perspective on Psychiatric Diagnoses and Medications by Michael Emler is a brief (just over 100 pages) booklet written by a physician-turned-biblical-counselor on how to think well about psychological diagnoses and psychotropic medications. It is well-written for a lay audience.

Caring for One Another by Ed Welch. We have discussed one another care frequently in this series. This brief book (80 pages) is a tool to equip the lay leaders in your church in the basic skills of one another care.

For daily blog article, I would recommend the Christian Counseling and Education Foundation (ccef.org) and the Biblical Counseling Coalition (biblicalcounselingcoalition.org) for resources. The topical index at my site (bradhambrick.com) has a variety of resources arranged by life struggles.