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Do Lay Christian Counseling Approaches Work? What We Currently Know

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Paraprofessional counseling has received empirical evidence of its effectiveness, yet the status of lay Christian counseling models remains unknown. The authors review the current research on such approaches. A few models evidence practitioner surveys, client satisfaction research, quasi-experimental studies, or outcomes-based case studies. One eclectic approach had a randomized waiting list control group study. Preliminary evidence for the effectiveness of Freedom in Christ (the Neil Anderson approach) and Theophostic Prayer Ministry was noted. In all studies reviewed, the authors identified methodological limitations; therefore, the broad need for well-designed efficacy and effectiveness research on every model is clear. With current data, we cannot say definitively that lay Christian counseling works. Consequently, the authors make recommendations on potential improved research designs and encourage further investigations.

The role of paraprofessional counseling is increasing both nationally and internationally. Internationally, the breadth of need (e.g., mainland China, Hou & Zhang, 2007), as well as efforts to reduce the cost of some socialistic healthcare programs (e.g., Great Britain, Clarkson, McCrone, Sutherby, et al., 1999) has driven the proliferation of these services. Nationally, limitations in mental health insurance benefits have increased the need and utilization of paraprofessional services. With increased usage comes increased need for empirical evaluation; therefore, this article explores the current research on paraprofessionals who use lay Christian models.

Paraprofessional counselors (lay counselors) are persons who lack formal credentialing, training, and experience as licensed mental health professionals, yet they are involved in the care of emotionally hurting people (Tan, 1997). Example venues for lay counseling include hotlines, peer counseling, home visitation programs, and church-based ministries (Tan, 1991).

Tan (1991, 1992, 1997) described three common models used in delivering paraprofessional counseling. The informal, spontaneous model provides support in natural settings (restaurants, homes, churches, etc.) through informal friendships. These paraprofessionals may or may not have some basic training in helping skills. No

ongoing supervision occurs. In the second model, the informal organized model, paraprofessionals still help in informal settings, but they receive systematic training and ongoing supervision. Finally, in the formal organized model, paraprofessionals counsel in more official settings such as a community agency or a church counseling center, receive regular supervision, and are usually trained by mental health professionals. Sometimes, hybrid models that combine the informal organized and formal organized models occur (Tan, 1997).

Research demonstrates the effectiveness of some kinds of paraprofessional counseling. Durlak (1979) reviewed 42 studies comparing professional and paraprofessional counselors. The studies focused primarily on mildly to moderately disturbed clients. Surprisingly, Durlak found no difference in client outcomes and some studies suggested paraprofessionals provided better care. Others reanalyzed the data using meta-analysis (e.g., Nietzel & Fisher, 1981; Hattie, Sharpley, & Rogers, 1984; Berman & Norton, 1985), yet similar results remained. Christensen and Jacobson (1994) conclude:

The later reviews often begin with a criticism of the previous reviews and then try to improve on the methodology. Yet, whatever refinements are made, whatever studies are included or excluded, the results show either no differences between professionals and paraprofessionals or, surprisingly, differences that favor paraprofessionals. (p. 9)

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. Liberty University does not officially endorse lay Christian counseling approaches. Rather, it supports the theological and scientific examination of these strategies.

While more refined future studies matching specific diagnoses with particular clinical techniques (cf., Beutler, 2002) might lead to different comparative outcomes between lay counselors and professionals, current evidence supports no difference with generalized client populations. Given the number of studies done, one might anticipate strong current evidence for the effectiveness of lay Christian counseling. Yet, some conservative Christian groups, such as Nouthetic biblical counseling (e.g., Adams, 1970), exhibit a high distrust of psychology and thus have little interest in research or collaboration with mental health professionals. Many other lay Christian counseling approaches exist however (Garzon, Worthington, Tan, and Worthington, 2009). The authors found no summary of research on these approached in the literature.

Indeed, many questions exist regarding lay Christian counseling models: (a) How effective do clients perceive such counseling to be? (b) What does current outcomes research on lay Christian counseling models indicate?, and (c) What future studies on lay Christian counseling programs should be considered? This article will review the currently available research on lay Christian counseling models in an attempt to answer these questions.

Method

Definitions

For the purposes of this review, *lay Christian counseling* applies to paraprofessional religious ministries that affirm doctrinal tenets consistent with the Nicene Creed (a standard creed of Christian orthodoxy), that minister or counsel primarily face-to-face, have a clear focus on training non-professionals/non-clergy in their approach, and which focus on a wide variety of client types instead of focusing on one type (for example, Christian 12-Step programs for addiction and Exodus Ministries programs for Christians experiencing same-sex attraction).

The models found in this review appear to derive from evangelical Christian or Charismatic-related contexts. Lay Christian counseling has some commonalities with spiritual direction in that both may explore the client's spiritual life with the purpose of increasing the person's spiritual growth. Unlike spiritual direction, lay counseling also generally has a primary mental health goal (e.g., decrease anxiety, improve interper-

sonal relationships, etc.). Such goals are normally secondary in spiritual direction. Finally, spiritual directors are often clergy with additional training rather than lay people.

Procedure of the Search

The writers consulted several databases (*Academic Search Premier*, *Blackwell Synergy*, *Medline*, *ATLA*, and *PsycINFO*) to identify pertinent lay Christian counseling research. Dissertations were also reviewed in the *ProQuest Dissertations and Theses* database. Search words used included lay Christian counseling, the names of a variety of lay Christian models (See Garzon, et al., 2009, for a table listing these models), the names of lay Christian counseling model developers, religious paraprofessional counseling, and spiritual paraprofessional counseling. Finally, faculty at various integration-focused psychology programs were contacted regarding any on-going lay counseling research.

Lay Christian Counseling Research

The authors divide this review of the literature into early research (1980-1990) and then by the four categories described in Garzon, et al., (2009). The reviewed categories include Active Listening, Cognitive & Solution-Focused Approaches, Inner Healing Approaches, and Mixed Models. Nouthetic biblical counseling (e.g., Adams, 1970) was not included given its lack of research and the distrust of some of its leaders in using empirical methods. Specific models with research are briefly described with references provided for further details on the approach. Table 1 summarizes all the studies found in this review. The authors note overall findings, significant limitations, and make design improvement suggestions in the discussion section.

Early Research (1980-1990)

The authors identified 3 early studies on lay Christian counseling (Boan & Owens, 1985; Harris, 1985; Walters, 1987), but the articles lacked specific information on the lay ministry approach used. Therefore, the ability to generalize this research to other lay Christian approaches is highly suspect. Many models have developed since this initial research.

Active Listening Approaches

Stephen Ministry (Haugk, 1984; Haugk, 2000) represents a classic example of these models. The approach combines Rogerian principles of empathy, positive regard, and supportive listening with prayer, scripture, and biblical themes as

appropriate. No research was found on this or other active listening Christian approaches, although the developers voiced openness to this. See Garzon, et al., (2009) for a description of this ministry's training and organizational structure.

Cognitive & Solution-Focused Approaches

While a number of lay Christian cognitive approaches exist (e.g., Crabb, 1977; Backus, 1985; Tan, 1991), the authors found no outcomes research focusing exclusively on a lay cognitive, cognitive behavioral, or solution-focused strategies. It should be noted however that Christian cognitive therapy approaches have some studies with doctoral level clinical psychology graduate students or professional therapists as the treatment providers (See McCullough, 1999, and Worthington & Sandage, 2002, for meta-analyses). These suggest efficacy with mildly to moderately depressed clients. Lay models with an eclectic framework and a cognitive behavioral component have been researched however. Because of the multiple therapeutic strategies involved, these studies are described under the Mixed category (see below).

Inner Healing Prayer Models (IHP)

Hurding (1995) noted that these prayer approaches represent "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" (p. 297). These troubles may be physical, emotional, or spiritual. See Garzon and Burkett (2002), and Garzon, et al., (2009) for more in-depth descriptions of inner healing prayer. The present authors reviewed only IHP research that focused on clearly identified models.

Christian Healing Ministries (Francis MacNutt, CHM). CHM displays a Christian inner healing prayer focus in lay training very similar to Elijah House Ministries described in Garzon, et al., (2009). One study (Matthews, Marlowe, & MacNutt, 2000) has been done on this approach.

Theophotic Prayer Ministry (TPM). Theophotic Prayer Ministry was developed by Ed Smith, a pastoral counselor, in the mid-1990's. Smith (2007) differentiates his approach from inner healing prayer strategies in several ways which will be acknowledged here. It is included in the general IHP research category because of its emphasis on addressing current life stressors through prayer focusing on the client's past, frequently involving childhood memories.

In TPM, the lay counselor asks the person to focus on the painful emotions involved in her currently distressing situation. The person is then encouraged to let her mind connect to "the original memory container" (Smith, 2007, p. 31) which holds the embedded lies amplifying the distress. "Lies" are similar to core beliefs or schema in cognitive therapy. Here Smith (2007) differentiates himself from typical IHP approaches. He emphasizes that it's the lies embedded in the memory versus the memory itself that is causing the person's distress. The person and prayer partner collaborate to identify the lies present in the memory that surfaces. Once these are identified, something similar to what a therapist might identify as an exposure protocol occurs. The person is asked to feel the affect around the beliefs in the memory without resisting the emotions or examining the rationality of the belief. Then, unlike cognitive therapy or exposure protocols, petition is made for the Lord Jesus to reveal the truth to the person about these beliefs. A variety of experiences at this point can occur as the client listens for Christ's response. Prayer continues until there is a sense of complete peace in the memory. Further information on TPM may be found in Smith's latest basic training manual (2007 at the time of this article). As some proponents of TPM have at times made dramatic claims based on anecdotal (testimony) evidence and critics have expressed concerns about possible harm from TPM (e.g., Entwistle, 2004), the need for research is apparent. Several surveys and one outcomes-based case study project have been done (Garzon, 2004, 2008; Garzon & Paloma, 2003, 2005; Tilley, 2008).

Mixed Lay Christian Models

Mixed approaches have similarities to Active Listening, Cognitive, and Inner Healing Prayer categories, but they have sufficient differences to lead to a separate category. They either reflect a more heterogenous application of various psychological theory bases, or a more thorough examination of theological aspects, such as the role of the flesh and the demonic in emotional distress, or both. One eclectic lay model and one theologically in-depth model was found with research. These models are described below.

Eclectic with an Integrated Cognitive Behavioral Component (E-CBT). Lay Christian counseling models with an eclectic base that incorporate a clear cognitive behavioral component have received two outcome studies (Toh, Tan,

Osburn, & Faber, 1994; Toh & Tan, 1997). Roge-rian, psychodynamic, and family systems elements also composed the eclectic base of these approaches.

Freedom in Christ Ministries (FICM). FICM proposes that the unbiblical lies Christians believe often lead to spiritual and psychological distress (Anderson, 1990a/2000a). These lies can arise from the flesh, demonic deception, and messages received from popular culture (Anderson, 1990b/2000b). Seven key areas (described as “the Steps to Freedom,” or “the Steps” in FICM literature) are seen as essential for resolution in order to resolve personal issues. These include confession and renunciation of occult/non-Christian religious involvement; confession of defensive strategies outside of Christ; forgiveness of others, self, and God; confession of rebellion to proper authority; repentance for areas of pride; confession and repentance in areas of habitual sin, and confession of family generation sin patterns (Anderson, 1990/2000b). For a more in-depth description of FICM, see Garzon, Garver, Kleinschuster, Tan, and Hill (2001), and Garzon, et al., (2009). Several preliminary effectiveness studies of FICM were identified (Garzon, Garver, Kleinschuster et al., 2001; Combs, 2006; Crabtree, 2006; Fisher, 2006; Seitz, 2006; Hurst, Williams, King, & Viken, 2008).

Discussion

The writers identified above several convenience sample surveys and quasi-experimental studies used to investigate lay Christian counseling, along with one randomized waiting list control group study. A brief summary analysis of current research findings, limitations, and future design recommendations follow.

Surveys of practitioners (TPM) and surveys of client satisfaction (TPM, FICM) provide a sketch of the characteristics and satisfaction level of lay counselors and clients who appear to endorse these particular approaches. Such effectiveness evaluations appear very high. Design flaws in the surveys done however suggest the possibility of biased sampling, so these results must be taken with caution. The surveys do suggest that some mental health professionals are incorporating lay strategies into their practices. Also, several approaches (TPM, FICM, Cognitive) appear open to interact with mental health professionals for supervision and referral. Some have written explicitly describing potential models of

interaction (Cognitive, Tan, 1991; FICM, Anderson, Zuehlke, & Zuehlke, 2000). This is encouraging since it appears lay Christian counselors are at times treating quite complex conditions.

Improved methodology can reduce the biased sampling risk. A recent study of religiously-tailored interventions in Christian therapy (Wade, Worthington, & Vogel, 2007) suggests a potential design for improved representativeness of survey samples. In this study, therapists and their clients were recruited from seven different agencies in different regions of the country. Anonymous survey data examined a one week cross-section of the clients’ experiences for that week’s session and their satisfaction with the session and treatment up to that point. Information on the length of treatment, perceived effectiveness of treatment, the therapeutic alliance, and demographics were obtained. Since all clients for that week who saw therapists were given the opportunity to participate, the probability of a more representative sample increased.

Given that many of these lay counseling models are nationwide and have church-based ministry centers, the possibility of a similar methodology to Wade, Worthington, and Vogel’s exists. Should such a study occur, efforts should be made to include lay Christian counseling centers for investigation that operate in ethnically diverse communities, as this was one weakness in the Wade, Worthington, and Vogel study.

Single group pre-treatment post-treatment short term follow-up studies (E-CBT, FICM), quasi-experimental studies (FICM, IHP), and outcomes-based case studies (TPM, FICM) have produced intriguing results meriting further exploration. A strength of these studies is their demonstration of an association between several approaches (E-CBT, TPM, FICM) and symptom reductions in naturalistic settings. For additional studies of a similar design, the writers recommend a time series pre-treatment symptom baseline to compare with the post treatment outcome, and longer term follow-up (six months or more). Only one identified study had a pre-treatment baseline (Fisher, 2006). Comparison groups also would be helpful. Only one study in this category (FICM; Hurst, Williams, King, & Viken, 2008) utilized such a group.

Mixed design qualitative studies may also be beneficial (Garzon, 2008). These studies permit in-depth exploration and comparison of both positive lay Christian counseling experiences and negative ones. For example, a quantitative survey

Table 1
Summary of Lay Christian Counseling Research

Lay Model	Study	Participants	Design	Measures	Major Findings
Early Research (1980-1990)					
Non-model specific, early lay Christian counseling	Harris (1985)	Four groups with each group having differing levels of "resource person" involvement N = 44	Pretreatment-post treatment	Schulman's (1978) self concept scale	All groups improved statistically and the addition of a resource person improved client outcome
Gerald Egan's work (1975) as foundation, along with specialized training	Boan & Owens (1985)	Current & past clients of Reformed Church in Carmichael, CA N = 215	Lay peer evaluation and mailed client survey	Likert scale peer evaluation instrument, client satisfaction survey	Level of client satisfaction with the lay ministry was not reported, focus appeared primarily on assessing the utility of lay peer evaluations, which were found to be useful in predicting client satisfaction
Non-model specific	Walters (1987)	Clients who received lay counseling from the First Presbyterian Church in Boulder N = 98	Evaluations of client change and satisfaction	A primarily Likert-scale item questionnaire (psychometrically researched) developed by the Family Service Association (FSA)	Lay counselors compared favorably with FSA professionals on measures of client change and client satisfaction
Active Listening Approaches					
Stephen Ministry	N/A	N/A	N/A	N/A	No research was found on Active Listening approaches

Table 1 continues next page

Table 1 (continued)
Summary of Lay Christian Counseling Research

Lay Model	Study	Participants	Design	Measures	Major Findings
Cognitive & Solution-Focused Approaches					
Lay Christian cognitive approaches	N/A	N/A	N/A	N/A	Christian cognitive therapy models have been researched in psychotherapy (See Worthington & Sandage, 2002) with good results, but no cognitive therapy studies have utilized lay counselors in their investigation. No outcomes-related research on lay solution-focused counseling was identified.
Inner Healing Prayer Models (IHP)					
Christian Healing Ministries	Matthews, Marlowe, and MacNutt (2000)	Rheumatoid arthritis patients N = 40	Nonrandomized waiting list crossover design	Ten medical outcomes measures	Statistically significant differences in two of the 10 outcome categories and a trend towards significance in 7 of the remaining 8 categories were found
TPM	Garzon and Paloma (2005)	Attendees at an advanced TPM training conference N = 111	Convenience sample descriptive study	Self report survey	Lay counselors are working with a wide range of conditions using TPM. High perceptions of effectiveness for TPM were found.
TPM	Garzon and Poloma (2003)	TPM email database of purchasers of materials N = 1,352	Descriptive online survey study	Self report web-based survey	Similar high effectiveness perceptions with larger sample. Openness to mental health supervision indicated. No difference between lay counselors and licensed clinicians in effectiveness perceptions.
TPM	Tilley (2008)	Email respondents from TPM database N = 2,817	Descriptive online survey	Online client satisfaction survey	Participants rated previous non-TPM counseling experiences as effective, but reported TPM's effectiveness as significantly higher in a variety of areas.

Table 1 continues next page

Table 1 (continued)
Summary of Lay Christian Counseling Research

Lay Model	Study	Participants	Design	Measures	Major Findings
TPM	Garzon (2004, 2008)	Clients from both professional and lay counseling settings N = 22	Outcomes-based time series case studies with 3 month follow-up	SCL 90-R, SWBS, ROS-R, DAS, BPRS, client satisfaction survey, blind independent review post treatment	Case results supported clear symptom improvement, decreased dysfunctional beliefs, and enhanced spiritual outcomes for most clients
Mixed Lay Christian Models					
E-CBT	Toh, Tan, Osburn et al. (1994)	Clients from La Canada Presbyterian Church, CA N = 18	Combined group pre-post outcome study	Target Complaints, BSC, SWBS, Brief Symptom Checklist, and the lay person's Global Rating of Client's Psychological Adjustment	No difference between 10 and 20 session groups. Combined group had significant decreases on the four outcome measures used pre to post counseling
E-CBT	Toh & Tan (1997)	Clients from First Evangelical Free Church in Fullerton, CA, N = 46	Randomized waiting list control group study with one month follow-up	Target Complaints, BSC, SWBS, and the lay person's Global Rating of Client's Psychological Adjustment	Significant improvements in target complaints, symptoms reported, spiritual well-being, and lay counselor ratings of client improvement occurred at post-treatment in the treatment group in comparison to the waiting list control group, maintained at one-month follow-up.
FICM	Garzon, Garver, Kleinschuster et al. (2001)	Graduate student class N = 32	Single group pre-post 3-week follow-up	RSEI, BAI, SCL 90-R, 12-item inventory	Significant decreases in several SCL-90-R subscales and the BAI. The RSE indicated increased levels of self esteem. Results maintained at the 3-week follow-up.
FICM	Combs (2006)	Adult Sunday school participants at large evangelical church N = 21	Single group time series design with six week follow-up	PAS, DES-II as screeners, the BSI, BDI-II, TSOS, and 12-item inventory as outcome measures	Significant decreases in several BSI subscales and the BDI-II occurred. BAI results were not significant. The TSOS indicated significantly improved spiritual functioning. Results were maintained at the 6 week follow-up.

Table 1 continues next page

Table 1 (continued)
Summary of Lay Christian Counseling Research

Lay Model	Study	Participants	Design	Measures	Major Findings
FICM	Fisher (2006)	Participants at 4-day FICM conference N = 56	Time series one group design with pre and post treatment baseline	SCL 90-R and a 12-item Likert scale questionnaire	The Global Severity Index of the SCL 90R reflected a statistically significant symptom reduction pattern. Client satisfaction ratings at post conference and the three-month follow-up appeared positive.
FICM	Hurst, Williams, King, and Vilken (2008)	Participants at two FICM weekend conferences Treatment group <i>n</i> = 33 Non-treatment group <i>n</i> = 18	Non-randomized comparison group study	12-item Likert scale questionnaire	Results for the treatment group indicated significant differences on all 12 items, and significant differences with the comparison group on all 12 items.
FICM	Anderson, Garzon, & King (2002)	Clients in a clinical setting N = 10	Times series effectiveness case study design	SCL 90-R, DAS, SWBS, and a 12-item questionnaire	The results appeared to suggest a positive treatment effect overall. Therapists varied the timing of Steps implementation according to client characteristics.
FICM	Seitz (2006)	Clients were referred for treatment by lead pastor of a large church N = 3	Three time series design case studies	DASS, TSOS, SCID I, PAS, DES-II, the BAI, and the BDH-II.	Results for two clients with prominent Axis II features did not reflect a symptom reduction series pattern. The third client reduced in depression symptoms. Nonspecific factors could not be ruled out.

Note. BAI = Beck Anxiety Inventory (Beck & Steer, 1993), BDI-II = Beck Depression Inventory II, BPRS = Brief Psychiatric Rating Scale (Fisher & Corcoran, 1994), BSI = Brief Symptom Inventory (Derogatis, 1993), DAS = Dysfunctional Attitude Scale (Weissman & Beck, 1978), DASS = Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995), DES-II = Dissociative Experience Scale II (Carlson & Putnam, 1993), E-CBT = Eclectic with a Cognitive Behavioral Therapy component, FICM = Freedom in Christ Ministry, PAS = Personality Assessment Screener (Morey, 1997), ROS-R = Religious Orientation Scale-Revised (Gorsuch & McPherson, 1989), RSEI = Rosenberg Self Esteem Inventory (Rosenberg, 1965), SCID I = Structured Clinical Interview for DSM IV Axis I disorders, SCL 90-R = Symptom Checklist 90-Revised (Derogatis, 1994), SWBS = Spiritual Well-Being Scale (Paloutzian & Ellison, 1982), TPM = Theophostic Prayer Ministry (Smith, 2007), TSOS = Theistic Spiritual Outcome Survey (Richards, Smith, Schowalter, et al., 2005).

with questions focusing on specific intervention aspects could evaluate whether the client experienced the lay model of interest or a "hybrid" developed by the particular lay counselor, while a qualitative semi-structured interview would permit comparisons of clients with positive lay Christian counseling experiences with negative ones.

The presence of only one randomized waiting list control group study (E-CBT category) after over twenty-five years of published lay Christian counseling models is disconcerting. The writers found no placebo or minimal support randomized control group or randomized active comparative group study of any lay Christian counseling approach in this literature review. Undoubtedly, more randomized efficacy and effectiveness studies are needed before a clear assessment of lay Christian counseling can be made. In addition to psychological symptom measures and spiritual outcome measures, these studies should include an instrument measuring the influence of client expectancy effects in treatment outcome, and consider the role lay counselor allegiance to the model might play in the results.

The authors recognize a caveat however for the lack of randomized comparative or control group studies in lay Christian counseling models. Most lay Christian counseling model developers have no research training. Only E-CBT developers had substantial training in this area. Not surprisingly, only this lay model had an investigation that utilized random assignment and a waiting list control group (Toh & Tan, 1997). An informal survey of each of the non-E-CBT model developers (See Table 1 in Garzon, et al., 2009, for a listing of the models contacted) indicated their willingness to cooperate with religiously-sensitive researchers who wanted to do studies on their approaches. Some have already started cooperating (e.g., Matthews, Marlowe, & MacNutt, 2000). This is an encouraging sign.

Challenges remain however. Only one clearly identified research team currently appears to be investigating lay Christian models. Integration-focused clinical psychology and counseling programs can change this. These have existed now for over thirty years; thus, the potential for these programs to get more involved in investigating lay Christian counseling models is apparent. Lay Christian counseling model developers need their empirical expertise. Given that some counseling professionals are incorporating lay interventions into psychotherapy, the time for research collaboration with lay model developers is now.

Conclusion

Current findings on lay Christian counseling are very limited compared to paraprofessional counseling as a whole. Only one randomized waiting list control group study has been done, this on an eclectic approach with a CBT component. Numerous other lay models exist. Present preliminary studies on two approaches, one from the IHP category (TPM) and one from the mixed models category (FICM) provide a sketch of those receiving these approaches and give some preliminary evidence of effectiveness. These findings need to be confirmed with well-designed efficacy and effectiveness studies. In short, current data does not allow us to say definitively that lay Christian counseling works. Given the openness of lay model developers to collaborate on research, integration-focused graduate programs have an opportunity to address this important gap in the literature.

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