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Fernando L. Garzon
Liberty University, fgarzon@liberty.edu

Everett L. Worthington, Jr.
Virginia Commonwealth University

Siang-Yang Tan

R. Kirby Worthington

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Lay Christian Counseling and Client Expectations for Integration in Therapy

Fernando Garzon
Liberty University

Everett L. Worthington, Jr.
Virginia Commonwealth University

Siang-Yang Tan
Fuller Theological Seminary

R. Kirby Worthington
Richmond, VA

As lay approaches to Christian counseling have multiplied and become increasingly sophisticated, we hypothesize that these might affect expectations of conservative Christian clients for professional integrative psychotherapy. Accordingly, we review several models of lay counseling, broadly categorizing them into active listening, cognitive & solution-focused approaches, inner healing, and mixed models. We consider how client expectations for psychotherapy may be altered through their experiences with these approaches. Subsequently, we make recommendations for clinicians who deal with lay-counseling-experienced clients. These include doing a more detailed assessment of client lay counseling experiences and considering ethical aspects of treatment (informed consent and competency to treat).

The integration of psychology and theology has matured since early writings of the 1960s (e.g., Tournier, 1962). It has become a movement with journals, professional organizations, and written ethical guidelines. Those practicing from an integration paradigm are also likely familiar with three other movements exploring the relationship between psychology and theology. These include Nouthetic biblical counseling (Adams, 1970), Christian psychology (Johnson, 2007), and historic Christian soul care (Moon & Benner, 2004).

Besides these four approaches to Christian counseling and informal helping, however, a grass roots movement of lay Christian counseling has proliferated throughout church congregations in the United States and beyond (see Tan, 1991, 2002). These lay model developers have influenced tens of thousands of lay counselors and perhaps millions of congregants through their writings and seminars. Yet professional psychologists and counselors often are not familiar with them unless their particular congregation uses one of these approaches.

This lay counseling movement has many potentially positive aspects. For example, it may serve people who might not get help otherwise, cannot afford professional therapy, do not wish to use insurance, or have access to counseling limited by managed care. Others belong to churches in which the pastor is either not

trained, not interested, or not available (due to having too many other pastoral duties) to meet the needs for pastoral counseling. Still others simply may trust lay people, whom they know, more than a therapist, whom they do not know. In addition, the training itself may benefit the lay counselors spiritually and emotionally.

As lay counseling has proliferated, many have attended lay counseling training seminars in their own or neighboring churches. Even people who do not intend to do supervised lay counseling may attend out of a desire to benefit personally. Exposure to lay counseling appears widespread. Hence we suggest a working hypothesis. When many Christians do attend therapy, they might not enter as naïve participants. Instead, they might have received lay counseling training themselves or have been in congregations where such training has been offered. To the extent that this may occur, they might bring strong beliefs about what proper, true, Christian, or biblical therapy *should* consist of. As a result, a curious paradox can emerge. For Christian mental health professionals, surprisingly, the lay counseling movement can create resistance to the extent that the professional therapy differs from the person's implicit theory of Christian counseling.

This hypothesis has not been scientifically investigated, but we believe it is reasonable and deserves empirical scrutiny. While such empirical studies might develop (which can require years of effort until publication), we believe it is prudent for professional therapists to consider how lay counseling might be affecting their practice. The present essay and review is offered with the intent of helping therapists

Please address correspondence regarding this article to Fernando Garzon, Psy.D., Center for Counseling and Family Studies, Liberty University, 1971 University Drive, Lynchburg, VA 24502. Email fgarzon@liberty.edu

Table 1
Lay Christian Counseling Approaches

Category	Examples	For Further Information
Active Listening	Stephen Ministry	stephenministries.org
Cognitive & Solution-Focused	Biblical Counseling (Larry Crabb)	See Crabb (1977)
	Misbelief Therapy (William Backus)	See Backus (1985) and Backus and Chapian (1980)
Inner Healing	Integrated Cognitive-Behavioral Approach (Siang-Yang Tan)	See Tan (1991, 2002)
	Elijah House (The Sandfords)	elijahhouse.org
	Shiloh Place (Jack Frost)	shilohplace.org
	Francis MacNutt	christianhealingmin.org
Mixed	Pastoral Care Ministries (Leanne Payne)	leannepayne.org
	AACC Biblical Counseling	aacc.net/courses
	Freedom in Christ (Neil Anderson)	ficm.org
	Exchanged Lives	aelm.org
	The Ancient Paths	familyfi.org/AncientPaths.htm
	Theophostic Ministry	theophostic.com

understand lay counseling approaches with which they might not be familiar.

Among the four of us authors, we represent considerable exposure to various substrates of Christian professional and lay counseling. We reasoned that if we each were unfamiliar with many of the approaches, then perhaps others were equally as unfamiliar. We pool our knowledge in the present article to summarize a number of prominent approaches that are influencing lay Christian counseling. We also consider how these approaches might frame a client's expectations for what religiously congruent professional Christian counseling should look like. We then offer recommendations for clinicians working with clients influenced by these approaches.

Summary of Current Approaches to Lay Christian Counseling

We suggest four classifications of lay counseling models: Active Listening approaches, Cognitive and Solution-Focused approaches, Inner Healing approaches, and Mixed approaches. Each approach will briefly be defined, and at least one lay counseling model will be described in each category. We do not attempt an exhaustive listing

of the multitude of lay counseling approaches due to space limitations. In the examples that we describe in our text, the developer-recommended training and organizational structure for the model will be detailed if available. As a resource for the reader, we list the identified models and resource for obtaining more information about each under each category in Table 1.

Active Listening Approaches

Active listening approaches combine Rogerian principles such as empathy, positive regard, and basic listening skills with spiritual resources such as prayer and the Scriptures in the care of hurting people. Lay counselors are typically trained in listening skills and lay caring methods. A primary example of this approach is Stephen Ministry.

Stephen Ministry (SM) began in 1975 through Dr. Kenneth Haugk, Ph.D., a clinical psychologist and pastor (Haugk, 1984). The ministry's popularity continues to grow. Now, over 10,000 congregations from over 150 denominations located in 21 countries use SM (SM website, Stephen Ministry Facts and Stats, ¶1). To train in SM, churches enroll in the Stephen Series, an organized system of training, resources, and ongoing

support offered by the parent organization, Stephen Ministries, St. Louis. Pastors and selected lay leaders attend a seven-day leadership course taught by SM faculty six times annually in five locations throughout the country. There, participants learn how to implement the SM model in congregations, and they become Stephen Leaders (SM website, Begin Stephen Ministry in Your Congregation or Organization, ¶5).

Stephen Leaders select lay members of the congregation, who receive 50 hours of training in the SM model. Topics include confidentiality, active listening, feelings, assertiveness, setting boundaries for helping, and ministering in specific situations, such as divorce, grief and loss, crisis situations, and childbirth (Haugk, 2000a). Participants are also taught how to recognize when to refer people to mental health professionals or to other resources (Haugk, 2000b). After completing training, people are commissioned by their congregation to serve as Stephen Ministers.

Stephen Ministers use a process-oriented active-listening skills approach, which is coupled with the sensitive use of spiritual resources such as prayer and sharing Bible stories, themes, and promises (Haugk, 1984). Normally, a Stephen Minister meets for an hour weekly with a "care receiver" who is screened, prepared, and assigned by a Stephen Leader (Haugk, 2000a). Peer supervision with Stephen Leaders occurs twice monthly. Continuing education is available, and Stephen Leaders have access to Stephen Ministry consultation and resources (Stephen Ministry, n.d., p. 2). The efficacy of Stephen Ministry has not been studied in controlled scientific trials.

Cognitive & Solution-Focused Approaches

Like traditional cognitive psychotherapy, cognitive lay approaches focus on the role of automatic thoughts, self-talk, and core beliefs in creating distress (e.g., Backus, 1985; Crabb, 1977). These approaches actively incorporate Scripture and prayer as key methods of cognitive restructuring. Solution-focused lay models of counseling are just beginning to emerge (Holland, 2007). These approaches help a client envision a future without the problem and build on client strengths and resources in making movement towards problem resolution. Tan (1991) integrated and systematized cognitive behavioral approaches to lay Christian counseling, and added an inner healing prayer component. His approach will be described briefly below.

Tan (1991, 2002) has incorporated Biblical Counseling and Misbelief Therapy into his basically cognitive-behavioral model of lay counseling. Misbelief Therapy (Backus, 1985) is a Christian version of Rational Emotive Therapy. In this component of Tan's (1991) approach, unbiblical beliefs are identified and replaced with Scriptural truths. Tan's approach, including his inner healing component, can be taught in a 12-session training program. While there is some empirical evidence available for the effectiveness of the lay counselor training program (see Tan, 1991), currently, no randomized controlled studies exist on cognitive lay counseling models, including Tan's. Some research is available on eclectic models with a cognitive component (See Garzon & Tilley (2009), for a description of these studies).

Inner Healing Approaches

In the 1950's, the writings and ministry of Agnes Sanford (e.g., Sanford, 1950) began influencing a group of church-based caregivers soon to be known as "inner healers." Christian inner healing has been defined as "a range of 'journey back' methodologies that seek, under the Holy Spirit's leading, to uncover personal, familial, and ancestral experiences that are thought to contribute to the troubled present" (Hurdin, 1995, p. 297). Some techniques appear (to most professionals) to be similar to psychodynamic and experiential psychotherapies; however, inner healing emphasizes prayer-filled encounters with Christ as the change mechanism instead of therapist-mediated or psychological theory-derived activities. A Charismatic Christian perspective is also prominent. One currently popular lay ministry model, Theophostic Prayer Ministry (Smith, 2007), has sought to differentiate itself from others in this category. Because Theophostic Prayer Ministry is covered elsewhere (see Garzon & Tilley, 2009, for a description of Theophostic and preliminary research on the approach), we describe a different exemplar of the inner healing approach. John and Paula Sandford's (1982) Elijah House Ministry will be described under this category, though they themselves do not prefer the term "inner healing" because it implies fixing an otherwise good self.

The Sandfords apply biblical concepts of facing one's sinfulness, dying to self fully on the cross of Christ through confession and repentance, and rising into the fullness of Christ's resurrection life as core concepts in their healing

approach (Sandford & Sandford, 1992). Although they do not preset an intervention formula for all clients, they believe that often sinful reactions to childhood wounding(s)—i.e., inner vows or bitter root judgments—lead to an unbelieving heart or sinful coping pattern. Because of this, they might advocate ministering both to the adult person within the session and to the psychological representation of the wounded child, though they acknowledge that it is possible to repent for present patterns that began in childhood without necessarily revisiting specific childhood memories.

Training for the Sandfords' approach is done through their Elijah House Ministry (EH). Basic Schools I & II and internship programs are offered (EH website, Training, Ways to Receive Ministry Training from Elijah House section, ¶1). Elijah House staff offer live Basic Schools annually in the Spokane, WA area. Churches may use a training program on video that is spread out over many weeks. Both live and video training programs consist of teachings, workbooks, literature, homework, and small groups where people pray for each other as they learn each segment of the program. Elijah House encourages students to refrain from ministering until others see that inner healing has produced the sensitivity and interpersonal skills necessary for such ministry (Mark Sandford, personal communication, May 15, 2008). Graduates of Basic 1 and 2 Schools may apply for an internship experience. Initial internships typically involve receiving personal ministry, observing ministry for four weeks, and participating on ministry teams for 8 weeks (EH website, n.d., Internship 1, ¶1). Having counseling experience prior to internship is encouraged but not required.

No current research has been done on the Sandfords' approach. They have expressed an openness to collaborate with religiously sensitive researchers. One survey is currently underway (Mark Sandford, personal communication, April 18, 2008).

Mixed Approaches

Mixed approaches may bear some similarities to previously described lay counseling model categories, yet they contain sufficient differences to place them into a separate category. Specifically, they may reflect a greater emphasis using several different psychological theoretical perspectives (e.g., the American Association of Christian Counselors' Light University, AACC, 2001), a more in-depth examination of the role

of the flesh and the demonic in emotional distress (e.g., Anderson, 2000a, 2000b), or both. Because readers are likely more unfamiliar with Anderson's work, his *Freedom in Christ Ministry* will serve as our example of mixed approaches.

Neil Anderson's (2000a, 2000b) *Freedom in Christ* approach has similarities to cognitive lay approaches. Both emphasize maladaptive cognition (i.e., lies one believes) as a key component of non-organic mental disorders. However, the flesh and demonic influence are more thoroughly considered in Anderson's approach. Satan uses past experiences, cultural messages, and spiritual means to reinforce lies that Christians often believe (Anderson, 2000b). Conflicts and issues from a person's past must be resolved in order to more effectively renew the mind with God's truth. Anderson addresses these in "The Steps to Freedom in Christ" (or Steps; Anderson, 2004). The Steps address seven areas that Anderson believes require resolution to permit growth as a disciple of Christ. (See Garzon and Tilley, 2009, for a description of preliminary research on his approach.)

Anderson recommends that the Steps to Freedom be addressed after a person has attended one of his seminars or after the person has read two of his works, *Victory over the Darkness* (Anderson, 2000a) and *The Bondage Breaker* (Anderson, 2000b). They can be implemented in a conference group setting, an intensive long individual ministry session, or over several individual ministry sessions. To learn his approach one must (a) experience the Steps themselves, (b) read his book for lay training (Anderson, 2003), (c) watch his DVD training series (*Helping Others Find Freedom in Christ*, Anderson, Wormser, & Wormser, 2006), and (d) sit in as an observer and intercessor on two Freedom in Christ sessions facilitated by someone experienced in Anderson's model. Lay counselors are encouraged to be under their church's pastoral leadership. They are also expected to refer to Christian professionals as appropriate (Anderson, Zuehlke, & Zuehlke, 2000).

The following description of the Steps is based on Anderson's (2004) material. In step one, Counterfeit vs. Real, the client reviews a checklist regarding occult and non-Christian religious activities, confesses any past activities, and renounces them. Step two (Deception versus Truth) focuses on identifying and renouncing lies of self-deception and self-defenses. Bitterness vs. Forgiveness (step three) is conceptualized as the

most important step (Anderson, Zuehlke, & Zuehlke, 2000). Common misconceptions about forgiveness are clarified, and the client prays to forgive specific God-revealed transgressions. In the fourth step, Rebellion vs. Submission, the client confesses past and present acts of rebellion against appropriate authorities. In Pride vs. Humility, step five, the client examines any effort to live independently from God and recommit to Biblical humility and increased dependence on God. In step six (Bondage versus Freedom), areas of habitual sin, addictive behavior, and sexual sins are examined. Acquiescence vs. Renunciation, the seventh step, deals with generational sin patterns and breaking generational curses. Upon completion of the steps, encouragement to continue the process of mind renewal is emphasized and aftercare is considered. This may take the form of church activities, discipleship, mentoring, accountability, and referrals for Christian counseling as needed (Anderson, Zuehlke, & Zuehlke, 2000).

Potential Client Expectations

The numerous lay counseling models and increasing number of people who have experienced such models may shape client expectations for professional Christian therapy. Consider a client who is presenting for professional counseling for the first time. If the client has (a) received substantial lay counseling, (b) attended training in one form of lay counseling, or (c) has friends and confidants who have experience with one of the forms of lay counseling, it is reasonable to assume that the client might think his or her experiences will be normative for professional counseling. Thus, he or she might judge professional counseling against the yardstick of lay counseling.

What may occur in professional counseling potentially can contrast sharply from the lay-experienced client's expectations. We offer the following possibilities. First, the client might have different expectations about the duration of counseling. The client's experience with lay counseling, if it has not had time limitations, might lead to disappointment if professional counseling is limited by managed care.

Second, both cognitive approaches and the assumption that the past is the root of current problems permeate lay approaches (e.g., Smith, 2007). Not all professional approaches embrace either of those assumptions. For example, Chris-

tian approaches to professional counseling that use solution-focused therapy, behavior therapy, or even family systems therapy can seem to lay-experienced clients as not involving "real" Christian counseling—regardless of the integration and use of Christian principles.

Third, Scripture is often quoted more and admonishment is used more in lay counseling than in professional counseling (e.g., Backus, 1985; cf. Wade, Worthington & Vogel, 2007). Whereas admonishment through the quoting of Scripture is undoubtedly effective for many people, often pastors, friends, and lay counselors have already done much of that by the time the client presents for professional counseling. Unfortunately, if a client has decided that professional counseling is necessary, admonishment and Scripture quotation has usually not helped the client resolve his or her issues and problems. Yet, the lay-experienced client might judge professional counseling harshly because it does not admonish through Scripture as much as in the lay counseling the person is used to.

Fourth, the lay counseling models we surveyed demonstrate overt applications of Scripture to both understanding the client's predicament and offering potential solutions (e.g., Anderson, 2000b). Lay counseling most often has originated from (a) pastoral practice, (b) theology, (c) or soul-care traditions. Even treatments in these lay approaches, such as basic listening skills (e.g., Haugk, 1984), are couched in biblical language. Thus, lay-experienced clients may expect comfort and expertise from the clinician in regards to discussing Scripture and its relevance to their condition. Therapists will increasingly be expected to be able to provide a biblical rationale for their intervention strategies. This can set the client up for disappointment if the particular therapist was trained as a mental health provider with a larger base of psychological references, language, and concepts but a smaller base of theological references, language, and concepts.

Fifth, lay-experienced clients' expectations regarding prayer may be different from other Christian clients. While the role of prayer has been debated in professional therapy, and ethical guidelines have been established regarding its use, many lay-experienced clients have had prayer as a specifically targeted intervention to treat their conditions (e.g., Sandford & Sandford, 1992). Lay-experienced clients might therefore expect a prominent role for such activities as

directed prayer, soaking prayer, prayer for healing of memories, prayer for healing of the inner child, and the like in therapy. If a professional therapist uses prayer only to open or close therapy, that may disappoint clients.

Sixth, clients might expect counselors to process questions and concerns about the role of the frankly supernatural. This includes attention to the demonic in psychological distress. Many inner healing models (e.g., Elijah House) and some mixed models (e.g., Freedom in Christ) present detailed theories as to how the demonic interacts with one's life to produce psychological disturbance. These clients might expect clinicians to answer their questions concerning these issues, and they might even expect authoritative prayer or deliverance as a component of psychotherapy. Similarly, miraculous healing is sometimes expected. The professional counselor is sometimes imagined to have a direct pathway to God.

Alternatively, clients with negative experiences in lay counseling may have modified expectations. While some lay models are cautious about making claims (e.g., Stephen Ministry), others may promise more than they can deliver. In addition, though most of the models we described in the current article do encourage supervision and have material to help lay counselors know when to refer, this encouragement may not be followed at times. Potential negative outcomes could leave some clients disappointed with any counseling. Spiritual doubts and questionings might emerge (Garzon, 2005). Such clients might also approach professional therapy hoping for something different—alternative Scriptural understandings, other ways to pray, or a desire for alternative explanations for how the demonic may or may not be involved in their dilemma or frank supernatural intervention.

Whether clients have had good or disappointing experiences in lay counseling, though, they potentially will enter professional counseling more attuned to spirituality and to ways that therapists deal with Scripture, prayer, and the supernatural. The major implication for professional counseling, then, is that integration of theology and psychological counseling is being pressured toward more explicit integration, more incorporation of spiritual interventions, and more of the Christian character and behavior of the therapist being overtly manifest in counseling than has been true in the past.

Recommendations

Clinicians unaware of the lay-experienced client's perspective may make clinical mistakes that result in increased client dropout rate or negative outcomes. Accordingly, we offer recommendations that we believe can reduce the potential for such occurrences. For example, the literature now contains rich resources to aid therapists in the spiritual assessment of their clients (e.g., Pargament, 2007; Richards & Bergin, 2005). We recommend that such assessment should begin to incorporate a query on written intake forms (with follow-up in the first or intake session) into experiences with lay counseling approaches and how the client perceived the outcome. One cannot assume that the lay counselor only used strategies related to the lay counseling model the client names; therefore, *getting a description of what interventions actually occurred* will provide the most reliable picture of what took place and provide significant clues as to potential expectations for therapy. Asking the client about what he or she imagines professional psychotherapy will look like also will be important.

As noted previously, inner healing approaches and some mixed designs may lead clients to expect that therapists will include some spiritual interventions that are more affective, experiential, oriented toward the demonic, or promote the miraculous. If the therapist has little or no training in some of these areas, or if the setting or personal and ethical considerations of the therapist make such activities not usable, then this should be clarified. The therapist should describe how such issues are processed in treatment and which issues might be better addressed in pastoral counseling or in other spiritual venues. Sometimes clients might be hesitant to ask questions in these areas if they believe the therapist might pathologize them for doing so. So an accepting tone in any assessment of this area is needed.

In addition to refining assessment, ethical issues such as informed consent and competency emerge for clinicians working with lay-experienced clients. Alterations in informed consent sections describing treatment should be considered. Competency issues could also emerge if the client would like similar interventions in psychotherapy to those experienced in lay counseling. See Hunter and Yarhouse (2009) for a more detailed discussion of informed consent and ethics in using lay interventions in treatment.

Finally, even if the clinician is not oriented toward cognitive therapy, clients might come to professional counseling with beliefs that they are thinking irrationally, non-Biblically, or telling themselves lies. In these times of increased eclecticism in therapy, counselors likely should anticipate seeing clients who believe that this might be the root of their problem, and the counselor might be prepared to use cognitive methods where appropriate. Similarly, the belief that present problems are rooted in past traumas, or other past events, has become commonplace. Even if a therapist does not primarily embrace a psychodynamically informed model of counseling, it is prudent for the therapist to anticipate that many clients will hold assumptions in line with this model and might think that professional counseling is failing if the past is not addressed.

Conclusion

In the present article, we have offered speculative hypotheses based on our experiences in professional and lay counseling. These hypotheses merit empirical investigation, and we hope that researchers will study them. Until then, we have offered caveats to practicing therapists, and we urge greater attention to learning about lay counseling.

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Authors

Fernando L. Garzon, Psy.D., is an Associate Professor in the Center for Counseling and Family Studies at Liberty University. His research interests include integration

pedagogy, spiritual interventions in psychotherapy, multicultural issues, and lay Christian counseling. He may be contacted at fgarzon@liberty.edu

Everett L. Worthington, Jr., Ph.D., is Professor of Psychology at Virginia Commonwealth University's (VCU's) APA-accredited program in Counseling Psychology and is also affiliated with the Social and Developmental Psychology training programs at VCU. He studies forgiveness, marriage, and religion--both basic research and interventions.

Siang-Yang Tan, Ph.D. (McGill University) is Professor of Psychology at the Graduate School of Psychology, Fuller Theological Seminary in Pasadena, CA, and Senior Pastor of First Evangelical Church Glendale in Glendale, CA. He has published numerous articles and 12 books, the latest of which is Full Service: Moving from Self-Serve Christianity to Total Servanthood (Baker, 2006).

R. Kirby Worthington, M.S., is a Child Development specialist who trains parents (in workshops, through various learning centers, and in public speaking venues) to work effectively with their children. She received her Master's degree in Child Development at the University of Missouri-Columbia.

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