

Liberty University School of Divinity

Proposal for a Local Church Ministry to Mentally-Ill Addicts

A Thesis Project Submitted to
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for the Degree of Doctor of Ministry

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Liberty University School of Divinity

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DMIN THESIS PROJECT ABSTRACT

PROPOSAL FOR A LOCAL CHURCH MINISTRY TO MENTALLY ILL ADDICTS

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Liberty University School of Divinity 2015

Mentor: Dr. Charles N. Davidson

There is a significant sub-culture of mental health patients who are addicted to prescription drugs, whose needs are not being met by the mental health rehabilitation system. These individuals are incapable of functioning or working normally and exist solely on welfare and community charities. This thesis will investigate this nationwide problem to determine existing ministry approaches, to create a reproducible ministry strategy for reaching this segment of our society with the gospel, by implementing Christian growth, and providing God's hope for recovery from addiction. The writer has experience with such a ministry, including a church ministry home in the community, and will survey former addicts to determine effective practices to employ. The paper will provide the Biblical basis for this ministry, discuss practical considerations for establishing this outreach, and provide suggestions for meeting the practical and spiritual needs of this subculture.

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Abbreviations

B4Stage4	<i>Before-Stage-Four</i>
HMICA	<i>Homeless, Mentally Ill, Chemical Abusers</i>
MHMR	<i>Mental Health Mental Retardation</i>
MICA	<i>Mental Illness and Chemical Abusers</i>
NAMI	<i>National Association of Mental Illness</i>
DSM V	<i>Diagnostic and Statistical Manual Fifth Edition</i>
GAD	<i>Generalized Anxiety Disorder</i>
OCD	<i>Obsessive Compulsive Disorder</i>

Chapter 1

Introduction

The Purpose of Study

Dual Diagnosis¹ brings to mind a patient in a hospital bed surrounded by a team of physicians who have collectively figured out the cause of a mysterious illness.

This author is not a physician or a psychologist. He is a minister in a small town in Western Pennsylvania. Its unreached people group is not the Catholics or the Jehovah Witnesses. It is not the frat parties from the local college, or the youth who hang out on the street corners looking for something to do and then end up in the juvenile court system. It is a normal looking group of people who suffer every day with mental illness.

Mental Illnesses are medical conditions that interfere with a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Just as asthma is a disorder that interferes with the lungs' ability to do their job normally, mental illnesses are medical conditions that interfere with the brains ability to do its job. These conditions often result in a diminished capacity for coping with the ordinary demands of life.²

These disorders are not something that can be overcome by the exercise of the will. Most often these disorders are treatable with medications and psychotherapy. Some patients use over the counter drugs and narcotics to deal with the negative side effect of medications. It is also true that drug users also suffer from various forms of mental illness.³

¹ Dual Diagnosis is a medical determination that involves more than one cause.

² Jack E. Henningfield, *Dual Diagnosis: Drug Addiction and Mental Illness*, (Broomall, Pa.: Mason Crest Publishing, 2013), 431, Kindle.

³ *Ibid.*, 570.

Statement of the Problem and Limitations

When this writer arrived at Riverhill Church eleven years ago, the normal mindset as an evangelical minister would be to build the church attendance to a numerical number that would make the church financially sovereign. This was predicated to happen by reaching healthy middle class families. The church did grow, but yet a clear vision was missing for what God wanted to do in the community.

The Bishop of the Evangelical Congregational Church suggested that all of its ministers read the book: *Breaking the Missional Code* by Ed Stetzer and David Putman, so that each church would become more intentional in becoming a missional movement.⁴ While reading the book it became very clear that God had different plans for Riverhill Church. The church was not going to be patterned after Rick Warren's Saddleback church or any other ministry. Stetzer and Putman write, "The methods and models that God uses in one place does not mean he will use them in another place."⁵ They go on to give a four step process whereby a church could discover its unique calling. (1) It can identify the people group to which the church is called. (2) It can understand the culture of the community. (3) It can examine how God is working in similar communities. (4) It can adjust the vision as it learns the context.⁶

This took a tremendous amount of prayer and seeking God's perfect will to be done in the life of the church. Eventually, this information radically began to direct the ministry council of the church to plot a course of action, but there were questions that needed to be

⁴ A missional church is an authentic community of faith that primarily directs its ministry focus outward. *Missional Church Transformation*, 2007 National Ministries, American Baptist Churches USA.

⁵ Ed Stetzer and David Putman, *Breaking the Missional Code: Your Church Can Become a Missionary in Your Community*, (Nashville: Broadman and Holman Publishers, 2006), 21.

⁶ Ibid.

answered first. What are the different groups of the community in which the church is located? What limitations are there to reaching these groups with the gospel of Jesus Christ? What unique contribution can Riverhill Church make to the Kingdom of God?

As this writer pondered the above questions, there was a keen awareness that the previous six years of ministry had been erroneously focused on the middle class families of the community while an unreached group was lying right outside the door of the church. These thoughts were confirmed in a ministry council prayer meeting where members down on hands and knees cried out to God for direction for the church. From this there was a strong sense that God was telling the church to join him in what He was already doing. The only thing that could be pointed at which God was doing, took place at the local county jail each week. One of the ladies of the church went in to minister to young women arrested for using heroine. From this, it was unanimously decided that the church would establish small Rescue Groups⁷ on Monday nights that would be focused on people suffering from the dual diagnosis of addiction and mental illness.

Mark McMinn wrote, “When we are redeemed by Christ, rescued from our self-destructive and futile ways, we become more interested in living out our faith in redemptive relationships with others. We are God’s hands and feet in a world that needs to be rescued from the pervasive effects of human depravity.”⁸ The depravity of man is easily seen in the cities. Somehow the church skipped from Jerusalem to the uttermost parts of the earth without reaching Judea and Samaria. (Acts 1:8) Could Judea and Samaria be nearby large cities?

⁷ Rescue Groups are small groups designed for mentoring new believers into the life of the church.

⁸ Mark R. McMinn, *Psychology, Theology, and Spirituality in Christian Counseling*, (Carol Stream Ill.: Tyndale House Publishers, 2011), 291

Jesus ministered to a man who lived among the tombstones, was demon possessed and out of his mind. Jesus spoke and the man was freed from his torment and oppression. The Scriptures state in Mark 5:15, “When they came to Jesus, they saw the man who had been possessed by the legion of demons, sitting there, dressed and in his right mind, and they were afraid.”⁹

The Rescue Groups quickly grew from fifteen to twenty individuals in the men’s and women’s groups. In 2012, a large house with sixteen rooms was purchased to serve as a transitional discipleship house. In the last three years numerous individuals have passed through this residential facility. Many lives have been changed due to committing themselves to this voluntary program.

McMinn states,

In Christianity, God exists apart from the natural world but still chooses to enter in , to be among us, to sweat and bleed and labor alongside us, to participate in our struggles while showing us a way to finding healing and hope, Having been transformed by the redemptive presence of Christ in our lives, we strive to do what Jesus did to enter into the complex, messy places of life, to be with others in their struggles and darkness, to offer healing and hope in the midst of their pain. Our work emulates the work of Christ!¹⁰

Statement of Theoretical Basis

There are many approaches to ministering to people with mental illness and addiction, treatments both on the spiritual and psychological levels. Is it necessary to choose sides?

Redemption Approach versus Psychotherapy Approach

Churches are called to minister as Christ did to broken humanity. This means not just preaching salvation, but like the Good Samaritan, bandaging wounds and walking with the hurting through the healing process: physically, spiritually, and emotionally. This often takes a

⁹ Mark 5:15, All Scriptures in this dissertation will be presented in the New International Version.

¹⁰ McMinn, 319.

lengthy commitment. Those looking for an immediate decision or to put a number on a belt will lose patience and move on to other ministries.

The church rejoiced in the fruit that came from the Rescue Groups but the dilemma was how to get these pre-Christians into the church. How Riverhill Church did church would have to adapt in a way that would make those suffering from mental illness and addiction welcomed. This would involve a change in how worship is done and change all the way down to every department and sub-department so that a successful assimilation takes place.

Liz Swanson and Teresa McBean in the book, *Bridges to Grace: Innovative Approaches to Recovery Ministry*, state that the following principles help in developing a culture of grace:

The church must recognize that (1) Recovery begins in the Pulpit and not the pew –The Pastor must model what it means to have a personal relationship with Jesus Christ. (2) Recovery is possible when leaders live with honesty and healthy self-disclosure. (3) Recovery is not about “sin management” but extending grace and acceptance. (4) Recovery provides the strength and encouragement to enable individuals to face the darkest areas of their lives. (5) The environment we create matters immensely more than the programs that we offer an individual.¹¹

One excited pastor said, “When he shifted from telling people what he thought they ought to hear to telling them about his own brokenness and healing through Jesus; the people he was leading began to experience God’s healing as well.”¹²

These intentional changes began to bring people through the doors. One young man, who came to the services, sat there twitching and rocking back and forth from withdrawals due to the abuse of prescription medications. The man would take a month’s supply of medications in one week and lay passed out in an apartment above a downtown bar. This man had been separated

¹¹ Liz Swanson and Teresa McBean, *Bridges to Grace: Innovative Approaches to Recovery Ministry*, (Grand Rapids: Zondervan Publishing, 2011), 26-29.

¹² *Ibid.*, 25.

from his family for fourteen years and frequented the local psychiatric hospital and had numerous drug overdoses.

The congregation continued to dialogue and show the love of Christ. One Sunday afternoon the man showed up at the ministry house totally high on drugs and begging for help. Upon entering the house, the young man dropped to his knees and with great sorrow and repentance begged to have Jesus Christ as His Savior. Imagine Christ walking hand in hand with this person through the difficult days that lie ahead in the twelve steps of recovery from addiction.

Gerald May is quoted as saying:

The absence of conscious desire does not necessarily mean the attachment is gone. In fact, because of the tricks our minds play on us, many of our addictions are able to exist for years completely outside of our awareness; it is only when our addictions are frustrated or cause us conflict that we have an opportunity to notice how attached we truly are.¹³

Having a desire or the willingness to change is the beginning of freedom. Change is the place to start however, it takes much more than mere willpower and muscle. It takes a focused and committed heart that is desperate enough to reach out to God for help. Mays goes on to describe in a more precise manner the essential characteristics that mark true addiction: The symptoms include tolerance, withdrawal symptoms, self-deception, loss of willpower, and distortion of attention.¹⁴

One young man enrolled in the ministry house's discipleship program and struggled for six months. It became very apparent that additional help was needed in coping with such areas as mutilation and suicidal thoughts. After much prayer the man was encouraged to go to Teen

¹³ Gerald G. May, *Addiction and Grace*, (New York: Harper & Row Publishing, 1988), 25.

¹⁴ *Ibid.*, 26.

Challenge¹⁵ and after two years is now on staff and working as a supervisor in the maintenance department at the national training facility.

Statement of Methodology

One of most frequently used secular approaches to mental health treatment is by using Psychotherapy. There are as many fish in the ocean as there are different styles of therapy. These will be explored in this section.

Redemption versus Psychotherapy Treatment

What do the Scriptures say about mental illness? Ken Laird states in his article, “Is Mental Illness in the Bible?”:

We do not see mental illness spoken of particularly or plainly in the Bible, because obviously the cultures of that day did not view mental illness as we do. I am not discounting that the inspired writer’s did not understand nor did God just decide this century when it was to be mentioned...One of the human race’s most common and distressing afflictions was depression after Adam and Eve.¹⁶

There are many Bible characters who suffered from depression, anxiety, or some form of mental illness. Here is a list of some of most recognized names of the Old Testament: Men such as Moses – (Heb 11:23-28), Jonah – (Jonah 4:3), King David – (Ps 55:4-5), Job – (Job 3:11, 7:15), Jeremiah – (Jer 8:18, 20:18), Nebuchadnezzar – (Dan 4), and Saul (1 Sam 31:4) suffered from symptoms of mental illness.¹⁷ There is a tendency to elevate these particular characters of Scripture, but one must understand that these individuals experienced like emotions to what the

¹⁵ Teen Challenge is a Christ-centered, faith-based solution for youth, adults, and families struggling with life-controlling problems, such as addiction (accessed June 30, 2015), <http://www.teenchallengeusa.com>.

¹⁶ Ken Laird, “Is Mental Illness in the Bible.” Hub Pages, Aug 9, 2009, (accessed June 19, 2015), <http://kenlairdstudios.hubpages.com/hub/Is-Mental-Health-in-the-Bible>.

¹⁷ Ibid.

average person feels.

Although it is definitely apparent that mental illness is in the Scriptures, there are different opinions among Evangelicals¹⁸ as to the proper method of treatment. There are various methods of treatment for mental illness. The first is the psychotherapeutic method. This approach is totally dependent on the modern methods of psychiatry. It is a secular approach to healing that primarily uses psychotherapy and medication as its method of treatment and to the exclusion of religion or spirituality. This is the most commonly used treatment method in psychiatric offices and rehabilitation centers.

The second approach is the redemptive approach. This approach is completely dependent upon the healing that is brought about by grace through faith in the resurrected Son of God and his shed blood on the cross for the sins of mankind. God is an all- powerful God who is capable of doing above all that we can ask or think.¹⁹ This is true, but many in the church naively believe that the use of psychiatry by a believer is showing lack of faith. Mental illness is not a demon that can be cast out nor a hidden transgression that can be repented from!

The third approach is the psychotherapeutic and redemptive approach. This treatment uses a combination of both spiritual and psychological methods for the treatment of mental illness. This approach realizes that for healing to take place it must involve all the dimensional levels of a human being: the physical level, the spiritual level, the emotional level, and the psychological level.

¹⁸ Evangelical is a term that according to the Association of Evangelical, is used to denote Christians, who are in agreement on four basic principles: (1) The Bible is the highest authority for what they believe (2) It is personally important for a believers to evangelize non-Christians (3) Jesus Christ's death on the cross is the only sacrifice that can remove the penalty of sin. (4) Eternal Salvation is for only those who trust Christ for forgiveness. [Http://www.christianitytoday.com/gleanings/2015/november/what-is-evangelical-new-definition-nae-lifeway-research.html](http://www.christianitytoday.com/gleanings/2015/november/what-is-evangelical-new-definition-nae-lifeway-research.html).

¹⁹ Eph 3:20-21.

Some churches believe that every need in a person's life could be dealt with completely and effectively at an old fashion altar. In other words, forgiveness of one's sins will take care of everything. Personally speaking to this issue, there are many areas of brokenness that remained in this writer's life long after repentance and conversion.

Listening to the opinion of Richard Ganz in the book, *Psychobabble*, "nowhere is the loss of a Christian consciousness more apparent than in the field of psychology."²⁰ Ganz bases this dogmatic statement on the following:

Most Christian psychologist receive an entirely secular training and are ignorant of the Scriptures. They seldom question the underlying worldview of the field in which they were trained. Instead, they take an essentially secular approach and sprinkle a few Christian insights on top. The result – secular insights that sound pious, but are dangerous and misleading.²¹

In this writer's opinion, this is an extremely biased generalization on the part of Ganz. Ed Stetzer states in an article entitled, "Mental Illness & Medication vs. Spiritual Struggles & Biblical Counseling":

Part of our belief system is that God changes everything and that because Christ lives in us, everything in our hearts and minds should be fixed. But that doesn't mean we don't sometimes need medical help and community help to do those things...In some cases there are physical, chemical, or physiological issues. Yes, prayer can help, and yes God does still heal in miraculous ways. But more often than not, more prayer and more faith are not the only remedy to mental illness.²²

God can accomplish His purposes in various ways including using others to accomplish His purposes. Medical personnel, police, emergency responders and a host of others are at

²⁰ Richard Ganz, *Psychobabble*, (Wheaton, Crossway Books, 1993), 62.

²¹ Ibid.

²² Ed Stetzer, "Mental Illness & Medication vs. Spiritual Struggles & Biblical Counseling," Christianity Today: *The Exchange*: (April, 2013): accessed June 24, 2015, <http://www.christianitytoday.com/edstetzer/2013/april/mental-illness-medication-vs-spiritual-struggles.html>.

various times in life as angels to assist the continued plan of God. It is a “both and” principle here that brings the proper balance.

An individual started to attend the men’s rescue group. At one time, the man was a peer sponsor for another man attending the group who suffered from mental illness and addiction. A few weeks after this, a phone call was received from the psychiatric unit stating that this man had voluntarily been admitted. On the first visit, there was an immediate acceptance of Christ and upon release from the psychiatric unit, the man was accepted into the ministry house. Unlike the individual previously spoken about, this individual’s diagnosis needed to be controlled by medications prescribed by the psychologist. God heals individuals according to His own will and ways!

Stetzer states,

We must be aware of giving people the impression that through individual repentance for sin they should be able to undo their personal problems. Obviously, we shouldn’t go to the other extreme of refusing to acknowledge personal responsibility for sinful behavior as well.²³

In the early twenty-first century, there was a sudden shift in how the two camps formerly regarded each other:

Increasingly, Christian counseling is no longer the merely tolerated stepchild, but instead is often allowed to have a place in the new mental health family. . . . The mental health field is no longer a closed country, but instead has begun to open the door, recasting itself as tolerant and inclusive of all religions and moralities. Increasingly, therapists, doctors, and patients no longer have to check their gods at the door before entering.²⁴

²³ Ibid.

²⁴ David J. Bosch, “The Mental Health Profession: A Culture in Transition,” *Biblical Counseling Coalition*, no.2, (2011), 2: accessed June 30, 2015, <http://biblicalcounselingcoalition.org/resources/christian-counseling-as-mission>.

This is good news because the world is looking for answers to the hard questions of life, like “what happens when you die?” God designed man with a multi-faceted dynamic that requires His insight as Creator to understand. The collaboration of these two global agencies reveals His omniscient wisdom and man’s insufficient knowledge.

In this writer’s opinion, this is a good happening but there are groups on each side of the argument that believe they should remain separate. This topic will be further discussed in the following chapters of this dissertation.

Out-patient Therapy Versus In-patient Rehabilitation

Author’s Leonard Jason and Joseph Ferrari write:

Research on treatment outcomes for addictive disorders indicate that a variety of interventions are effective. However, the progress clients make in treatment frequently are undermined by a lack of an alcohol and drug free living environment supporting sustained recovery. This book suggests that treatment providers have not paid sufficient attention to the social environments where clients live after residential treatment or while attending outpatient programs. It also describes the need for alcohol and a drug free living environment.²⁵

One individual that went through a drug rehab facility and then the discipleship house program, would relapse almost every year to the day. The problem causing the relapses consisted of anxiety due to loneliness and the location of the individual’s apartment. Limited income dictated the part of the city in which the individual could afford to live. A room above a bar, although affordable, does not give someone a fair chance at recovery. An addict who is undergoing out-patient treatment will more than likely be returning home and be subjected to the same places where the temptations to use are readily available. Not only does an in-patient or residential setting remove the person from their environment, but the use of a person’s

²⁵Leonard A. Jason and Joseph R. Ferrari, *Recovery from Addiction in Communal Living Settings: The Oxford House Model*, (New York: Routledge, Taylor and Francis Group, 2011), 1, Kindle.

roommates as peer sponsors helps to build up their resistance and resolve to live clean and sober. Jason and Ferrari state that peer sponsoring is vital to recovery. “A key element of this principle is that individuals with a group have a shared experience and identify with others who have suffered in similar ways.”²⁶

Although a residential program takes a person out of their environment, it is not a full proof solution for keeping a person away from drugs. There is just enough freedom that a person can find a way to get “hooked up” if it is in one’s heart to truly do so.

This is the reason that many of the recovering addicts that this writer has helped, have chosen to relocate to a different community upon completing rehabilitation. A fresh start in a new location will offer freedom from the temptations that come from being around old friends and past hangouts.

The residential Oxford model is a self-regulated program and will allow former addicts to continue live there, but with the stipulation that there is no further use of drugs or alcohol. Statistics show that most stay between one and three years.²⁷ This model is different than the church ministry house model which functions as an intake house and helps integrate the addict back into the community as a productive citizen. A ministry house offers a stepping stone for the individual to go on and receive additional treatment at a treatment program like a Teen Challenge or New Life for Girls.²⁸ These programs, as well as the Oxford House model, have exploded in the number of facilities available.

²⁶ Ibid., 2471, Kindle.

²⁷ Leonard A. Jason, Bradley D. Olson, Joseph R. Ferrari, and Anthony T. Lo Sasso, “Communal Housing Settings Enhance Substance Abuse Recovery,” *American Journal of Public Health* 96 (2006): 1727-1729.

²⁸ New Life for Girls is a comprehensive 24 hr. residential program for women who are struggling with life controlling problems such as drug and alcohol addiction, eating disorders, and sexual abuse issues.

Beginning with one single rented residence in the mid 1970's, Oxford houses now number over 1300. These rented homes are helping people deal with drug addiction and community reentry by providing stable housing without any limits on length of stay, a network of job opportunities, and support for abstinence. An exploration of the research on these unique settings highlights the strengths of such a community-based approach to addressing addiction.²⁹

There have been many reports and statistics arguing the success claims of one program over another. Such claims make accusations that many of the statistics are over exaggerated or that the percentages of successful rehabilitation have been deceptively elevated. Teen Challenge has been called upon to back up the claim of more than a 70% recovery rate. Daniel Hood states that a new location will offer freedom from the temptations that come from being around old friends and past hangouts. He claims that although Teen Challenges statistics are slightly greater than most programs, that when the percentages at Teen Challenge are figured by averaging the success totals of different contributing geographic induction centers,³⁰ the percentages received from these surveys are basically even with other similar type residential programs.³¹ The information provided by this writer is not meant to discredit Christian treatment facilities but to show that full recovery is less successful when graduates return to less than favorable environments. The Scriptures support this philosophical argument, "Therefore, "Come out from them and be separate, says the Lord. Touch no unclean thing, and I will receive you."³²

²⁹ Jason, et al, 1727-1729.

³⁰ An induction house is a center for processing and examining new arriving addicts in a treatment program. It usually lasts two to three months before the individuals are sent to the main residential treatment facility.

³¹ Daniel E. Hood, *Redemption and Recovery: Further Parallels of Religion and Science in Addiction Treatment*, (New Brunswick: Transaction Publishers, 2012), 3957, Kindle.

³² 2 Cor 6:17.

Mental Illness and the Church's Response

Being a pastor of a church that has members with mental illness is not easy. As mentioned in the beginning of this paper, it is something that God had everything to do with and not a choice a person would come up with. One pastor described it in the following way:

Having ministered to members diagnosed with schizophrenia, bi-polar disorder, and clinical depression, I can only say that these saints require a lot of patience, love, and listening. There is no easy answer to their suffering. What they experience is dark and complex and often requires treatment beyond our care.³³

It is important to understand the medical definitions. Schizophrenia is a very serious mental illness in which someone cannot think or behave normally and often experiences delusions. Bi-polar Disorder is any of several psychological mood disorders characterized usually by alternating episodes of depression and mania called also manic depression, manic-depressive illness. Clinical Depression is depression of sufficient severity to be brought to the attention of a physician and to require treatment; specifically: major depressive disorder.³⁴ The last definition would increase the percentages of members who have mental illness.

A pastor of a church with a greater percentage of members with mental illness naturally requires that things be done differently at times. For example, one pastor that ministers frequently to members with mental illness stated: "Sometimes the most important question for me to ask at the visit of any family visit or counseling session is, 'Are you still on your meds?' If the person in question is not, it will help explain a lot about their behavior, and it will help me know how best to navigate the rest of our time together."³⁵

³³ Michael S. Horton, "Faith and Mental Illness," *Modern Reformation*, Vol.22, no.4 (2014), 36.

³⁴ *Merriam-Webster On-line Dictionary: An Encyclopedia Britannica Company*, [http://www.merriam-webster.com/medical/schizophrenia/bi-polar disorder/clinical depression](http://www.merriam-webster.com/medical/schizophrenia/bi-polar%20disorder/clinical%20depression).

³⁵ Horton, "Faith and Mental Illness," *Modern Reformation*, 21.

Lest a person thinks their self to be a cut above those that suffer from debilitating mental illness, please consider that futility in ones thinking is a diagnosis that fits everyone and reveals one's desperate need for a Savior! Compassion for those who suffer from mental illness is a necessity for those in the church, but compassion alone will not complete the job.

Everett Worthington Jr. observed the following:

Several studies in the past 10 years have investigated the involvement of clergy in the provision of mental health services. Though the denominational affiliation of the clergy surveyed covers most Christian denominations, the results of the surveys are remarkably similar. Clergy report spending on average, 10-20% of their time (6-8 hours) each week providing counseling. The topics most frequently addressed are marital or premarital problems, depression and anxiety, adjustment to life, and guilt and salvation...however, in a sample of traditional clergy (including Roman Catholic and Jewish), 46% reported they spent most or some of their counseling time with individuals with diagnosed mental illness...Clergy reports show them referring fewer than 10% of those they counsel to mental health professionals.³⁶

The good news is that ministers have not lessened their active involvement with the mentally ill. The bad news is that they are not referring to trained professionals when their counseling proves to be beyond their capabilities. Worthington states, "Clearly, the clergy themselves recognize a problem exists. Their training fails to provide them with information to diagnose, treat, or refer."³⁷ This writer can verify the fact that seminary in no way prepares a minister to effectively counsel various clinical forms of depression and anxiety. Humility is an important attribute for all counselors. There is much, however, that can be done. In no way does the hand-off mean that the minister drops out of the picture.

Here is a list of some of the things that can be done. First, be a support to the person going through professional treatment. Second, provide accountability for the proper use of

³⁶ Everett L. Worthington, Jr., *Psychotherapy and Religious Values*, (Grand Rapids: Baker Book House, 1993), 72.

³⁷ *Ibid.*, 73.

prescription medications. Third, build the person's faith through trusting the Word of God. Fourth, be available for personal, financial, and family counseling. Finally, encourage ecclesiastical association and the utilization of the person's gifts and talents in the ministry. Worthington shares some heart-felt truths to the lay person in regards to counseling those tormented with psychological disorders:

As counselors, we experience breaking periodically. Further, our client's pain is often because God is breaking their hard outer nature. We want to help people learn how their present pain can allow the sweet fragrance of the Holy Spirit, the Helper, to flow out to others. We can do that more effectively when we learn to allow God to break us, too.³⁸

This thought places everyone in the church on the same level. The Holy Spirit desires to help us conceptualize this illness and resolve to no longer allow it to remain in the dark. The recent suicide of Matthew Warren, son of Pastor Rick Warren, author of book, *The Purpose Driven Life*, made mental illness the subject of national conversation.

Ed Stetzer, who is an advocate for those who suffer from mental illness, states five points every pastor should recognize:

(1) There are people in the pews every week, ministers too, struggling with mental illness or depression. (2) People of faith know that God has freed them to love others, and that love extends to everyone, even (and sometimes especially) those we don't understand. (3) Christians need to affirm the value of medical treatment for mental illness. (4) Compassion and care can go a long way in helping people know they do not have to hide. (5) Mental illness has nothing to do with you or your family's beliefs. It can impact anyone.³⁹

These truths seem to be pretty evident, but the church must be reminded of them and not assume that someone else will reach across the aisle and share God's love.

³⁸ Ibid., 277.

³⁹ Ed Stetzer, "My Article at CNN Regarding Mental Illness and the Church's Response," Christianity Today: *The Exchange*: (April, 2013): accessed July 3, 2015, <http://www.christianitytoday.com/edstetzer/2013/april/my-article-at-cnn-regarding-mental-illness-and-churchs.html>.

We would not shame someone for getting a virus. Why do we shame someone for having a chemical imbalance that leads him or her to a lifelong struggle with depression? Often there is an expectation – because we really do believe, as the Apostle Paul writes to the Philippians that “I can do all things through Christ who strengthens me.” But that doesn’t mean that we don’t need the support of the community to do those things.⁴⁰

It comes down to building trust as Isa 26:3 speaks to the believer’s heart. Lay aside prejudice and false misconceptions concerning others who are different. Allow the Spirit of Christ to flow through one’s soul in order to be an instrument to touch others. Make room to share life together with people who are troubled. Last of all, pray daily for the healing power of Christ to use every means possible to bring about peace of mind and wholeness of heart. “You will keep in perfect peace to those whose minds are steadfast, because they trust in you.”⁴¹

Evaluating the Effectiveness of the Ministry House

The research for this dissertation is four-fold in its purpose. It proposes to (1) Determine which recovery approach for mental illness and addiction is more effective: In-patient or out-patient? (2) Discover and increase one’s knowledge of what others are doing in this area of ministry. (3) Present locally used strategies that are used in the ministry house. (4) Evaluate what has been done at the ministry house in order to increase its effectiveness in touching the lives of those with mental illness and addiction.

Some informative questions need to be answered by this research paper. (1) Is the residential ministry house approach more effective in impacting lives spiritually and psychologically than an out-patient program? (2) What is the success rate of recovery for those who have gone through this program? (3) What are the strengths and the weaknesses of the

⁴⁰ Ed Stetzer, “Mental Illness and the Christian: Scripture and Science,” *Christianity Today: The Exchange*: (June, 2014): accessed July 3, 2015, <http://www.christianitytoday.com/edstetzer/2014/june/mental-illness-and-christian.html>.

⁴¹ Isa 26:3.

ministry? (4) Can you put a face to the people God has graciously drawn to this ministry?

(5) What are some best practices used by the ministry house in ministering to those with mental illness and addiction?

These questions will be answered through surveys and testimonies of thirty randomly selected individuals (negative and positive experiences) that have been ministered to by the ministry house approach. In no way will an individual be identified by name or personal information be disclosed. All information provided on the questionnaire is confidential. The information gathered will be used collectively to illustrate the average responses to a particular question or area of need. The results are limited in that they represent a segment of society in rural western Pennsylvania. The survey questions are listed in the appendix section of this paper.

Literature Review

The resources used for this thesis project fall into the following categories: (1) the redemptive approach to counseling mental illness and drug addiction, (2) the redemptive and psychological approach to counseling mental illness and drug addiction; (3) psychological approach to counseling mental illness and drug addiction; (4) organizational methods of successful treatment and rehabilitation, and (5) ministry houses or group housing approaches to treatment facilities.

Psychology, Theology and Spirituality in Christian Counseling by Mark R. McMinn

This book presents the conversation of how spirituality and theology can intermingle with psychology in the counseling room. It shows how prayer, addressing the sin nature, confession, forgiveness, and Scripture can be used along with psychological therapies such as cognitive therapeutic counseling. McMinn gives real life examples as to how this can be done. The

approach of this book supports the combination of redemption and psychology in its approach to counseling those with mental illness and drug addiction.

Breaking the Missional Code by Ed Stetzer and David Putman

This book shows the key to understanding God's plan and purposes for a community.

The author states:

The key to breaking the code of a community is to have heart of the Father for that community. The only way to do that is by spending serious amounts of time with the one who loved Jerusalem deeply enough to weep over it. We must have that same weeping spirit for the unreached of our own global communities.⁴²

God does not do the same thing in every community. A pastor and church congregation must exegete the community from which one has been placed. The book, *Breaking the Missional Code*, gives the steps in discovering this vital foundation. This book promotes the redemptive approach to reaching the lost.

Psychobabble by Richard Ganz

An account of a trained psychologist who gets fired for sharing Christ with a patient. His employer wants him to agree to keep his Christianity out of his therapy sessions. He finds that he cannot and is terminated. After this happened, he was offered numerous positions to work as a Christian Psychologist but instead chooses to attend Westminster Seminary. The author Rich Ganz is determined to prove in this book that it is impossible to integrate Christianity with Psychology in therapy. The approach of this book is strictly to promote redemptive means of dealing with mental illness. It views psychology as psychobabble and heavily emphasizes its failure to provide answers.

⁴² Ed Stetzer and David Putman, *Breaking the Missional Code*, (Nashville: Broadman & Holman Publishing, 2006), 22.

Is Mental Illness in the Bible? by Ken Laird

This book presents mental illness as a result of fallen humanity. Paul S. Taylor of Eden Communications states that insanity, as a result of sin, has influenced the frequent diagnosis of bi-polar and manic-depression. Taylor states,

One of the human races most common and distressing afflictions was depression after Adam and Eve sinned against God. Sin twisted and broke every aspect of human nature, from the clarity of our mental processes to the bio-chemical make-up of our brains. Sin has multi-generational effects. It is embedded in every aspect of the social make-up of human communities and relationships.⁴³

Insanity can come as a result of the spiritual, biological, and from the unexpected physical circumstances that occur from living in this world. The article gives the following biblical examples of mental illness: Moses suffered from the burden of caring for all the nation of Israel. Jonah wanted to end his life as a result of the salvation that came to the people of Nineveh. King David suffered from depression as a result of his child's death and his son's rebellion. Job questioned his existence while suffering from a debilitating illness and false accusations from his friends. Jeremiah, while under physical affliction for his prophecies, felt that his sorrow was beyond healing.

This article primarily supports the redemptive approach to recovery of mental illness and drug addiction.

“Faith and Mental Illness” by Michael S. Horton

“According to a 2013 survey by Life Way Research, one-third of Americans agree that prayer and Bible study alone can overcome serious mental illness. Nearly 49% of evangelicals

⁴³ Ken Laird, “Is Mental Illness in the Bible.” Hub pages, (Aug 9.2009) Accessed April 22, 2015. <http://kenlairdstudios.hubpages.com/hub/Is-Mental-Health-in-the-Bible>.

agree.”⁴⁴ The August publication is filled with articles like this one to bring awareness to Evangelical Christians that mental illness will not be overcome by merely spiritual methodology. Horton makes the point that it would be a powerful consortium if doctors, pastors, and psychologists would realize that they are not the entire answer and that it could benefit each other if they could form an ISP⁴⁵ of whole patient care.

The most frequently recognized form of mental illness is depression. It can range from mild to debilitating. Society is oblivious to the amount of individuals who suffer from this illness. One particular article is about the famous hymn writer of the eighteenth century, William Cowper. Although there were periods in Cowper’s life of spiritual and emotional stability, there were even more where he suffered from anguish and despair. One would hear his music and wonder with amazement how it could possibly come from the same man. It is not confined to a geographic area, a certain economic scale, or to a particular nationality. This journal article primarily supports the redemptive and psychological approach to recovery of mental illness and drug addiction.

Addiction & Grace by Gerald G. May

May presents the powerful truth that everyone suffers from some form of addiction that attempts to control one’s life. This can be a compulsion to be thin, overeat, as well as narcotics or alcohol. “All people are addicts, and addictions to alcohol and other drugs are simply the more obvious and tragic attachments. To be alive is to be addicted, and to be alive and addicted

⁴⁴ Michael S. Horton, “Faith and Mental Illness,” *Modern Reformation*, Vol.22, no.4 (2014), 18-25.

⁴⁵ An ISP is a gathering of concerned professionals which includes all aspects of personal wholeness: medical, psychological, spiritual, and educational.

is to stand in need of grace.”⁴⁶ Although May is a highly sought after psychologist and has taught at prestigious institutions of learning, he declares that “we are not in control of our lives until we surrender to God.”⁴⁷ This book takes the redemptive approach to dealing with mental illness and addiction.

Recovery from Addiction in Communal Living Settings: The Oxford House Model by Leonard A. Jason and Joseph R. Ferrari

Oxford Houses are recovery houses for individuals with a substance abuse history. There are more than 1200 locations within the United States.⁴⁸

The Oxford Model is designed to help addicts who because of low income cannot find affordable and suitable housing. Because of this they frequently relapse due being in the part of town where there are plenty of intoxicants available. Studies of this model have proven that this type of communal drug-free housing has increased sobriety for longer periods of time.⁴⁹ The Oxford Model is similar in approach to such agencies as Teen Challenge, Pathways and other rehab related halfway houses. This resource is under the category of organizational methods of successful treatment and rehabilitation and ministry or group housing approaches to treatment facilities.

Psychotherapy and Religious Values by Everett L. Worthington, Jr.

Obviously a therapist’s values will influence the counseling process. This book was written out of concern for the direction of modern psychotherapy and how religious values can

⁴⁶Gerald G. May, *Addiction & Grace*, (San Francisco: Harper and Row Publishers, 1988), 11.

⁴⁷ *Ibid.*, 139.

⁴⁸ Leonard A. Jason and Joseph R. Ferrari, *Recovery from Addiction in Communal Living Settings: The Oxford House Model*, (New York: Routledge, 2011), 11.

⁴⁹ *Ibid.*, 6.

influence the same. More than twenty-three authors have contributed to this masterpiece of therapeutic thought. Two outspoken psychiatric inpatient treatment facilities have risen with great publicity and success in the twentieth century: (1) Minirth-Meier Clinics and (2) Rapha Hospital Programs.⁵⁰

This book supports the approach of psychology and redemption working together. It is interesting to see how Freudian thought in some ways agrees with Christianity's cultural mandate concerning the topic of (work).

Meaningful work is a value. For Freud work has value because it is a means of sublimation. Yet Christians must remember that one's work is done primarily in gratitude and obedience to God's call on one's life, and secondarily as a means for self-gratification, financial independence, or self-identification. What Christians receive from God by virtue of their work is just as much a gift from God as one's salvation. We are called to be good stewards of that which God has entrusted to us, and we are blessed or judged in accordance with how we obey or disobey his commands to us concerning what he has entrusted to us

It is nice to see that Freud has finally caught up with Solomon's views of the importance of work. He states in Prov. 14:24, "The wealth of the wise is their crown, but the folly of fools yields folly."⁵¹

Understanding Drug Treatment in Mental Health Care by Alyson J. Bond and Malcolm H. Lader

History originally treated mental disorders from the standpoint of dealings with demons and ancestral spirits. It was during the fourteenth century that institutions were developed for the insane as the church attempted to show mercy and provide a refuge for the suffering. In the

⁵⁰ Everett L. Worthington Jr., Editor, *Psychotherapy and Religious Values*, (Grand Rapids: Baker Book House, 1993), 30.

⁵¹ All Scriptures will be presented in the New International Version

nineteenth and twentieth century these ideas changed with increased knowledge concerning how the brain functions.⁵²

There are various models of treatment of mental illness that are mentioned by Bond. The Biological Model is the use of drugs to correct physical and chemical abnormalities. The Psychodynamic Model is the kind of therapy that focuses on the mind and the person's past. The Behavioral Model focuses on phobias, stressors, and personality conflicts as a result of external events in a person's life. The Cognitive Model is the newest form of treatment which focuses on the negative thoughts that come as a result of events and the meaning that is placed on them by the patient. The Social Model focuses on how social events and society have caused deep-seated depression resulting in isolation from others. Its treatment involves helping the patient to re-enter society. Finally, in the Humanistic Model, the client controls the conversation while the therapist listens and asks questions and then offers ways to help deal with problems.⁵³ This book represents the entirely psychiatric view of dealing with mental health and drug addiction.

⁵² Alyson J. Bond and Malcolm H. Lader, *Understanding Drug Treatment in Mental Health Care*, (West Sussex, England: John Wiley & Sons, 1996), 3-4.

⁵³ Bond and Lader, *Understanding Drug Treatment in Mental Health Care*, 5-8.

Evidence-Based Practices for Christian Counseling and Psychotherapy by Everett L. Worthington, Jr., Eric L. Johnson, Joshua N. Hook, and Jamie D. Aten

It takes real evidence to determine if a certain method of counseling is working. Someone's word or case study cannot easily be proven. This book examines different methods of Christian psychotherapy and provides evidence concerning their usefulness in helping a client. The gold standard of empirical evidence for treatments is called randomized clinical trial (RCT), in which clients are randomly assigned to treatments.⁵⁴ Standardized assessments are then use to determine clinical success and the results are published. This book presents the published assessment of many of the latest Christian therapeutic practices.

The Effectiveness of Innovative Approaches in the Treatment of Drug Abuse by Frank M. Tims, James A. Inciardi, Bennett W. Fletcher, and Arthur MacNeill Horton, Jr.

MICA stands for Mental Illness Chemical Abusers. In 1997, there was very little known about this particular group of people due to their high dropout percentage from community based programs. Harbor House in South Bronx was one of the few treatment facilities dealing with this clients are randomly assigned to treatments.⁵⁵ Standardized assessments are then use to determine clinical success and the results are published. This book presents the published assessment of many of the latest Christian therapeutic practices.

One point of commonality among this particular group is a high absence of fathers in the home between the ages of 1-13 years of age. More than 52.7% of these fathers were addicted to alcohol and drugs at some point during these years.⁵⁶ This book speaks directly concerning the

⁵⁴ Everett L. Worthington Jr., Eric L. Johnson, Joshua N. Hook, and Jamie D. Aten, *Evidence Based Practices for Christian Counseling and Psychotherapy*, (Downers Grove: IVP Academic, 2013), 9.

⁵⁵ Worthington Jr., Johnson, Hook, and Aten, *Evidence Based Practices for Christian Counseling and Psychotherapy*, 83-84.

⁵⁶ *Ibid.*, 89.

unreached people group of this writer's community. The approach taken for treatment in this book is from a psychiatric perspective.

“The Mental Health Profession: A Culture in Transition” by David J. Bosch

In this well written article, missiologist David Bosch claims that, “increasingly, Christian counseling is no longer the merely tolerated stepchild, but instead is often allowed to have a place in the new mental health family.⁵⁷ The twentieth century even saw health insurance companies included 12 step recovery programs, Christian rehabs and outpatient therapy clinics.

Bosch goes on to say, “The mental health field is no longer a closed country, but instead has begun to open the door, recasting itself as tolerant and inclusive of all religions and moralities. Increasingly, therapists, doctors, and patients no longer have to check their gods at the door before entering.”⁵⁸ The article supports the combining of the redemptive approach to counseling mental illness and addiction.

Bridges to Grace: Innovative Approaches to Recovery Ministry
by Liz Swanson and Teresa McBean

This volume presents the recovery ministries of nine different churches that have at least 1500 people in attendance. They were selected from among 250 churches that were personally interviewed by the authors. Each church shares a testimony of how God led them into the recovery ministry. There are excellent examples of effective ministry that are reaching their demographic to freedom and wholeness. These churches were asked the following question: What are some of the greatest challenges you face as you attempt to develop a ministry of

⁵⁷ David J. Bosch, “The Mental Health Profession: A Culture in Transition,” *Biblical Counseling Coalition*, (2011), 2 : accessed May 19, 2015, <http://biblicalcounselingcoalition.org/resources/christian-counseling-as-mission>.

⁵⁸ *Ibid.*, 2.

recovery? First, making the church a safe place where people can tell the truth about their struggles without being labeled, judged, and condemned. Also, creating an authentic place where people find others who are willing to tell the truth about their own issues, a place where there are no masks.⁵⁹ This book presents different organizational methods of successful treatment and rehabilitation of people with addictions.

Taking Sides: Clashing Views in Drugs and Society by Raymond Goldberg

The main question that this book argues is whether or not alcoholism or drug addiction is caused by one's hereditary. It presents both sides of the argument, the Yes and the No.

Authorities on both sides of the issue defend their opinions on the subject.

One side, if believed, would suggest that a person under the influence of a drug would not be responsible for their actions due to losing the ability to control or resist the temptation. On the other hand, Goldberg states, "If an individual's addiction is due to lack of self-control, rather than due to a disease, should taxpayer money go to pay for that person's treatment?"⁶⁰ Does addiction start with a personal choice to use a drug and then progress to the point of losing one's ability to say no? Either way it is like playing a game of Russian roulette. Addictions can consume and rob a life of all its sustenance. The book is very comprehensive concerning the subject of addictions and supports the psychological view of dealing with drug addiction and ministering to people with mental ill.

⁵⁹ Liz Swanson and Teresa McBean, *Bridges to Grace: Innovative Approaches to Recovery Ministry*, (Grand Rapids: Zondervan, 2011), 18.

⁶⁰ Raymond Goldberg, *Taking Sides: Clashing Views in Drugs and Society*, 8th ed. (New York: McGraw Hill, 2008), 141.

Mental Illness & Medication vs. Spiritual Struggles & Biblical Counseling by Ed Stetzer

Ed Stetzer makes the point that Christ coming into a life changes everything, but it does not rule out the fact that he uses the medical profession and medication in accomplishing this task. He states, “In some cases, there are physical, chemical, or physiological issues, yes, prayer can help, and yes, God does still heal in miraculous ways. But more often than not, more prayer and more faith are not the only remedy for mental illness. Medicine is still needed.”⁶¹ It is easy to make a judgment having never experienced mental illness. Much of evangelical Christianity is not equipped to know how to minister to those within their churches who suffer from this malady. Stetzer presents a redemptive and psychological approach to dealing with mental illness.

Ministry in the Face of Mental Illness by Frank Page

Frank Page writes this Bible study book from the standpoint of experience, having gone through the emotional trauma of the suicide of his daughter who suffered with mental illness. Page gives the statistic that there are now 91 suicides per day in the United States and one out of ten individuals suffer from depression.⁶² Mental illness comes from many different causes but foremost from depression and anxiety. Depression is no respecter of persons. Churches are full of people who suffer prolonged depression due to the fact that laity and clergy do not know how to properly minister to these individuals. God comforts us in our afflictions so that we can comfort others (2 Cor. 1:4-5). This book promotes the redemptive approach to ministering to people with mental illness.

⁶¹ Ed Stetzer, “Mental Illness & Medication vs. Spiritual Struggles & Biblical Counseling,” *Christianity Today: The Exchange*: (April, 2013): accessed May 27, 2015, <http://www.christianitytoday.com/edstetzer/2013/april/mental-illness-medication-vs-spiritual-struggles.html>.

⁶² Frank Page, *Ministry in the Face of Mental Illness: Bible Studies for Life*, (Nashville: LifeWay Publishing, 2014).

Troubled Minds: Mental Illness and the Church's Mission by Amy Simpson

Amy Simpson takes the bold step of sharing her personal experience of dealing with a family member who has mental illness. Her purpose in writing the book is to help people of faith identify mental illness as well as be prepared to properly minister to families members and those who are suffering from its painful grasp. The book attempts to answer the troubling questions that many families ask when facing this difficult dilemma. Simpson states:

The suffering of mental illness, whether for the afflicted or for their families, is typically marked by isolation. When people desperately need to experience the love and empathy of their fellow human beings and to know that their Creator has not abandoned them, many reach out and are shocked to touch the church's painfully cold shoulder. Others fear the church's rejection enough to hide their struggles and not risk exposure at all.

The church must step up and reach out to this neglected group of people. They are in every church and need to be able to sense the feelings of love, peace and safety from the faith community. This book supports the redemptive approach to ministering to people with mental illness.

Dual Diagnosis: Drug Addiction and Mental Illness by Jack E. Henningfield

Mental illness often leads to drug addiction and drug addiction often leads to mental illness. Henningfield state, "Of the many people who have an addiction to drugs or alcohol, a significant number also have some form or other of psychiatric disorder. When this happens, it is called dual diagnosis: the diagnosis of both an addiction and another psychiatric disorder."⁶³ He says that this is proven by the Causality Theory which states, "drug use and mental illness are like dominos tumbling over, one thing triggering another."⁶⁴ There are certain drugs and certain

⁶³ Jack E. Henningfield *Dual Diagnosis: Drug Addiction and Mental Illness*, (Broomall, Pa.: Mason Crest Publishing, 2013), 570, Kindle.

⁶⁴ *Ibid.*, 592.

mental diagnosis that are more apt to lead to this dual diagnosis. This book supports the psychiatric approach to treating mental illness and drug addiction.

Good Mood, Bad Mood by Charles D. Hodge

This book focuses on the popular mental diagnosis of Bi-polar Disorder. It is a diagnosis that is treatable with medication. A person can avoid manic depression by staying on their medication. Hodges states that many individuals stop taking their medications due to various side effects. The result of this usually ends up with losing a job, breaking up an important relationship and even serving jail time due to the result of one's actions.⁶⁵ Those who end up in these predicaments often say that their actions are excusable because they were committed when off their medication. It is important at this point says Hodges, that the Scriptures be examined for what is written about sin. "What comes out of a person is what defiles them. For it is from within, out of a person's heart, that evil thoughts come—sexual immorality, theft, murder, adultery, greed, malice, deceit, lewdness, envy, slander, arrogance and folly. All these evils come from inside and defile a person." (Mark 7:20) Mental illness is not an excuse that a person can hide behind when it comes to sin. An individual is responsible for their choices. This book supports both the psychiatric and redemptive approach to ministering to mental illness.

Redemption and Recovery by Daniel E. Hood

Hood presents the hard facts concerning the inflated success percentages of many redemption and recovery houses. Teen challenge boasts a 70% success rate but when a reputable audit of graduates was done the results pointed to 50%. The point is not to dispute their figures

⁶⁵ Charles D. Hodges, *Good Mood, Bad Mood*, (Wapwallopen, PA: Shepherd Press, 2012), 145, E-book.

or to speak against this excellent program, but to point out that recovery is difficult. Dr. Hess who did the poll and evaluation claims to have, “experienced a conversion herself as a result of the study, from a “sever and doubting critic’ to a new belief that “Teen Challenge...basically a spiritual center . . . is a unique and successful rehabilitation center.”⁶⁶ Hood supports both the psychological and redemptive approach to recovery.

Bible Verses on Mental Illness

The following verses were selected due to referring directly or indirectly to a close description of mental illness.

Psalm 34:17-20

The righteous cry out, and the Lord hears them; he delivers them from all their troubles. The Lord is close to the brokenhearted and saves those who are crushed in spirit. The righteous person may have many troubles, but the Lord delivers him from them all; he protects all his bones, not one of them will be broken.

This Scripture was selected because of how it states that the Lord is close or near to those who are depressed or crushed in their spirit. For whatever the reason the events of life have caused them to withdraw and be less than desirous about their future, but the in the midst of this the God of all comfort hears their cry for help.

Philippians 4:6-7

Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God. And the peace of God, which transcends all understanding, will guard your hearts and your minds in Christ Jesus.

Anxiety is one of the major contributors to mental illness. Anxiety can segue into mental illness if not properly treated. Prayer and faith in God is a powerful solution to bring relief.

⁶⁶ Daniel E. Hood, *Redemption and Recovery: Comparing Religion and Science in Application*, (New Brunswick: Transaction Publishers, 2012), 3890, Kindle.

Matthew 4:24

News about him spread all over Syria, and people brought to him all who were ill with various diseases, those suffering severe pain, the demon-possessed, those having seizures, and the paralyzed; and he healed them.

Based on the different therapy models of treatment, certain mental illness are corrected with the use of drugs. No matter what the nature of the cause may be, mental illness can be healed like any other disease if God so chooses.

2 Timothy 1:7

For the Spirit God gave us does not make us timid, but gives us power, love and self-discipline.

Phobias and fears are a very real part of mental illness. They can lead people to the darkest place of one's soul. On the other hand, God gives his Spirit which provides overcoming strength, acceptance and the ability to control oneself.

John 16:33

For the Spirit God gave us does not make us timid, but gives us power, love and self-discipline.

There is tremendous adversity in the world. People process difficulty in different ways based upon the examples provided for them earlier in life or through the influence of faith in Christ. Christ's overcoming sin and death has provided the victory for those who will trust him.

Isaiah 41:10

So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand.

One of the great promises of God's Word to a believer is the coming Christ. The struggles of life upon the earth will have ended. Believers will be counted with those who stay

faithful and true, not because of personal efforts but because of God's righteous right hand that upholds. God compels Israel to trust him in the same way that he comes to his church.

Matthew 17:14-20

When they came to the crowd, a man approached Jesus and knelt before him. "Lord, have mercy on my son," he said. "He has seizures and is suffering greatly. He often falls into the fire or into the water. I brought him to your disciples, but they could not heal him." "You unbelieving and perverse generation," Jesus replied, "How long shall I stay with you? How long shall I put up with you? Bring the boy here to me." Jesus rebuked the demon, and it came out of the boy, and he was healed at that moment. Then the disciples came to Jesus in private and asked, "Why couldn't we drive it out?" He replied, "Because you have so little faith. Truly I tell you, if you have faith as small as a mustard seed, you can say to this mountain, 'Move from here to there,' and it will move. Nothing will be impossible for you."

Mental illness does not necessarily mean that Satan is involved in a person's life. Some mental issues may be a physical issue such as a chemical imbalance or a hereditary illness that is passed in the chromosomes. Knowing or discerning the source of the illness is extremely important in ministering healing and wholeness to individuals suffering from mental conditions.

Romans 12:1-2

Therefore, I urge you, brothers and sisters, in view of God's mercy, to offer your bodies as a living sacrifice, holy and pleasing to God—this is your true and proper worship. Do not conform to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—his good, pleasing and perfect will.

The renewing of the mind in salvation and sanctification is a powerful medicine to heal anxiety, fear, depression, and other mental diagnoses that trouble the mind. Psychiatry has in the century recognized the contribution of Christian counseling and the impact of faith in dealing with mental illness and drug addiction.

2 Corinthians 12:9

But he said to me, “My grace is sufficient for you, for my power is made perfect in weakness.” Therefore I will boast all the more gladly about my weaknesses, so that Christ’s power may rest on me.

One must remember that in their weakest moments the power of Christ is present in grace to rest upon us and lift us up. The believer can rejoice with boldness when up against insurmountable odds; because when I am weak he is strongest on my behalf. When I arrive at the place of humility and surrender, it is there that I can be totally dwell in the peace that comes from being dependent upon Jesus.

1 Corinthians 10:13

No temptation has overtaken you except what is common to mankind. And God is faithful; he will not let you be tempted beyond what you can bear. But when you are tempted, he will also provide a way out so that you can endure it.

This Scripture is important for those who suffer with the temptation of giving into thoughts of anxiety and depression or succumb to the temptation of an addictive drug. God is faithful to provide for everyone the power to escape sin’s stronghold. This is part of God’s ability to save to the uttermost those who look to him for salvation. The emphasis here is not on immensity of man’s sin or the enemy’s ability to deceive, but rather on God’s faithfulness in fulfilling his will and plan in an individual’s life. Man has continued to choose unwisely and finds themselves under the control of sin’s power. Only the resurrection power of Jesus is capable of setting them free.

Jeremiah 29:11

For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.

This is an exceptionally strong Scripture that helps every person realize that the situations they find themselves in as a result of sin are not the plans that God has for them. There is hope for the future for the individuals who place their trust in Christ. It is a future of purpose and prosperity for those walking in accordance to God’s Word.

Matthew 11:28

Come to me, all you who are weary and burdened, and I will give you rest.

No one is without hope. Christ bids lost and bound humanity to come to him with their weariness and life’s burdens. As Christ lifts the weight of sin and care, he gives in its place perfect peace and rest. Mental illness and controlling substance abuse is not too heavy a load for the Master to lift from one’s shoulders. Christ is the burden bearer!

I John 4:1

Dear friends, do not believe every spirit, but test the spirits to see whether they are from God, because many false prophets have gone out into the world.

Warfare is a normality in the life of a child of God. The soldier of the Lord must have the spiritual discernment to identify every spirit to see whether it be of God or the devil. The discernment of spirits is a gift of the Holy Spirit that is essential in ministering to those in this age of false teachings and false prophets. If a believer is not capable to discern between spirits, they can find themselves led astray or opening the door for the entrance of false teaching and provoking spirits of the anti-Christ.

1 Corinthians 6:19-20

Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your bodies.

Believers are instructed by the Apostle Paul to honor God by remembering and treating our bodies as the dwelling place of the divine Holy Spirit. One must not be under the control of a substance or anxiety, but by the Spirit of God. This Scripture causes the reader to answer the question of whether the Holy Spirit is welcome in their life or grieved by the presence of sin and corruption.

Romans 12:12

Be joyful in hope, patient in affliction, and faithful in prayer.

Here Paul gives the remedy for turning troubling circumstances into faith builders. A person can have a grumbling persona by complaining and refusing to take responsibility for their actions. When a person learns the discipline of prayer, their afflictions can begin to be approached with joy and patience. This is also an excellent way to come to God on behalf of others who are caught in grasp of mental illness and addiction as well.

Psalms 56:11

In God I trust and am not afraid. What can man do to me?

Many individuals suffer from anxiety that is rooted in the fear of men. Perfected love and trust in God eliminates all fear. Learning to trust God is foundational in gaining deliverance from afflictions that are rooted in fear: such as worry, depression, anxiety, the use of narcotics, over medicating, and attempting to calm one's nerves with nicotine or alcohol.

Jonah 2:5-7

The engulfing waters threatened me, the deep surrounded me; seaweed was wrapped around my head. To the roots of the mountains I sank down; the earth beneath barred me in forever. But you, Lord my God, brought my life up from the pit. "When my life was ebbing away, I remembered you, Lord, and my prayer rose to you, to your holy temple.

This tremendous Scripture presents the wonder of salvation. Sin held us in bondage just like the seaweed that had wrapped around Jonah in the deep sea. A lost soul is incapable of escaping death's grip and the judgment that follows. From the deep, Jonah cried out to the Lord and he heard his cry just as he does the sinner who surrenders his life and cries out to seek for mercy.

1 Peter 5:7-8

Cast all your anxiety on him because he cares for you. Be alert and of sober mind. Your enemy the devil prowls around like a roaring lion looking for someone to devour.

With the knowledge that the devil is like a roaring lion moving to and fro around the earth seeking for those that he can devour, the child of God must learn to place their cares and anxieties upon the Lord. There is no doubt that God is desirous to take one's heavy burdens upon himself because of his love and care for us. To cast one's cares on another is too physically hand over the weight of one's burdens to someone else.

Joshua 1:9

Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go."

Discouragement must be traded in for strength and courage due the truth that Christ is with us no matter where we may go. The abiding presence of the Lord is something the believer must learn to recognize on a daily basis. Many books have been written concerning practicing the presence of the Lord but when this truth is grasped by the believer everything will begin to change, because where the Spirit of the Lord is there is liberty and freedom.

Romans 8:28

And we know that in all things God works for the good of those who love him, who have been called according to his purpose.

For those who genuinely know the Lord, there is the promise that God will take the happenings of a believer's life and transform them for one's blessing and good. The key word here is "called." This promise is for those who are called according to his purpose. It is for those who have surrendered and submitted themselves to do the will of God.

Chapter 2

Theology versus Psychology

As stated in the previous chapter, this writer believes that ministering to those who suffer from mental illness and addiction is best accomplished through the combination of redemptive teaching and psychotherapy. Today we use terminology loosely in both methodologies. Matthew Stanford uses the following definition for mental illness: “A disorder of the brain resulting in the disruption of a person’s thoughts, feelings, moods, and the ability to relate to others that is severe enough to require psychological or psychiatric intervention.”⁶⁷ There are times in a person’s life where they might face circumstances that require psychiatric assistance, but this does not necessitate a lifetime of medication treatment. A medical diagnosis may originate from many different diagnoses.

TABLE 2:1 Various Mental Diagnoses⁶⁸

Infant, Childhood or Adolescence	Substance Related Disorders	Schizophrenia and Psychotic Disorders	Mood Disorders
Anxiety Disorders	Somatoform Disorders	Factitious Disorders	Dissociative Disorders
Sexual and Gender Identity Disorders	Eating Disorders	Impulse Control Disorder	Adjustment Disorders
Personality Disorder			

⁶⁷ Matthew S. Stanford, *Grace for the Afflicted: A Clinical and Biblical Perspective on Mental Illness*, (Downers Grove: InterVarsity, 2008), 44.

⁶⁸ *Ibid.*, 45.

In order for these diagnoses to be given, there must be the presence of observable behavioral criteria. The definitions can be found in the American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders*.⁶⁹

The idea of therapy for these kinds of mental illness often make Christian's nervous because of prior conditioning that has been passed on by the church. This thought pattern comes from the scary word "secular." In a book entitled, *Darkness Is My Only Companion*, Kathryn Green McCreight shares her journey as one who suffers from mental illness. Concerning the assessment of secular therapy, she provides some appreciated perceptions.

It is therefore sometimes claimed that the only appropriate therapist for a Christian is another Christian. The argument goes as follows: since a non-Christian therapist will have a foreign worldview, there will be no bridge in communication between the therapist and patient. I do not necessarily agree; I do feel that it is highly important for the Christian to have a therapist who is not antagonistic to the Christian faith, but this is not impossible to find among secular therapists. It may be a challenge, but it is certainly possible if the secular therapist is open enough to the Christian worldview.⁷⁰

On the other hand, Dave Hunt in the book, *Beyond Seduction*, claims the following: "Christians who turn from God and His word to psychotherapies for help with depression, forsake 'the fountain of living waters' to drink from the polluted and unsatisfying and even harmful 'broken cisterns' that can hold no water."⁷¹

Along with Kathryn McCreight, this writer believes a couple questions should be asked at this juncture. Why does it have to be a proposal of one or the other? Are there remunerations that can be derived from secular psychotherapy? This is a "both and" proposition!

⁶⁹ Ibid., 45.

⁷⁰ Kathryn Green McCreight, *Darkness Is My Only Companion*, (Grand Rapids, Brazos Press, 2006), 145.

⁷¹ Timothy R. Phillips and Mark R. McMinn, *Care for the Soul: Exploring the Intersection of Psychology and Theology* (Downers Grove: Inter-Varsity Press, 2001), 12.

There are many therapists that use therapy and theology as two solid partners in counseling. Both sides of the argument can advance in the field of behavioral health if they can benefit from each other's best practices.

Recently, this writer was able to interview the medical director for a psychiatric center in western Pennsylvania. Dr. Jeffrey Moll is board certified in Adult Psychiatry. The meeting went against everything an evangelical mind would expect. Dr. Moll's appearance and personality was not what one would expect from a psychiatrist. The doctor was dressed in blue jeans and t- shirt, was extremely personable and engaging.

Jeffrey Moll expressed a real openness to the involvement of the spiritual in the treatment of mental health issues. He even shared his personal testimony of having received Christ as his personal Savior. Displayed in the psychiatry office was a poster with 8 Dimensions of Wellness, one of which was the spiritual.

TABLE 2:2 Eight Dimensions of Wellness⁷²

<u>Emotional Dimension</u>	<u>Intellectual Dimension</u>	<u>Physical Dimension</u>
<u>Occupational Dimension</u>	<u>Spiritual Dimension</u>	<u>Social Dimension</u>
<u>Financial Dimension</u>		

In the interview, Moll shared that 50% of the patients seen by the local practice have mental illness that was passed on by generational means.⁷³ This was a shocking realization. Each diagnosis has its own individual circumstances but 50% had the commonality of parents and grandparents who had suffered from mental illness. When dealing with patients with mental illness, Moll stated, "There is nothing easy about them and each case teaches you how much you

⁷² Jeffrey Moll, Psychiatrist, interview by author, 22 July 2015. Clarion PA.

⁷³ Ibid.

really don't know. Sometimes you will find it necessary to admit to yourself when the individual's needs are beyond your capability to provide assistance."⁷⁴

This brings to mind two different individuals where this was the case. Not too long ago, an individual came to the ministry house that was a drug user and convicted sex offender. The individual seemed desperate for assistance. Upon arrival, the individual immediately challenged the curfew hours of the house, was caught bringing alcohol in, and came home intoxicated on several occasions. There was also unacceptable media such as satanic games and websites that were frequented by this individual that needed to be discontinued. Things finally came to a head when the entire house was awakened in the middle of the night from the man chasing unseen demons with a hammer. This person was not willing to break away from the vices that kept him bound, no matter how many opportunities were given. It was difficult to admit that the ministry was not equipped to handle the immense needs of this person and maintain the safety of everyone else in the residence. Since leaving, the individual has moved multiple times, was incarcerated, and has sought psychiatric counseling at the local MHMR.⁷⁵

Another young man arrived at the ministry house as a result of a phone call from Community Action.⁷⁶ The individual was previously diagnosed with bipolar disorder from another state and left home because of repeated arguments with his step-father regarding his unemployment status. With the help of the ministry house the individual got a job, but would play video games all night and refuse to get up in the morning. It became apparent that the staff wanted to help this individual more than the individual wanted to help himself. After two or

⁷⁴ Ibid.

⁷⁵ MHMR are the initials for the County Department of Mental Health and Retardation.

⁷⁶ Community Action Agencies are local public non-profit organizations that were founded after the 1964 Economic Opportunity Act to fight poverty in poor communities

three months of unbearable smells because of the individual's refusal to take care of personal hygiene; the individual was asked to leave the ministry house. However, with the assistance of the director, the individual enrolled in the state university for several months, but then skipped town leaving the university and various other establishments with unpaid bills. This writer knows the importance of having and following the discernment of the Holy Spirit.

Dr. Moll shared that the psychiatric community is now teaching its upcoming psychiatrists to value and welcome the contribution of spirituality, whether the patient professes to have a personal faith or they are personally using religious faith to support the patients healing processes.⁷⁷ This is a change that has come in this last decade. The antagonism between the two sides is starting to diminish. From the theological and psychological approach has come the following five views as to how this handshake should theoretically function. These approaches are supported by published psychologists who are leaders in their field of expertise.

TABLE 2.3 Supported Theological Views of Psychology⁷⁸

Levels of Explanation View Dr. David Myers	The Integration View Dr. Stanton L. Jones	The Christian Psychology View Dr. Robert C. Roberts; P. J. Watson
Transformational Psychology View John H. Coe; Todd W. Hall	Biblical Counseling View Dr. David Powlison	

Editor Eric L. Johnson presents these five evangelical views, each of which have various measures or levels of integration. Later in this chapter the secular psychological view will be

⁷⁷ Moll, interview by author.

⁷⁸ Eric L. Johnson, *Psychology & Christianity: Five Views*, 2nd Edition, (Downers Grove: InterVarsity Press, 2010), 5-6

examined. This view is in some cases antagonistic toward Christianity as well as others that view psychology as psycho-heresy

Views of Integration between Psychology and Theology

A Level Explanation View

In this view, "reality is a multi-layered unity," I can perceive another person as an aggregate of atoms, an open biochemical system in interaction with the environment, a specimen of homo sapiens, and object of beauty, someone whose needs deserve my respect and compassion, a brother for whom Christ died. All are true and all mysteriously coin here in that one person. Which perspective is pertinent depends on what you want to talk about. Recognizing the complementary relationship of various explanatory levels liberates us from useless arguments over whether we should view human nature scientifically or subjectively.⁷⁹

In other words, theology, philosophy, sociology, psychology, biology, chemistry, and physics in and of themselves cannot explain the purpose of human existence. This approach believes that it takes the combination of all these systems to fully understand the meaning of human life and one another's unique contribution. Faith must work in combination with these various other building blocks to make truth. Pascal stated, "No single truth is ever sufficient, because the world is not simple. Any truth separated from its complementary truth is a half-truth."⁸⁰

To sum up this perspective, Christianity working in combination with psychology projects a greater insight into the big picture of how God made us as spiritual beings with a physical body. E. Stanly Jones refutes this theory by saying that faith guides perception.⁸¹ These systems function together, but faith and spirituality influence and guide the rest of the systems.

⁷⁹ Ibid., 51-57.

⁸⁰ Ibid., 58.

⁸¹ Ibid., 79.

Myers does state that one's assumptions and beliefs always shape one's approach to science.⁸² This writer believes that this is a very liberal view and objects to the statement that no truth is sufficient in itself. Truth has existed in God, long before man ever came into the mind of God. Truth began and continues as a personification of an almighty and sovereign God.

The Integration View

The integration approach, in order to understand the relationship of psychology and Christianity, takes as one of its founding notions, that psychology as a science and as professional practice can never escape such questions; both psychological science and professional practice are shaped and molded by the answers to such ultimate questions that the psychologist favors as she or he pursues scientific or applied practice...The integrationist surmises that Scripture does not provide all that we need in order to understand human beings fully, and that there is a legitimate and strategic role for psychotherapy as a science and as a profession in giving us intellectual and practical tools for understanding and improving the human condition.⁸³

The integrationist sees psychology and Christianity as two incomplete thoughts that cannot fully answer the questions of life when separated from each other. A leading proponent of this view is Dr. Stanton Jones, of Wheaton College in Chicago. Jones sees it as the combining of Scripture with the understanding of human behavior.⁸⁴

This writer takes issue with the statement that the Scriptures fail to provide all that is needed to understand the human condition. While the Scriptures don't delve into the specifics of

⁸² Ibid., 81.

⁸³ Ibid., 101-102.

⁸⁴ Stanton L. Jones and Richard E. Butman, *Modern Psychotherapies: A Comprehensive Christian Appraisal*, (Downers Grove: Inter-Varsity Press, 2012), 28, Kindle.

the function or dysfunction of the brain, they do reveal that the sin nature in man is the reason why man has become sick emotionally, depressed, full of anxiety, and unable to cope with the stresses of life. The Old Testament presents numerous examples of individuals who self-destructed due to following after their fleshly instincts instead of keeping the statutes of the law of God. The New Testament presents many individuals who were transformed by the indwelling Spirit of the Living God. The Scriptures state in 2 Peter 1:3, “His divine power has given us everything we need for a godly life through our knowledge of him who called us by his own glory and goodness.”⁸⁵

The Christian Psychology View

It seems like a Bible counselor and a psychotherapist have many things in common. Here are some of the similarities between two different methodologies: (1) They both communicate with people on a daily basis. (2) They both have compassion for people with emotional and spiritual needs. (3) They both attempt to form a bond or relationship with those in whom they are ministering. (4) They both attempt to delve into the stressors of a person’s life. (5) They both will offer advice and suggest solutions. (6) They both use the Scriptures.

So what makes them different from each other? They differ by their perspective of the Bible and its contribution to counseling.⁸⁶

John MacArthur believes that most Christian psychologists view the Bible as an inspirational resource, but their basic system of counseling, both theory and methods, is transferred unaltered from secular psychology. Most are frankly and self-consciously eclectic,

⁸⁵ 2 Pet 1:3.

⁸⁶ MacArthur, John, F., Jr, Wayne A. Mack, and Master's College. *Introduction to Biblical Counseling: Basic Guide to the Principles and Practice of Counseling*. Electronic ed., (Dallas, TX: Word, 1997), 362.

picking and choosing theories and techniques according to personal preference Some Christian psychotherapists use few Scriptures; others use many. But frequency of citation is much less important than the way passages are used—or misused—and in the vast majority of cases the passages cited are completely misused. There is a dearth of contextualized exegesis (a critical interpretation of a text) and an abundance of eisegesis (interpreting a text by reading one's own ideas into it).⁸⁷

MacArthur in the book, *Counseling: How to Counsel Biblically*, quotes John Street:⁸⁸

The historical distrust and innate hostility between psychology and theology exist because each calls into question the legitimacy of the other's world view. The imperialistic intrusion of the psychotherapeutic into Christianity has attempted to undermine and redefine the supremacy of the Word of God among Christians. Nowhere has its effects been more intrusive and dramatic than in the ministry of the Word in relation to pastoral soul-care.⁸⁹

The Transformational Psychology View

The Transformational Psychology Model is an attempt to both rediscover and redesign our traditional way of thinking of psychology in relation to Christianity, as well as rethinking the very nature of science itself. . . . This approach will attempt to provide the general outlines or contours for this transformational model, as well as distinguish it from previous models, showing how it accommodates the best of the other approaches, avoiding their weaknesses, while capturing and building on the insights of the new directions being taken by others.⁹⁰

The guiding principle which makes this the favorite of this writer is that practicing traditional psychology is placed secondary to the main goal of doing psychology in the Spirit. John Coe and Todd Hall take special precaution in their methodology to insure that

⁸⁷ Ibid.

⁸⁸ Dr. John Street is Professor and Chair of the graduate program in biblical counseling at The Master's College and Seminary.

⁸⁹ John MacArthur and the Masters College Faculty, *Counseling: How to Counsel Biblically*, (Nashville: Nelson Publishers, 2005), 31-32.

⁹⁰ Johnson, *Psychology & Christianity: Five Views*, 199-200.

transformation psychology does not relegate what is known by faith as being outside science.⁹¹

What then would be considered the tenets of faith that would be held inside the realm of science?

The first tenant is that God Exists (Heb 11:1-2). The second tenant is that man is created in the image of God to rule, understand, and properly relate to creation as fundamentally relational beings (Gen 1:26, 2:18). The third tenant is that believers are sinners saved by grace through the finished work of Christ on the cross (Rom 5:6-10). The fourth tenant is that believers are new creature in Christ (2 Cor 5:17). The fifth tenant is that man's ultimate end and purpose in life is to love his neighbor and to glorify God forever (1 Cor 10:31, 15:28). The sixth tenant is that these purposes are only accomplished by believers being transformed into the image of Christ by the indwelling Holy Spirit, who desires to fill us with the fullness of his presence. The final tenant states that the above truths have been revealed to believers through the Scriptures and experience.⁹² This is a statement of faith that would be acceptable in most Christian denominations.

“Transformation psychology believes that these core realities not only inform psychology of its origins and goals, which observation and reflection on creation alone cannot grasp; they also shape the entire process, product and person doing psychology.”⁹³

It is the opinion of this writer that transformation psychology presents to the practitioner a very attractive integration approach for Christianity and psychology to come together. It appears to combine together the best of all the models, but it leaves this writer uncertain in one area. It states that one of its primary goals is the transformation of the psychologist themselves.

⁹¹ Ibid., 203.

⁹² Ibid., 204-205.

⁹³ Ibid., 205.

Psychologists pursuing relational Christianity will supernaturally experience the transformation that comes from the sanctification process, but it would seem that the use of this type of psychology would be used strictly by those who already have the notion or influence of Christianity upon their lives and practices.

This writer affirms the following statements of the Transformational Psychology view. First, the tenets of faith serve as a guide to the standard by which one selects principles to use from the science of psychology. Secondly, best practices from all the models of integration are used. Last of all, the necessity psychologists to be pursuing spiritual formation.

A Biblical Counseling View

David Powlison states that the biblical view is often misunderstood to mean, “You don’t believe Christians can learn anything from secular psychology.”⁹⁴ This is not true! One can learn from secular psychology but biblical counseling would differ in that it would use selective information concerning the human psyche that would agree with the Scriptures.

Biblical counseling would not use the secular therapies that transformational psychology would possibly use. Powlison states the following premise, “Biblical counseling wisdom is an ongoing construction project, like all practical theological work. It is one outworking of biblical faith into the particulars of our time, place, problems, and persons.”⁹⁵

A firm persuasiveness that the Scriptures are completely knowledgeable in the understanding of how sin reflects upon the human condition guides this approach to psychology. Its emphasis upon sin as the source of all irregularities is more internally focused than simply pointing at physical external causes and then using medications to symptomatically relieve

⁹⁴ Ibid., 255.

⁹⁵ Ibid., 245.

conditions. The secular mindset of the psychologist presents a strong disconnect to the ever mindful biblical counselor who looks to the Word as the guidebook to all faith and practice.

Secular psychology is based upon the study of man's ideas while biblical counseling is birthed in the study of Scripture and how it relates to the nature and needs of its patient. It depends upon God's mind rather than mans!

One must decide for oneself the proper integration between Christianity and psychology. This writer firmly believes that one can derive the "best practices" of each without losing one's biblical bearings. There is no need to be frightened away from some God influenced and initiated learning because of one's fear of the word "secular." The secular psychologist more than likely feels the same way concerning the word "biblical."

Secular Psychology and Psychotherapies

Psychology and psychotherapy in theory sound similar, but they are really two completely different things. Psychology is a branch of science dedicated to the studying of the mind and its impact on human behavior while psychotherapy is a process of treatment that uses the theories developed from psychology.⁹⁶ Patients are treated by using some specific communication techniques, rather than strictly relying upon medication. Some patients require the use of both psychotherapy and medication. The key difference between psychology and psychotherapy is that psychotherapy is dependent upon psychology although this does not work in reverse: psychology being dependent upon psychotherapy.

There are also many different types of psychotherapies. The following is a list of them, although not exclusive by any means:

⁹⁶ *Merriam Webster Dictionary*, s.v., "Psychology and Psychotherapy," (accessed August 4, 2015) <http://www.merriam-webster.com/dictionary/psychology/psychotherapy>.

Psychoanalysis – This treatment is based on the idea that man is frequently motivated to act by impulses that are not recognized because they originate in the unconscious.

Neo-analytic Approach -- this approach to personality psychology is concerned with the individual's sense of self (ego) as the core of personality. The personality is believed to be formed by how a child's instincts are gratified.

Individual Psychology - an individual derives his personality traits from several essential external factors. A child develops its plan for life by the age of 5 or 6. This plan or lifestyle guides the individuals' entire life, including perceptions of, and actions in the world.

Person Centered Therapy – Its aim is to give patients an opportunity to develop a sense of self so they can recognize how their attitudes, feelings and behavior are being negatively affected. The patient learns to identify the problem and tools to use to solve them.

Existential Therapy – The life of each human being is a finite drama enacted in a hostile or indifferent universe; the purpose of life is not all given, but must be selected afresh by each individual through conscious acts of willfulness tempered by responsibility, and that no matter how close a person may feel toward another, each ultimately must face life alone. To live is to suffer, to survive is to find meaning in the suffering.

Gestalt Therapy – This type of therapy focuses on the here and now rather than a person's past or future. Humans can't be separated from their environments, the physical and psychological make-up human nature and are inseparable. Role playing is used to bring resolution to past conflicts.

Behavior Therapy – This type of therapeutic treatment is one that assists in changing potentially self-destructive behaviors. It is also call behavioral modification or cognitive behavior therapy. It is used to assist patients in the replacement of bad habits for good ones.

Emotive Behavior Therapy -- A cognitive behavioral therapy in which the patient is directed to refuse irrational attitudes and conclusions in order to handle effectively stressful situations.

Cognitive Therapy – A therapy used to treat depression by seeking to change an individual's perception that are based on negative self-awareness and anticipation.

Reality Therapy – A cognitive behavioral therapy that assists the patient in becoming fully aware of the inappropriateness of their actions and how to act in a more coherent and integrated approach.

Feminist Therapy – A therapy that is used for women, minorities, and other groups who have been marginalized and undergone the challenges of oppression that effect one's mental health.

Family System Theory – This theory believes that it can best understand a person through understanding his experience as a member of the family.

Solution Focused Therapy – This therapy focuses on observing what the patient wants to achieve and then uses the patients identified strengths and resources to help them reach acceptable solutions.

Narrative Therapy – This therapy is rooted in a social constructivist philosophy. It states that there is no objective social reality; instead the way one views ourselves, others, and the entire social world in which one lives is created (constructed) by social processes, and most significantly, through one's interactions with others.⁹⁷

⁹⁷Nancy L. Murdock, *Theories of Counseling and Psychology: A Case Approach*, 2nd ed. (Upper Saddle River, NJ: Pearson Education, 2009), 35, 75, 111, 148, 184, 205, 245, 280, 320, 351. 406, 467, 494.

The above therapies are some of the most familiar, historical, and mainstay psychotherapies that exist in the field of psychology. The twentieth century has brought over 150 more new theories. This writer does not condone or support every theory that is mentioned above; however, there are many that do not conflict with the biblical teachings of God's Word. There are at least seven or eight that this writer has personally used that would support Scripture based counseling.

Murdock states: "To some extent or another, all of the theoretical systems reviewed have outcome data to support their efficacy. The quality of the data varies, however with the behavior and cognitive approaches having status as empirically supported treatments."⁹⁸ Although this sounds mostly positive, there are many therapies that have less than favorable outcome support where findings reveal very little convincing data to support their claims.

The Strictly Redemptive Viewpoint

The importance of one's personal approach in ministering to people with mental illness is key to this dissertation and addressed early on. This writer believes strongly in the redemption approach to dealing with life's difficulties and questions, however, there are situations where the effectual working of God's grace includes the healing virtues that flow from the cross into the tributaries of modern medicine. There are very few people alive today that have not benefited from healing hands of a doctor. When it comes to the healing of the mind (psychology) the dividing lines are quickly drawn.

Why do believers in Christ have difficulties with modern psychology? Some believers feel a personal sense of betrayal because they were unable to manage their depression or anxiety by trusting God. Many others forget that the accomplishments of man would not be possible

⁹⁸ Ibid., 517.

without God. They often fail to realize that one does not need to be a Christian to be knowledgeable in a field of study. Some have even been falsely taught that psychology is anti-Scriptural in its approach. This occurs primarily because the Church has contributed to the idea of separation between spirituality and psychology.

Richard Ganz writes in the chapter, “Power of the Couch,” the following hypothesis concerning psychology:

That which began as a true science of behavior has degenerated into a neo-religious cult. In the place of God is man. In the place of the priest (minister) is the psychologist. In the place of the Word is psychotherapy. In the place of confession/forgiveness is interpretation (or one of its many equivalents). Counseling/psychotherapy (psychology) emerges as the practical twentieth century religion. Here the deception of neutrality is revealed.⁹⁹

The Scriptures declare in Matt 6:30, “But if God so clothes the grass of the field, which is alive today and tomorrow and then is thrown into the oven, how much more will he clothe you – you of little faith.”¹⁰⁰ This is a very soothing and healing Scripture for the child of God, who is facing troublesome times. The instruction here is to not allow one’s faith to doubt God’s promise of direct and immediate care. The Scriptures use the words “feeble minded” to speak of people who are weak in faith or people who have disorders or deficiencies of the mind.¹⁰¹ The New International Version uses the word “disheartened.” This is found in 1Thessalonians 5:24, “And we urge you, brothers and sisters, warn those who are idle and disruptive, encourage the disheartened, help the weak, be patient with everyone.”¹⁰²

⁹⁹ Ganz, *Psychobabble*, 47.

¹⁰⁰ Matt 6:30.

¹⁰¹ *Merriam Webster Dictionary*, s.v. “feeble minded,” (accessed August 12, 2015), <http://www.merriam-webster.com/dictionary/feeble minded>.

¹⁰² 1 Thess 5:24.

The question that demands to be answered by the strictly redemptive approach is, “At what point does the advice, ‘wait upon the Lord,’ begin to turn into a dangerous proposition?” First, when the intensity of their feelings of grief, anger, jealousy, guilt, and tension begin to so overwhelm the individual to a point where they can no longer function in a normal way. Second, the depth of the disturbance has begun to alter the person's behavior adversely. Third, there has been a clear psychosis or break in the person's understanding of reality. The individual no longer can hear or communicate naturally. Last, when the person's behavior is producing so much pain and stress for themselves, it then begins to affect others and cannot be tolerated.¹⁰³

Although these issues obviously require the help of a clinical psychologist, Dr. Larry Crabb gives the following warning about taking the “mixed salad approach” to the combining of Christian Counseling and Psychology:

Psychology's findings typically represent interpreted data and therefore reflect to some degree a wrong set of presuppositions. It is impossible for the discipline of psychology to remain metaphysically neutral and purely descriptive when it deals with un-observables. We must therefore move with extreme caution in accepting the conclusions of secular psychology into our Christian thinking.¹⁰⁴

One may be allowing ideas which contradict the solid conviction of biblical truth.

Psychology does offer real help to anyone endeavoring to understand and helps to solve personal problems. The number one priority of integrating these combined efforts is to compose a strategy that evaluates psychology in the light of the Bible. As stated previously, a tossed salad consists mostly of lettuce along with various other types of vegetables being proportionately mixed together.

¹⁰³ Collen Birchett, *God's Power to Help Hurting People*, (Calumet City, IL: Urban Ministries Inc., 2003), 121.

¹⁰⁴ Larry Crabb, *Effective Biblical Counseling: A Model for Helping Caring Christians Become Capable Counselors*, (Grand Rapids: Zondervan, 1977), 37.

In response to Dr. Larry Crabb, three out of the five approaches concerning integration are not suggesting a lackadaisical attitude where biblical truth is compromised. Christian Psychology, Transformational Psychology, and Biblical Counseling comprise the approaches with the most integrity, although there is always the possibility of error when human hands are involved in the equation.

Crabb correctly states:

We must do more than mix a tossed salad by matching concepts from two disciplines into a synthesis which allows each concept to retain fidelity to its own presuppositions. Integration is not primarily a matter of aligning theology with relevant psychology. The first job of integration is to screen secular concepts through the filter of Scripture; then we can align those concepts which pass through with appropriate theological matter and attempt to assimilate them into a comprehensive whole.”¹⁰⁵

Here is an example of how this weeding process could take place:

A woman seeks help for low self-esteem. The therapist might help the client identify her automatic negative thought patterns called cognitive distortions. This stage of treatment is referred to as functional analysis. Together, they identify the client’s automatic thought, “I am worthless.” The therapist then helps her learn to interrupt this thought pattern and replace it with a more positive one of her choosing, such as “I have value.” They would attempt to do this with other cognitive distortions that contribute to her low self-esteem.¹⁰⁶

After using the principle of examining all approaches in the light of Scripture, would the above example of cognitive therapy be deemed as biblical? Listen to what the Scriptures state in 2 Corinthians 10:5 before making this decision: “We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ.”¹⁰⁷ This form of psychotherapy would be in full agreement with this Scripture. With the added element of the Holy Spirit, the child of God has the ability to capture

¹⁰⁵ Larry Crab, *Effective Biblical Counseling*, 38-40.

¹⁰⁶ Renee Spencer, “CBT or Psychodynamic Therapy?” MFT, (accessed August 20, 2015), <http://cbtpsychodynamic.com/about.html>.

¹⁰⁷ 2 Cor 10:5.

every lying thought that attempts to diminish, belittle, and condemn by casting these thoughts out of one's mind by the authority of Christ Jesus the Lord.

The thoughts of this fictional person stem from real hurt that has crippled the individuals self-esteem. This process can be accomplished in three steps:

(1) Going back and examining the root of where the damaging thought pattern began. (2) Imparting positive affirmations upon the individual. (3) Assisting the individual in discovering the real picture of who they are, as God sees them.

On the other hand, a close examination of psychotherapy will reveal practices that stand in opposition to what the Bible clearly teaches. Jay Adams in the book, *Competent to Counsel*, states: "Nearly all recent counseling books for ministers, even conservative ones, are written from a Freudian perspective in the sense that they rest largely upon the presuppositions of the Freudian ethic of non-responsibility...encouraging counselees to place blame upon others."¹⁰⁸ It was the goal of this chapter to clearly make the point that the question is not psychology versus theology, but how to successfully integrate the best practices of both and keep the integrity of God's Word intact. God reveals and provides revelation into the psyche of human beings by showing pastors, doctors, and psychologists how to minister wholeness to those who have experienced brokenness and mental collapse.

One young man, after receiving Christ as his Savior struggled with the immense temptations of his life: addiction and mental illness. At one point he falsely claimed to be a homosexual so that the church would reject him, thereby giving him the justification to go back into the psychiatric unit continue a life of dependency on prescription drugs. For some individuals, this lifestyle offers safety. It offers a safe place to hide from the difficulties and

¹⁰⁸ Jay Adams, *Competent to Counsel*, (Grand Rapids: Zondervan Publishing, 1970), 17-18.

pressures of life. It provides free medication to keep oneself numb and free from the pain that comes with living a normal life. One can even gain the feeling of a community with fellow patients and professionals who can sympathize and provide encouraging support. Many receive the necessary attention, concern, and the love that comes from family and friends.

In the next chapter, this writer will investigate the question of in-patient therapy (residential treatment) versus out-patient therapy (non-residential) and whether either of these methods are more advantageous or beneficial than the others.

Chapter 3

Residential Treatment Centers versus Out-Patient Therapy Programs

In-patient treatment centers have proven to provide a more lasting and effective treatment program than most out-patient programs. In examining both types of programs, it has become apparent that only a few are equipped to handle both mental illness and addiction.

In a society where services and treatment are fragmented and are usually rendered on the basis of a single predominant problem, homeless, mentally ill, chemical abusers, have been an underserved and relatively unstudied population. In what has been referred to as ping pong, HMICA's¹⁰⁹ have been bounced from homeless shelters to psychiatric hospitals to substance abuse facilities, utilizing scarce resources of each of the three systems, yet with poor results.¹¹⁰

The Department of Housing and Urban Development reported in 2012 that there were 633,782 homeless people in the United States.¹¹¹ This reveals the enormous amount of HMICA's that need the assistance of private, county, state, and religious organizations to provide the proper rehabilitative treatment. The question that this chapter seeks to answer is what type of program is going to be the most effective. Prior to establishing a church ministry house five years ago, it became necessary to evaluate solutions that were available in order to build the most successful program that could be established with God's help. This was totally motivated by the compassion and love of Christ for others. Choices like the following had to be made.

¹⁰⁹ HMICA is the abbreviation used when referring to individuals who are homeless, mentally ill, and chemical abusers.

¹¹⁰ Frank Tims, James Inciardi, Bennett Fletcher, and Arthur Horton Jr. *The Effectiveness of Innovative Approaches in the Treatment of Drug Abuse*, (Westport, Conn.: Greenwood Press, 1997), 81.

¹¹¹ 2012 Statistical Report, Federal Department of Housing and Urban Development, Washington D.C.

Out Patient or Non-residential Programs

These types of program provide similar care to the residential programs, except for not providing over-night or around the clock accommodations at the treatment facility.

The Steps to Freedom in Christ

The initial contact with MICA's¹¹² caused this writer to investigate the contribution of demonic and satanic bondages in the area of mental illness. The spirit realm is a determining factor in mental and emotional wholeness. Of course, not all mental illness is of a spiritual nature. Neil Anderson's books *Steps to Freedom in Christ* and *The Bondage Breaker* came highly recommended. Individuals with recognizable issues were dealt with on a one to one basis with a half day process of letting the Holy Spirit shine his light on every area of one's life. The process includes repentance and the renouncement of involvement in anything contrary to truth, which includes false realities, vain imaginations, witchcraft, impurity and other ways of false thinking.

Anderson claims that the program is a step by step guide to help resolve personal and spiritual conflicts while renewing the mind, and exploring daily victory for the child of God."¹¹³ There are limitations to this program. First a person must be willing and honest, no matter how difficult the questions. Second, it involves a half a day to make it through the entire deliverance procedure. Third, there must be true repentance in order to experience lasting change in one's life.

Anderson states, "In our natural state, we learned many ways to cope with life or defend ourselves which were not always mentally and emotionally healthy. Psychologists refer to these

¹¹² MICA is the abbreviation for Mental Illness and Chemical Abusers.

¹¹³ Neil Anderson, *Steps to Freedom in Christ*, (Ventura, CA: Gospel Light Publishing, 2004), 1.

unhealthy patterns of living as defense mechanisms, and they are certainly not congruent with Christianity.”¹¹⁴

These fleshly mechanisms are congruent to the truth in Scripture mentioned by Paul in 2 Corinthians 10:4 (KJV):

Though we walk in the flesh, we do not war according to the flesh, for the weapons of our warfare are not of the flesh, but divinely powerful for the destruction of fortresses. We are destroying speculations and every lofty thing raised up against the knowledge of God, and we are taking every thought captive to the obedience of Christ.¹¹⁵

They come in various types:

TABLE 3.1 Unhealthy Defense Mechanisms¹¹⁶

Denial (conscious or subconscious); refusal to face the truth	Fantasy (escaping from the real world)	Emotional Insulation (withdrawing to avoid rejection)
Regression (reverting to less threatening times)	Displacement (taking our frustration on others)	Projection (blaming others)
Rationalism (making excuses for poor behavior)		

*Group Therapy (NA, AA, Celebrate Recovery)*¹¹⁷

Although this paper will examine the above out-patient groups, there are numerous types of groups that focus on a specific desired outcome such as the following:

¹¹⁴ Neil Anderson, *Bondage Breaker*, (Eugene, OR: Harvest House Publishers, 2000), 59-60.

¹¹⁵ 2 Cor 10:4-5.

¹¹⁶ Anderson, *Bondage Breaker*, 60.

¹¹⁷ NA is the abbreviation for Narcotics Anonymous while AA is the abbreviation for Alcoholics Anonymous.

TABLE 3.2 Different Outcome Based Substance Abuse Therapy Groups¹¹⁸

Psychoeducational groups	Skills development groups	Cognitive behavioral problem-solving groups
Support groups	Interpersonal process groups	Communal and culturally specific treatment groups
Expressive groups, including art therapy, dancing, psychodrama		

Narcotics Anonymous, Alcohol Anonymous and Celebrate Recovery are out-patient programs that meet to encourage addicts to not relapse or go back to using alcohol or drugs. Their meetings function almost identically: (1) A peer leader who was a former drug addict. (2) A circle the chairs type of meeting that encourages the addict to come out of denial concerning their drug addiction. (3) A place where struggles can be shared and encouragement given from those who are going through the same thing or have years of sobriety behind them. (4) A handbook that serves as a guidebook to how their meetings should be conducted and has a twelve step recovery procedure.

Here is an example of a typical meeting that would be held in a psychiatric facility:

Hi, I'm [insert name] and I'm an addict. Welcome to the Narcotics/ Alcoholics Anonymous meeting at [insert facility]. Would you please join me in a moment of silent meditation to reflect on why we are here, and on the addict who still suffers, followed by the Serenity prayer.

¹¹⁸ Department of Public Health and Human Services: Substance Abuse and Mental Health Service Administration, "Types of Groups Commonly Used in Substance Abuse Treatment," *Substance Abuse Group Therapy TIP 41*, no. 2 (2014): 9-10.

TABLE 3.3 Agenda for Narcotics Anonymous¹¹⁹

Would someone please read: “Who is an addict?”
 Would someone please read: “Why are we here?”
 Would someone please read “Why are we here?”
 Is this anyone’s first NA meeting ever? Welcome

Introduce speaker! These are the suggested topics: hope, fear, powerlessness, anger, unmanageable, honesty, change willingness, open mindedness, balance, acceptance, and the importance of sharing.

Closing: Remind everyone of anonymity and that Narcotics Anonymous should remain forever non-professional. Close with the prayer of your choice.

This sounds almost like a Christian meeting but it apparently is not as successful as many give testimony to or as the rehabilitation treatment centers acclaim. Lance Dodes writes in the book, *The Sober Truth*, concerning Alcoholics Anonymous:

Alcoholics Anonymous was proclaimed the correct treatment for alcoholism over seventy-five years ago despite the absence of any scientific evidence of the approach’s efficacy, and we have been on the wrong path ever since. Today, almost every treatment center, physician, and court system in the country uses this model. Yet it has one of the worst success rates in all of medicine: between 5 and 10 percent, hardly better than no treatment at all. Most of the expensive, famous rehab center that base their treatment on the Twelve Steps likewise have offered no evidence for their effectiveness. Most of them don’t even study their own outcomes...what studies exist claim to substantiate AA have been riddled with problems in both methodology and analysis.¹²⁰

This is surprising to hear this about a program that has been applauded at the highest levels of professional psychology as the mainstay in addiction therapy. “AA is now 76 years of age and the twelve step program has expanded to include over 300 different organizations, focusing on such diverse issues as smoking, shoplifting, social phobia, debt, recovery from

¹¹⁹ Lance Dodes and Zachery Dodes. *The Sober Truth: Debunking the Bad Science Behind the 12 Step Programs and the Rehab Industry*, (Boston: Beacon Press, 2015), 19, Kindle.

¹²⁰ Ibid.

incest, even vulgarity.”¹²¹ From this writer's own experience working with mental illness and addiction, courts have mandated attendance to NA and AA 12 step programs.

Why all the fuss for a program that has only a 5 to 10 percent success rate? Several individuals that this writer has known have been able to quote the manual verbatim but have continued to relapse on their drug of choice. One individual even led the meetings at a local church in the community.

Although Dodes comes across as anti-religious, the writer points out the false assumptions that are made by the 12 step methodology:

*First, a person must reach “rock” bottom before they can get well. “If consequences alone were enough to make someone stop repeating an addictive behavior, there would be no addicts. People can’t stop despite being well aware of the devastating consequences.”*¹²²

Second, you must “surrender” your will to get well. Although surrendering one-self to Christ is an essential part of following Christ, it is important to understanding the mindset of an addict. The emotion that comes before addiction is helplessness. The addict has surrendered their will to the drug of intoxication and now needs to be empowered or have the will to say no. Putting all this aside, Dodes does not understand that surrendering to a “higher power,” if that higher power is Christ, will empower the addict to be an overcomer in this area of his/her life.

Third, counting your days of abstinence is a useful thing to do. This practice of awarding abstinence is indeed encouraging for the person that is making progress but should they fall, and most do, the idea of going back to the very beginning and starting all over again can be devastating to the individual who has fallen after a lengthy period of sobriety.

¹²¹ Dodes and Dodes, *The Sober Truth*, 2254, Kindle.

¹²² Ibid.

Fourth, people with addictions are all the same. One size does not fit all! Although there is the accompanying feeling of helplessness in all addictions, there are numerous differences for example, between an alcoholic and someone suffering from shop lifting or cutting (self-mutilation). The pain or reasoning (recognized or unrecognized) behind the compulsion may not be the same in each case.

Fifth, One day at a time. This sounds like an encouraging thing to say to a prisoner who is at the beginning of a five year sentence but for the addict, taking one day at a time could have disastrous results. The addict needs to look ahead and become adept in predicting when a situation could invite temptation. “Keeping one’s head down is a formula for getting blindsided by powerful and unfamiliar feelings.”¹²³

Six, stick with the winners. It is important to have positive role models, but suggesting that making AA or NA one’s sole peer group for behavioral encouragement is not wise. Not everyone within the 12 step program is a winner, and following a person who is doing well can lead to frustration and internal condemnation when an individual’s recovery does not take on the same positive results and direction.

Seventh, 90 meetings in 90 days. There is no proven statistic that shows that attending a meeting for 90 days in a row is guaranteed to keep anyone more sober than a person who attends 24 times in 90 days. In fact, it could possibly discourage the person who falls before the 90 days are completed.

Eighth, people with addictions have character defects. AA gives a list of 20 character flaws in its manual. This could suggest the misconception that all addicts have the same character flaws. Everyone is different. One person could be full of greed while another person

¹²³ Ibid., 2325, Kindle.

can be generous to a fault; also that an addict cannot naturally make themselves a better person whatsoever. Dodes falsely accuses AA of being “a moralistic approach designed to engender contrition, compel surrender, and ultimately to rebuild people as better citizens.”¹²⁴

Ninth, only an addict can treat an addict. Dodes states that this is based on the false misconceptions that only an addict can understand and relate to the experience of addiction, and that the only counselor an addict will trust is someone who has been through that experience.¹²⁵

Although, the last point might have some validity with some individuals, the first part is absolutely not true, one does not need to be an addict in order to treat an addict. Dodes writes that: “Any good therapy is working through mistrustful feelings together and ultimately developing a lasting trust based on compassion, insight, and a shared goal.”¹²⁶ Does a minister need to experience the loss of a child in order to provide comfort and sympathy to the parents who have experienced the loss a child? The Scripture tell us in 2 Cor 1:3-5:

Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God. For just as we share abundantly in the sufferings of Christ, so also our comfort abounds through Christ.¹²⁷

Every believer in Christ has experience pain and suffering and is therefore qualified to comfort others with the very comfort which they have received from Christ.

Tenth, the definition of insanity is doing the same thing over and over and expecting a different result. To be more accurate, this is not insanity but self-deception. The addict is most often fully aware of the consequences of using or taking a drink. Surrendering to a higher power

¹²⁴ Ibid., 2381, Kindle.

¹²⁵ Ibid.

¹²⁶ Ibid.

¹²⁷ 2 Cor 1:3-5.

is only good if a person has experienced an intimate relationship with Jesus Christ. This does not nullify the fact that a person must make the right choices about what to allow in their lives. It is a struggle an addict deals with every day, and although it may seem torturous, it does not cross the line of insanity.

Eleventh, denial is not just a river in Egypt. Denial is believed to be a key ingredient in the struggle with alcoholism and other addictions. Dodes claims, “These ideas are understandable expressions of frustration recorded by people who look at the seeming illogic of addiction and throw up their hands in exasperation. But they do terrible harm to the very addicts whose recovery depends on understanding themselves without judgment.”¹²⁸ He goes on to say that “the denial myth is yet another way that addicts and their loved ones infantilize and insult those who suffer from addiction.”¹²⁹ This is not insanity! If one understood the psychology of addiction, it would be seen as a drive within someone to feel empowered in a certain way when there appears to be no other choice. For example, a man is having an extremely difficult time at work and chooses to go to the bar where he drinks until he becomes inebriated. In doing this, the man feels empowered or given a false sense of boldness or strength to face the issues at work. It is the feeling of intoxication, a false reality that seemingly empowers the individual for a temporary period of time. Calling it insanity is an injustice to the individual because it takes away the personal responsibility that comes with addiction. Getting high is a choice. The denial of the seriousness of the addiction is a real deception that continues an addict on a self-destructive path not to insanity but into the eternal bondage of sin’s grasp.

¹²⁸ Dodes and Dodes, *The Sober Truth*, 2429, Kindle.

¹²⁹ Ibid.

In 1991, a Christian 12-step recovery program was started at Saddleback Church in Lake Forest, California.¹³⁰ The program basically modifies the 12-step program using Christian terms, the name of God instead of a higher power, plus the addition of Scripture for each of the points. Many people have been touched from this spiritual program because of the power of God that has been added to the equation. Here are the modified twelve points including the Scriptures:

First, they admitted they were powerless over our addictions and compulsive behaviors, that their lives have become unmanageable. “I know that nothing good lives in me, that is, in my sinful nature. For I have the desire to do what is good, but I cannot carry it out.”¹³¹

Second, they believed that a power greater than themselves could restore their sanity. “For it is God who works in you to will and to act according to his good purpose.”¹³²

Third, they made a decision to turn their lives and their wills over to the care of God. “Therefore, I urge you, brothers, in view of God’s mercy, to offer your bodies as living sacrifices, holy and pleasing to God - this is your spiritual act of worship.”¹³³

Fourth, they made a searching and fearless moral inventory of themselves. “Let us examine our ways and test them, and let us return to the Lord.”¹³⁴

Fifth, they admitted to God, to themselves, and to another human being the exact nature of their wrongs. “Therefore confess your sins to each other and pray for each other so that you may be healed.”¹³⁵

¹³⁰ Green Acres Baptist Church, “The History of Celebrate Recovery,” Celebrate Recovery (2015), (accessed September 16, 2015), <http://www.celebrate-recoverygabc.com/History-of-Celebrate-Recovery.html>.

¹³¹ Rom 7:18.

¹³² Phil 2:13.

¹³³ Rom 12:1.

¹³⁴ Lam 3:40.

¹³⁵ Jas 5:16.

Sixth, we were entirely ready to have God remove all these defects of character. “Humble yourselves before the Lord, and he will lift you up.”¹³⁶

Seventh, they humbly asked Him to remove all our shortcomings. “If we confess our sins, he is faithful and will forgive us our sins and purify us from all unrighteousness.”¹³⁷

Eighth, they made a list of all persons they had harmed and became willing to make amends to them all. “Do to others as you would have them do to you.”¹³⁸

Ninth, they made direct amends to such people whenever possible, except when to do so would injure them or others. “Therefore, if you are offering your gift at the altar and there remember that your brother has something against you, leave your gift there in front of the altar. First go and be reconciled to your brother; then come and offer your gift.”¹³⁹

Tenth, we continue to take personal inventory and when we were wrong, promptly admitted it. “So, if you think you are standing firm, be careful that you don't fall!”¹⁴⁰

Eleventh, they sought through prayer and meditation to improve our conscious contact with God, praying only for knowledge of His will for us, and power to carry that out. “Let the word of Christ dwell in you richly.”¹⁴¹

Twelfth, having had a spiritual experience as the result of these steps, they try to carry this message to others and practice these principles in all their affairs.¹⁴² “Brothers, if someone is

¹³⁶ Jas 4:10.

¹³⁷ 1 John 1:9.

¹³⁸ Luke 6:31.

¹³⁹ Matt 5:23-24.

¹⁴⁰ 1 Cor 10:12.

¹⁴¹ Col 3:16

¹⁴² Green Acres Baptist Church, “The History of Celebrate Recovery.”

caught in a sin, you who are spiritual should restore them gently. But watch yourself, or you also may be tempted.”¹⁴³

In this chapter this writer has looked primarily at the disadvantages of out-patient treatment but it would be wrong to not mention several of its key benefits. These benefits include the availability of thousands of AA and NA meetings around the country; the emphasis upon peer support; and the backing of the County and State Judicial Court Systems in mandating the program.

Although the addict returns back after each meeting to the environment from which the addiction first came, it is important to remember these words from an outpatient therapist:

It isn't the technique, it isn't the therapist, it isn't the level of training, it isn't the new wonder drug, and it isn't the diagnosis. It is our clients own inborn capacities for self-healing, and it is the meeting – the relationship in which two or more sovereign and sacred 'Is' meet as a 'we' to engage with significant questions of existence.¹⁴⁴

The decision to go with a residential treatment model for the ministry house was for the following three reasons:

First, past failures in working with addicts on an out-patient basis. Second, losing opportunities to bring recovery due to individuals returning daily to poor living arrangements. Finally, peer influence is a powerful motivation.

Vera Fahlberg in her book, *Residential Treatment: A Tapestry of Many Therapies*, states these strong reasons for in-patient therapy:

Residential treatment provides a variety of services under one roof. Individual therapy, family therapy, academic remediation, recreational therapy, and peer group socialization skills can all be provided in an environment which encourages the development of close interpersonal relationships which resemble family life. Although each of these services, except for the daily living environment, can be provided by various out-patient facilities,

¹⁴³ Gal 6:1.

¹⁴⁴ J. D. Bozarth, "Playing the Probabilities of Psychotherapy." *Person-Centered Practice*, 6, (1): pp. 33-37; Thomas E. Steele, *Outpatient Psychology*, (New York: W.W. Norton & Company, 2007).

it is difficult to achieve the same level of effectiveness when services are offered by providers who work within differing philosophical and administrative frameworks. In residential care all of these services are provided in on facility thereby maximizing the potential of milieu therapy, which is the heart of residential treatment.¹⁴⁵

This choice to go with a residential treatment program was by no means full proof.

When working with addicts, one is not surprised at the extent that some individuals will go to trip themselves up. Residential treatment allows the individual to focus on recovery instead of the many entanglements in their lives such as divorce, losing a job, a death of someone near them, fears, and other life stresses. Alfred Bond and Malcolm Lader make the point that at the psychiatric level, out-patient family psychology practices fall short of that which can be accomplished on an in-patient clinical level of treatment.

Indeed, the general practitioner can diagnose and treat most of the affective disorders. But does he have the time or the training so to do? Very often this is not the case and this book may well help to fill the gap. But the average practitioner in this sphere of medicine is unlikely to be familiar with the refinements of the various psychotherapy approaches that are available to the clinical psychologist as adjunct to psychopharmacology.¹⁴⁶

One very successful inpatient rehabilitative treatment center has been the Oxford Homes Model. The Oxford model is one of the largest community-based, mutual help residential communities for high risk substance abuse individuals. "In the U.S. over 9,800 people live in these self-run dwellings where they obtain jobs, pay utility bills, and learn to be responsible citizens."¹⁴⁷ The builders of this model are now celebrating the existence of 1300 homes and have helped provide an answer for a chief area of defeat that has plagued medical professionals concerning rehabilitative treatment for many years: how to help keep patients from relapse who

¹⁴⁵ Vera Fahlberg, *Residential Treatment: A tapestry of many therapies*, (Indianapolis: Perspective Press, 1990), 10.

¹⁴⁶ Alyson Bond and Malcolm H. Lader, *Understanding Drug Treatment in Mental Health Care*, (New York: John Wiley and Sons Publishing, 1996, 1.

¹⁴⁷ Leonard A. Jason and Joseph R. Ferrari, "Oxford House Recovery: Characteristics and Effectiveness," *Psychology Services: American Psychological Association*, 2010 May, 7(2): 92-102.

return home to less than favorable living condition where the temptation for narcotics, opiates, and alcohol are readily available is key reason for the formation of these homes. Statistics have shown that 51% of those who come to the Oxford Homes have continued a life of sobriety. In their annual report it is listed that 16.7% are expelled due to relapse.¹⁴⁸

This model has numerous positives! The residents are employable and required to pay a minimal fee for being able to stay there. It is definitely for an individual that knows what needs to be done to stay clean but still needs the positive influence of others who are facing the same struggle. This writer has found that the incarcerated, addicts, those suffering from mental illness or clinical depression often feel alone among their circle of family and friends. A resident can find companionship in a residential facility such as this when their families reject them for their past sins of lying and stealing and other abuses perpetrated against their loved ones. This is a safe place to allow healing to take place in all parties until a hand of love, trust, and forgiveness is offered.

In the New Testament book of Philemon vs. 8-11, Paul urges Philemon to release a prisoner to him and that he be treated no longer as a slave or prisoner, but as a brother in Christ.

Therefore, although in Christ I could be bold and order you to do what you ought to do, yet I prefer to appeal to you on the basis of love. It is as none other than Paul, an old man and now also a prisoner of Christ Jesus that I appeal to you for my son Onesimus, who became my son while I was in chains. Formerly he was useless to you, but now he has become useful both to you and to me.¹⁴⁹

The Oxford Model is very successful in helping to slowly lead the resident back into community living so that they can be financially independent and capable of earning the respect and restoration of family relationships.

¹⁴⁸ J. Paul Molloy, "Oxford House Annual Report", (2014), 5, www.oxfordhouse.org.

¹⁴⁹ Phlm 8-11.

A statistic that is not available is one that compares the relapse rate of inpatient versus outpatient care. Unfortunately, cost often determines whether one receives the more intense therapy of an inpatient program or a less structured plan of outpatient treatment. Treatment is also determined by the severity of the addiction. The more severe cases are recommended to the inpatient treatment centers and the less severe cases, the outpatient clinics or family psychiatry offices.

Mental illness or addiction based rehab facilities or hospitals are often court mandated and provide a more structured program for those in the initial stages of detox, psychological diagnosis, or medication adjustment. Horror stories have been told about state run mental hospitals, VA Hospitals, and mental asylums from the past centuries. This next section will focus on inpatient behavioral treatment facilities. They exist as state and private run facilities. One of the largest private facilities is Universal Health Services Incorporated.¹⁵⁰ These types of organizations have surfaced largely because of insurance reform in the last twenty years, which in many healthcare insurance plans now include inpatient behavioral and substance abuse treatment. In a 1991 journal article for *Contemporary Family Therapy*, Dr. Nicolas Cummings wrote the following:

So much controversy has raged the past few years on the efficacy of inpatient versus outpatient treatment of substance abuse that three facts are often overlooked. First, inclusion of substance abuse treatment as a covered benefit in health insurance is a relatively recent phenomenon, primarily of the last 20 years. Second, the large scale hospitalization of addicted persons is a very recent phenomenon, essentially of the past decade and in current number only in the past five years. Third, inpatient and outpatient treatment is not a difference of treatment modalities, but a difference in settings. In view

¹⁵⁰ Universal Health Services Inc. Universal Health Services, Inc. is headquartered in King of Prussia, Pa. and is ranked 324 on the 2015 Fortune 500 list of America's largest corporations, and was listed among Fortune's "Most Admired Companies" in 2014.

of these considerations, it may be worthwhile to review the development in substance abuse treatment over the past quarter of a century.¹⁵¹

As one can see in this quotation, twenty years ago the shift in inpatient rehabilitation had begun to exceed predicted results. Today there is an indiscriminate amount of insurance funded inpatient services for individuals of any financial position in life. Cummings, in 1991, stated that a research consensus is developing that states that inpatient rehabilitation has no advantages over outpatient treatment and also that the system is overspending in the area of substance abuse.¹⁵² Although behavioral health has grown to insurmountable proportions, the obvious force behind this growth is due to the following happens as outline in Table 3.4.

TABLE 3.4 Forces behind the Growth in Behavioral Health Care¹⁵³

The need for psychological and addiction rehabilitation has increased to epidemic proportions.	The industry has seen multiple billion dollar corporations.	As society crumbles and falls into moral decay, the need for intense inpatient services will continue to flourish.
The increase of anxiety and depression is at all time levels.	Lost humanity is searching for answers.	

The Scriptures describe this as being part of the end times in Luke 21:25-27:

There will be signs in the sun, moon and stars. On the earth, nations will be in anguish and perplexity at the roaring and tossing of the sea. People will faint from terror, apprehensive of what is coming on the world, for the heavenly bodies will be shaken. At that time they will see the Son of Man coming in a cloud with power and great glory.¹⁵⁴

¹⁵¹ Nicolas A. Cummings, "Inpatient versus Outpatient Treatment of Substance Abuse: Recent Developments in the Controversy," *Journal of Contemporary Family Therapy* 13, no. 5 (1991): 507-508.

¹⁵² Ibid.

¹⁵³ Ibid.

¹⁵⁴ Luke 21:25-27.

One of the most effective private organizations that work with addicts is the famous “Teen Challenge” founded by the late David Wilkerson. This writer has had many experiences in working with this organization.

Teen Challenge started in 1958 when after viewing an article in *Life Magazine* about gang activity in New York City, he left his pastorate in Phillipsburg, Pennsylvania, and went to New York City where he conducted rallies and initially saw several conversions of gang members to Jesus Christ. From this evangelistic work came the famous movie, *The Cross and the Switchblade*, which brought the story of Teen Challenge into millions of homes. Wilkerson’s first convert was a street gang member by the name of Niki Cruz. From these early conversions was birthed a ministry that started and now ministers to more than 28,000 men and women around the world.¹⁵⁵

When asking the question as to why this residential program is effective, Teen Challenge answers the question the following way:

While many think it is the combination of both the length of the program (12-18 months in residential centers) and the faith-based environment that helps people to overcome life-controlling problems, we believe it is “the Jesus Factor.” We believe that when people develop a relationship with God, everything changes for them. This means that new priorities, attitudes, reactions, plans, and goals in life all add up to cause real change. A new life in Christ and incorporating Biblical principles for daily living replace the old lifestyle, attitudes, and behaviors.¹⁵⁶

The Scriptures states, “Therefore, if anyone is in Christ, the new creation has come; the old has gone, the new is here!”¹⁵⁷

¹⁵⁵ Joseph S. Batluck, “The History”, Teen Challenge USA, (accessed September 28, 2015) <http://teenchallengeusa.com/about/history>.

¹⁵⁶ Joseph S. Batluck, “General Questions”, Teen Challenge USA, (accessed September 28, 2015) <http://teenchallengeusa.com/about/faqs>.

¹⁵⁷ 2 Cor 5:17.

Christ makes all the difference for the Teen Challenge program. Although their success rate has been challenged, there is no doubt that it is one of the best programs for addiction rehabilitation. Notice that the length of the program was mentioned as one of the reasons for success. The length of the program chases many individuals away that are looking for a quick fix, in and out program. These individuals are not willing to invest an entire year to straighten up defeated patterns of brokenness which only reveal the amount of denial that exists within them.

This writer believes that those who are serious about change will be willing to take the time to change. The ninety day rehabilitation centers that this writer has experienced are merely good for those who have relapsed and need a refresher course, but not for those who have a serious mental break or an addiction that seeks to destroy one's life. These kind of needs require time for the individual to heal and alter the self-destructive path that was previously followed.

The supernatural comes into play in that it makes all things new. That which was thought impossible is made possible through the Holy Spirit. This is an element that separates this program from every other secular program.

Another successful program that deserves to be looked at is Mental Health America. It has support groups and residential affiliates all across America. It was founded in 1990 and is the nation's leading community-based non-profit organization in mental healthcare.

Mental Health America is driven by a commitment to promote mental health as a critical part of overall wellness, including prevention services for all, early identification and intervention for those at risk, and integrated care and treatment for those who need it, with recovery as the goal. Much of the current work is guided by the Before Stage 4 philosophy—that

mental health conditions should be treated long before they reach the most critical points in the disease process.¹⁵⁸

Non-profits, churches, and community based programs also play a key role in this fight against mental illness and addiction. Mental Health America focuses around a theme called, “B4Stage4.” Although this is not an inpatient treatment plan, it does even more by providing mental health prevention awareness. With cancer, heart disease, and diabetes, patients are encouraged to not wait for treatment because of the life threatening nature of these diseases.

Why wait to get individuals help who have mental health symptoms? This is the reason for “B4stage4.” Mental Health America has a goal of getting every American screened and aware of one’s mental health. Do not wait until a person is in stage four!

Mental Health America states that there are four simple steps to good mental health.

TABLE 3.5 Steps to Good Mental Health¹⁵⁹

A healthy diet

Regular exercise

Relaxation

Plenty of rest

Mental Health America understands the social determinants of health. As this writer approaches the end of this chapter on inpatient versus outpatient, it is important to understand its tremendous need.

¹⁵⁸ Mental Health America Parity or Disparity: The State of Mental Health in America 2015, December 3, 2014, (accessed March 13, 2015) <http://www.mentalhealthamerica.net/sites/default/files/Parity%20or%20Disparity%20Report%20FINAL.pdf>

¹⁵⁹ Ibid.

TABLE 3.6 Why is Mental Health Needful?¹⁶⁰

Facts show that approximately 3.5 million people are homeless in America.	In the U.S. 44 million people are living in poverty and 41.3 have food stamps.
The prison population has now reached 2.3 million. We now have the highest rate of incarceration in the world.	Thirty-three percent of disadvantaged fourth-graders are proficient readers at grade level.

At the ministry house, there have been many individuals in and out, but those who completed the program as an inpatient have more than often been able to successfully complete rehabilitation. There is no shortcut in this writer's opinion. It takes both changes in one's thinking as well as one's spirit to produce lasting change.

In the next chapter the role of the church in ministering to the mentally ill and addicted will be addressed. It will show some best practices as well as some wrong ways to minister to this unreached people group. The church, in which this writer is the pastor, has made many mistakes in the short five years that this ministry has been underway. Patience, constant revamping, trial and error, and a sense of God's great love and compassion has given amazing endurance to the staff and ministry team.

¹⁶⁰ World Health Organization, "Social determinants of Health, 2010," http://www.who.int/social_determinants/en/.

Chapter 4

The Churches Response to Those with Mental Illness and Addiction

It is a common attitude among many churches to say, “Us four, no more, shut the door!” People who are different are often not welcomed among many congregations. This fear of change from the status quo is targeted against people of other cultures, people of different economic status, people with handicaps or recognizable physical defects. It could be the color of one’s skin, one’s education level, or the inability to communicate or socialize at a desired level. It can be so obvious that a person with mental illness and addiction will immediately sense that they are not welcome. Rejection is a painful reality for this unreached group in one’s city and county.

John Swinton, author of the book, *Resurrecting the Person: Friendship and Care of People with Mental Health Problem*, states that:

It is the call to the church to rediscover its prophetic roots in the life, death, and resurrection of Jesus Christ and to reclaim its identity as the friend and protector of the poor, the outcast, and the stranger. This book is a call for the church to remember the one who offered friendship to tax collectors the outcast; a God who is deeply committed to justice and to the poor, whatever form poverty might take at any moment in time. This book seeks to remind the church of its responsibility to image this same God in all these dimensions.¹⁶¹

This process of change came quick to this writer’s church due to the pastor having the motivational gift of mercy. Mercy motivators tend to draw other mercy motivators.

¹⁶¹John Swinton, *Resurrecting the Person: Friendship and the Care of People with Mental Health Problems*, (Nashville: Abingdon, 2000), 9.

Ministering to people with mental health issues can be difficult because many individuals that suffer from mental illness, identify themselves with the illness. “The first step to ministering to this type of person is to explore whether it is possible to separate a person from his or her illness conceptually and psychologically, in such a way that the person comes first.”¹⁶² This is a very important boundary that must be crossed if the person is to feel accepted and welcomed into a church. At this writer’s church, not only are these individuals welcomed, they are shuffled into the mix of ministry life and fellowship in the church. It is one thing to sit in a pew as an attendee each week and another thing to be actively involved in service in a particular ministry. There is always a ministry of some type that even the most handicapped or emotionally challenged person can perform. The church goes out of its way to make this happen.

Cynthia Kimball in a book called, *Care for the Soul*, wrote the following:

Greg Ogden calls the church to “unleash the sleeping giant and see the ministry returned to the people of God.” He argues that we should eliminate the language of clergy and laity from our vocabulary. Too often these terms represent a hierarchical notions of roles and expectations that can inhibit the needed ministering of the priesthood of believers. Ogden is determined to redefine the word ministry to describe all members of Christ’s body: each member of the church is a minister, not merely those who are paid.¹⁶³

The church needs to realize that it is the individual responsibility of every member to reach out to those who walk through the door, no matter what the person might suffer from. Every member is called to be a minister for Christ. Until that happens, the church has a great divide to overcome between the clergy and laity. Paul, when speaking to the Corinthian church referred to believers as ministers, “In all things approving ourselves as the ministers of God.”¹⁶⁴

¹⁶² Ibid., 133.

¹⁶³ Cynthia Kimball, *Care for the Soul*, Mark R. McMinn and Timothy R. Phillips (Downers Grove: IVP Academic, 2001), quote from Greg Ogden, *The New Reformation: Returning the Ministry to the People of God* (Grand Rapids: Zondervan, 1990), 74.

¹⁶⁴ 2 Cor 6:4.

Many Christian's have unsupported misconceptions about mental illness, like the following statements. Christians are immune to mental illness. Some churches overlook the fact that there are mentally ill members in the congregation. Mental illness can be overcome by self-effort. Prayer and Scripture study alone can overcome mental illness. The church should do more to prevent suicide. The church should not welcome those who are mentally ill.¹⁶⁵

These are some of the various false opinions that accompany people who are ignorant of the facts concerning mental illness. Many Pastors shrink back from preaching about this unmet need in the church. The facts tell the truth!

TABLE 4.1 Mental Illness Awareness in the Church¹⁶⁶

22% of pastors agree that they are reluctant to get involved with those dealing with acute mental illness because of previous experiences.	23% of pastors indicate that they have personally struggled with mental illness of some kind.
Only 53% of individuals with acute mental illness say their church has been supportive.	The response of people in the church to individual's mental illness caused 18% to break ties with a church.
47% of people with acute mental illness feel that the church has not been responsive to their needs.	To interpret this, one would logically state that 47% of people have acute mental illness.

Robert Albers and William Mellers recommend the following to churches and caregivers of individuals suffering from mental disorders.

¹⁶⁵ Ed Stetzer, "Mental Illness and the Church: New Research on Mental Health from Lifeway Research," *The Exchange*, (2013), (accessed October 7, 2015), <http://www.christianitytoday.com/edstetzer/2013/september/mental-illness-and-church-new-research-on-mental-health-fro.html>.

¹⁶⁶ David Murray, "Mental Illness and the Church: An Analysis, a guest post by David Murray," *The Exchange*, (2014), (accessed October 7, 2015), <http://www.christianitytoday.com/edstetzer/2014/october/mental-illness-and-church-guest-post-by-david-paul-murray.html>.

First, every experience and expression of depression is idiosyncratic. Do not assume knowledge of the illness, each case is unique and needs to be treated accordingly by a medical professional.

Second, caregivers are not trained as diagnosticians and so should refrain from acting in a diagnostic capacity. A successful experience with several mentally ill individuals does not qualify a person to make judgments or determinations about the solution to a person's mental or emotional needs. There is however many areas that friends, church family and caregivers can to help in the healing and recovery process.

Third, distinguish between the illness and the person. Depression is an illness like any other and people must be careful to not label someone by the title of a disease or disorder. Every person is created in the image of God and must be treated first and foremost as someone for whom Christ has died.

Fourth, depression and other mental illness are stigmatized and therefore "unsanctioned illnesses" resulting in a sense of disgrace and shame. Society and religious organization sometime judge ignorantly certain illnesses for which they falsely assume knowledge.

Fifth, depression is a holistic illness and requires a holistic approach to treatment. God has called science and theology to minister together to the total person. Depression should not be thought of as resulting from a lack of faith.¹⁶⁷

Sixth, to assume this belief serves only to exacerbate the person's experience of depression.

¹⁶⁷ Robert H. Albers, William H. Meller, and Steven D. Thurber, *Ministry with Person with Mental Illness and their Families*, (Minneapolis: Fortress Press, 2012), 20-21.

Seventh, caregiving for all significant others affected by the depression is critical.

Depression creates an atmosphere or ambiance that affects others in the household as well. It can have adverse impact on friends and one's church family.

Eighth, remember that caregivers also suffer from depression. Pastors, psychologists, counselors, and Christian leaders are not immune to anxiety and depression. A good example of this is the prophet Elijah in 1 Kings 19:1-8 of the Scriptures:

While he himself went a day's journey into the wilderness. He came to a broom bush, sat down under it and prayed that he might die. "I have had enough, Lord," he said. "Take my life; I am no better than my ancestors." Then he lay down under the bush and fell asleep.

All at once an angel touched him and said, "Get up and eat." He looked around, and there by his head was some bread baked over hot coals, and a jar of water. He ate and drank and then lay down again.

The angel of the Lord came back a second time and touched him and said, "Get up and eat, for the journey is too much for you." So he got up and ate and drank.

Strengthened by that food, he traveled forty days and forty nights until he reached Horeb, the mountain of God.¹⁶⁸

Scott M. Davis wrote a book entitled, *Living Jonathan's Life*. In the book the author shares a personal account of losing a twin brother that acquired HIV from what was later discovered as a homosexual relationship. At the time of this occurrence, Davis was a medical student in Boston. Despite the efforts of the medical team, Jonathan succumbed to the AIDS virus. This led to some of the darkest days in Davis's life. "When Jonathan died, that once radiant mirror turned black as a stone. I could no longer see myself as I did before, let alone see myself living without him. His disease had claimed me too."¹⁶⁹3 Davis made the mistake of

¹⁶⁸ 1 Kings 19:1-8.

¹⁶⁹ Scott M. Davis, *Living Jonathan's Life*, (Deerfield Beach, Fl.: Health Communications, 2007), 1.

trying to treat the pain, anxiety, and depression alone. Depression turned into self-medicating, and illegally writing prescriptions for pain medication.

What are Churches Doing about Mental Illness in their Congregations?

One local church in Eastern Pennsylvania found themselves facing individuals with mental illness that required ministry. The church leaders realized that they were not prepared to provide this ministry. Pastor Greenfield of the Open Door Church said, “That’s tough as a church because you want to reach out to all people. We have a long way to go.”¹⁷⁰ Chaplain Michaels, resident at Milton S. Hershey Medical Center stated, “There is a sense that there’s something out there that cares for them. Even if they feel they’re marginalized from society, at least there’s God and God loves them.”¹⁷¹ The last hope for many individuals suffering from mental illness is the church. This particular church turned to NAMI¹⁷² for help. NAMI states that they had only one response from a church in six years. This has suddenly changed with the increase of mental illness in society. NAMI provided a three day Mental Health First Aid Class for the ministry staff at the Open Door Church. This helped tremendously to launch a ministry at the church for the mentally ill by removing all fear in approaching and ministering to suffering individuals.

A 2011 study by Baylor University indicated a strong disconnect with mental illness as the second priority of families with mental illness, while it ranked 42nd on the list of requests from families that did not have a family member with mental illness. This shows how much work is needed to bring this important topic out of the shadows and into the light of God’s

¹⁷⁰ John Hilton, “Ministering to the Mentally Ill Challenges in York County Churches: Some area churches are taking steps to welcome mentally ill worshippers into their congregation,” *York Daily Record, Sunday News*, (2013), accessed October 12, 2015.

¹⁷¹ Ibid.

¹⁷² NAMI stands for the National Association of Mental Illness.

healing power. This author recently had the opportunity to speak to Kim Presk, Executive Director of NAMI and Sharon Engdahl, Director of Mental Health First Aide Training. This writer was greatly encouraged by the willingness of these organizations to work with faith-based providers. In an article from NAMI, Jerry Fulenwider from NAMI in San Antonio shared on what churches can do to help:

(1) Pastors of churches, staff and congregation members need to be trained about mental illness and the impact on the whole family. (2) Churches need to provide training program for the community in which they reside. (3) Churches need to target ministry toward those suffering from mental illness. (4) Churches need to develop support groups for family members of those who suffer from mental illness. (5) Churches need to use local media to make others aware of the offerings provided. (6) Churches need to be willing to offer facilities for support groups of those who suffer from mental illness and the friends and family.¹⁷³

Calvary Chapel Ministries gave a report concerning one of the churches that began a ministry for the express purpose of reaching out to the mentally ill. The mission statement for the church states: “A faith community burdened to bring God’s love, grace and mercy to those affected by mental health issues.”¹⁷⁴ The congregation is made up of gangs of people from several group homes. Plastic chairs and tables serve as the pews and a seven minute smoke break is wedged between hymn singing and the study of God’s Word. Pastor Steve Cyr of Sound Faith Ministries says that the smoke break helps the group to concentrate and focus on God’s Word.

¹⁷³ Jerry Fulenwider, “What Churches Can Do to Help?” *National Association of Mental Illness*, (2015): 1-2, (accessed October 13, 2015), <http://www.nami.org>.

¹⁷⁴ Jordan Taylor, “Ministering to the Mentally Ill,” *Calvary Chapel Ministries*, (2015): 1-2, (accessed October 13, 2015), <http://calvarychapel.com/resources/article/view/ministering-to-the-mentally-ill>.

The studies are kept foundational with such topics as: Salvation, Reading the Bible, Prayer and relating to others in and out of the church.

Churches that are now ministering to folks with mental illness, did not just decide one day, “Oh, let’s start a ministry for the mentally ill.” The ministries began when the Holy Spirit unknowingly led pastors and churches into contact with this relatively untouched people group. One church in York, Pennsylvania began ministry to the mentally ill when they had an individual who went off doctor-prescribed medication and then made threats at the Pastor during the Sunday Service, resulting in a police escort to the hospital. This brought awareness of a need and the birth of a new ministry.

Saddleback Church, pastored by Rick Warren, began their ministry for those suffering from mental illness after the suicide of a son who suffered from mental illness. It was not something that was seen on the horizon. It was not scheduled on the vision for upcoming ministries. The following is the purpose statement for the ministry at Saddleback Church for the mentally ill:

Our purpose statement is to reduce the stigma of mental illness and to help those who are affected by the illness and their families. Studies show that 1 out of every 4 adults in America will be affected by mental illness at some point in their lives. The first place many go for help is to their priest or to their pastor because the heart of Jesus and the Church has always been for those who suffer.¹⁷⁵

Warren speaks about removing the stigma of mental illness. The mentally ill and the families of the mentally ill must be made to feel total acceptance by the Body of Christ. The perfect love of Christ casts out all fear. At this writer’s church, there is no difference as the

¹⁷⁵ Rick Warren, “Mental Health Ministry Purpose Statement, 2015” Saddleback Church, (accessed October 14, 2015), <http://saddleback.com/connect/ministry/mental-health-ministry/lake-forest>.

family of God is so entwined by Christ's love. One could never imagine in a million years that this special calling to minister to those who suffer in the mind would be a reality.

The reason churches are finally starting to address these issues stem from the rapid change in today's culture. Rene Dubos, in the book *Mirage of Health*, shares an observation from a French doctor who taught at Harvard University:

If psychiatric illnesses are truly increasing in the Western World, the reason is not to be found in the complex and competitive character of our society but rather in the accelerated rate at which old habits and conventions disappear. Even the marginal man can generally achieve some form of equilibrium with his environment if the social order is stable, but he is likely to break down when the extent and rate of change exceed his adaptive potentialities. For this reason mental diseases are likely to become more apparent in areas undergoing rapid cultural transitions.¹⁷⁶

This is a very valid point. The pace of society with the onset of digital multifunctional devices and an excessive multitasking society has brought an increase in stress, anxiety, depression, and suicide. For some, this rapid pace has contributed to mental illness.

The Methodist Church has recognized this same phenomenon beginning to rapidly increase around 1987 when there was a spike in the number of cases involving schizophrenia, manic-depression, and other affective disorders. In a recent article concerning mental illness, the Methodist Church stated:

We believe that faithful Christians are called to be in ministry to individuals and their families challenged by disorders causing disturbances of thinking, feeling, and acting categorized as "mental illness." We acknowledge that throughout history and today, our ministries in this area have been hampered by lack of knowledge, fear and misunderstanding. Even, so, we believe that those so challenged, their families and their communities are to be embraced by the church in its ministry of compassion and love.¹⁷⁷

¹⁷⁶ Rene Dubos, *Mirage of Health*, (New Brunswick, NJ: Rutgers University Press, 1959), 208-209.

¹⁷⁷ United Methodist Church, "Ministries in Mental Illness," *The Book of Resolution of the United Methodist Church*, 1-5 (2012), United Methodist Publishing House, (accessed October 15, 2015), <http://www.umc.org/what-we-believe/ministries-in-mental-illness>.

The Scriptures tells us that mental illness is the ministry of the Church. It states in Matthew 9:35, “healing every disease and every sickness.”¹⁷⁸ It cannot be passed on as someone else!

Focus on the Family, a powerful voice on numerous subjects involving the family, gives advice for churches and pastors working with mental illness in one’s congregation. (1) Start with the gospel and stay with the gospel. Working with the mentally ill does not mean handing them over to secular establishments and forgetting about them. (2) Any individual can learn about mental illness but most pastors do not have training related to mental illness. (3) A congregation can talk about acute mental illness. This condition is in the church and deserves attention, love, and grace. (4) The church is not engaging and loving its community if it’s not addressing prevalent cultural shifts and societal needs including mental illness. (5) Keep in mind that all truth is God’s truth but believers must not be unaware that the Bible is the ultimate standard of evangelical Christians. (6) Create a network of referrals. Referring members to professionals outside the church should not be uncomfortable for pastors. (7) A pastor can also sponsor a recovery ministry at their church or team up with other churches in the community by sponsoring training classes for pastors in the community.¹⁷⁹

Does Dual Diagnosis Demand Different Treatments?

Many of these ideas are currently being implemented at this Pastor’s church. One difficulty has always been with ministering to both the mental illness and the addiction. In an article entitled, “Review of Integrated Mental Health and Substance Abuse Treatment for

¹⁷⁸ Matt 9:35.

¹⁷⁹ Ed Stetzer, Jared Pingleton, and Donald Graber, “Serving Those with Mental Illness,” *Focus on the Family*, 11-12 (2015), <http://www.thrivingpastor.com/MentalHealth>.

Patients with Dual Disorders,” the authors speak to this struggle with two different sets of clinicians. “Dissatisfaction with this clinical tradition led to the development of integrated treatment models in which the same clinicians or teams of clinicians provide substance abuse treatment and mental health treatment in a coordinated fashion.”¹⁸⁰

The Riverhill Ministry House Approach to Working with Dual Diagnosis

The remainder of this chapter will deal with the approach of ministry used by the ministry house of the Riverhill Evangelical Church. The ministry house also treats dual diagnosis in the same treatment model as mentioned above, where both mental illness and addiction are addressed together. Upon entrance into the house, prescription drugs are removed from the individual’s responsibility and given to the staff. The reason for this is so the individual will not abuse the drugs and that they quickly get on a regular regimentation of the drug as prescribed by their doctor. One might wonder if drug treatment really works.

The report from the United Nations Office on Drugs and Crime argues that drug abuse treatment does not cure drug abuse. Most people who go through drug treatment relapse. Drug abuse treatment does not get at the root causes of drug abuse: crime, family disruption, loss of economic productivity, and social decay. At best, treatment may minimize drug abuse.¹⁸¹

Riverhill ministry house is not naïve concerning working with addictions. There is success and defeat. The goal is help individuals meet Jesus and when they begin to yield themselves to Him, the Holy Spirit is released to empower them to stand with a strength that is beyond themselves. Some fall because of not yielding themselves fully but eventually it clicks

¹⁸⁰ Robert E. Drake, Carolyn Mercer McFadden, Kim T. Musser, Gregory J. McHugo, and Gary R. Bond, “Review of Integrated Mental Health and Substance Abuse Treatment for Patients with Dual Disorders,” *Schizophrenia Bulletin*, Vol. 24, No. 4, 1 (1998), accessed October 12, 2015.

¹⁸¹ Raymond Goldberg, *Taking Sides: Clashing Views in Drugs and Society*, 8th ed. (New York: McGraw-Hill Publishers, 2008), 432-434.

for them. How much the person is willing to do in order to change makes all the difference in the area of recovery. Being the living sacrifice that Paul mentions in Romans 12:1 is not an easy proposition for the willful addict. It takes submission, surrender, and laying down one's life the altar of sacrifice.

Evaluation

Recently the ministry house received a new individual who was diagnosed with bi-polar and was coming from the state penitentiary after serving several years from issues related to uncontrollable anger. The first step was to get a mental health evaluation with a Christian Psychologist. This uncovered the need for medicine, but even more importantly was to discover where this anger, unrest, and anxiety came from. It was necessary to know the story about this person before a successful determination of treatment could be made. Mental illness on the part of the mother, an absent father figure and the rejection of that father led to an explosive anger that cannot be controlled. This approach did not offer instantaneous freedom but did address the problem in its entirety. In many cases it will involve long term therapeutic counseling or psychotherapy.

Recently, individualized treatment approaches with comprehensive assessment and multiple-level treatments have become the standard. This shift reflects the importance of understanding the individual differences and unique needs of clients and of addressing the underlying issues behind addiction problems that are not necessarily the focus of traditional approaches. Furthermore, practitioner's evaluation or objective data – to evaluate how the treatment is matching the client's needs as well as its overall effectiveness.¹⁸²

Understanding the problems created a starting point for God to work

God's Word

¹⁸² D. Mee-Lee, ed., *Patient Placement Criteria for the Treatment of Substance-Related Disorders*, 2nd ed. (ASAM PPC-2R) (American Society of Addiction Medicine, 2001).

The next step involved participating in the entire ministry at Riverhill Church. These services consisted of Sunday Morning Worship Service; Monday Men's and Women's Bible Study; and Wednesday Fellowship meal/ Prayer and Praise Meeting. These vital teaching moments along with accountable daily quiet times and one on mentorships by a staff person begins transformational work in the individual and most always involve a personal encounter with Jesus Christ.

Work, School, or Volunteer

The individuals living in the ministry house undergo a considerable amount of change as they live in a family atmosphere once again. For some of the individuals this may be a new experience. Getting along with one another and contributing to the upkeep of the facility helps to bring about a certain amount of camaraderie as well as the healing of interpersonal relationships in the ministry house and in the family relationship of the individual which had been fractured by one's addiction. The three step evaluation, God's Word, work, and school or volunteering make up a good treatment plan for the individual by providing the following key elements.

TABLE 4.2 Key Elements of an Addiction Recovery Plan¹⁸³

The plan treats the whole person.	Goals and objectives are written.
The plan considers the needed skill training and education.	Goals and objectives are based on the client's strengths.
Goals and objectives are achievable.	Goals and objectives are measureable.
The treatment plan creates a sense of ownership.	The plan is proactive rather than reactive.
The plan identifies potential relapse triggers.	The client does not feel alone.

¹⁸³ Tim Clinton and Eric Scalise, *Addictions and Recovery Counseling*, (Grand Rapids: Baker Books, 2013), 47.

The Scripture declares, “Two are better than one, because they have a good return for their labor: If either of them falls down, one can help the other up. But pity anyone who falls and has no one to help them up....A cord of three strands is not quickly broken.”¹⁸⁴

Reentry

The final step is releasing the individual who is fully prepared to begin life anew. This includes being able to provide for themselves, to afford a place to live and the included expenses. It is with tremendous pride, yet humility, that the individual receives back the keys to a new life. Mentorship does not discontinue at this point. Support is just a phone call away. One man who went through the program recently extended a hand-up to a man who was in need of a place to live. He has also blessed the ministry financially for the help that was provided during a personal time of crisis. As mentioned in a previous chapter, these points of the action plan are written out for person coming to the program to give their signature of agreement before they can enter in the ministry house.

One of the foundational Bible study books in which every incoming participant receives is the book by Robert Cook entitled, *Now that I Believe*. It establishes the basics upon which a person can begin the transformational process by answering the following questions

(1) What has happened to me? (2) How long will it last? (3) How do I deal with temptation? (4) How do I get Christian character? (5) How do I understand the Bible? (6) How do I pray? (7) How do I witness? (8) How do I keep from being influenced by the world?¹⁸⁵

One-on-one mentorship is important at this stage when the inductee begins being transformed by the Holy Spirit. In the casual home environment, discipleship takes on many

¹⁸⁴ Eccl 4:9-10.

¹⁸⁵ Robert A. Cook, *Now that I Believe*, (Chicago: Moody Publishers, 1986).

forms, including everything from the nature of God to sexual purity. The issues of sexual purity have been more difficult for the females than the males. In both cases there is a tremendous need to be loved due to absent father figures. In a book entitled, *Where's Daddy?: How Divorced, Single, and Widowed Mothers Can Provide What's Missing When Dad's Missing*, Claudette Wassil Grimm shares statistics that show that girls with absentee dads will either be awkward toward men or act in complete reverse by being sexually aggressive. She shares that the experience of observing dad socially with other men helps the young adolescent to be able to respond appropriately in a large percentage of times.¹⁸⁶ In a study done on sex, marriage and dating, many of the females struggle with discussing topics of shacking, pre-marital sex, traditional marriage, sexual abuse, and self-worth.

A large encourager for church involvement in recovery ministry is Dale S. Ryan, Director of the Institute for Recovery Ministry and Associate Professor of Recovery Ministry School of Ministry at Fuller Seminary. He suggests the following steps be taken by the local church that is seeking to start a recovery ministry:

First, one of the simplest ways for a church to begin to get involved in recovery ministry is to open their doors to a group that needs a facility to meet in. Second, integrate recovery ministries in the life of the church by developing bridge strategies, support groups that used Christian means to bring hope and faith. Third, the blending of recovery ministry into the different departments in the church i.e. Christian Education, music, or youth ministry. Fourth, a church led long term facility. Riverhill Church ministry house has a working relationship with three long term treatment programs.

¹⁸⁶ Claudette Wassil Grimm, *Where's Daddy? How Divorced, Single, and Widowed Mothers Can Provide What's Missing When Dad's Missing* 1st Ed. (Woodstock, NY: The Overlook Press, 1994), Ch. 8.

(1) Teen Challenge, (2) New Life for Girls, and (3) Clarion Psychiatric Facility

The ministry house refers more serious cases of addiction or mental illness to the above programs that have a proven and trusted relationship with the recovery ministry. The ministry for a long period of time has conducted church services in the psychiatric unit. Fifth, in this model the church recovery program becomes the central paradigm of the congregation. It is implemented into the life and teachings of the church. Instead of being an isolated ministry department, it is a natural part of the congregation flow. This is slowly beginning to happen in the life of Riverhill Church. Sixth, one needs simply to be a congregation that is full of grace to be well on their way in establishing a recovery ministry. Ryan shares a story about a church that simply changed how the Pastor greeted the members each Sunday. It made a profound difference in the church. Instead of his normal greeting the pastor sought to welcome the people who actually came to the church. It sounded like this, “I know that many people who come to this church experienced very abusive childhoods and that sometimes an experience like that makes it difficult to come to church later in life. If this fits your situation, I want to particularly thank you for coming today. I appreciate your trust and value your participation.”¹⁸⁷ This pastor placed that church miles ahead in reaching people with the need for recovery.

Recently this writer attended a pastor’s conference hosted by David Jeremiah, where the Anatomy of a Vision was one of the central topics. It confirmed how the mental health ministry began at Riverhill Church. It was not a vision that the leadership chose to pursue, it was instead a vision that chose to pursue them. Jeremiah said in the Anatomy of a Vision, some necessary truths in running with the vision that God has given:

¹⁸⁷ Dale S. Ryan, “Recovery Ministry and the Local Church” *STEPS Magazine*, (2015), (accessed October 28, 2015), <http://alcoholicsvictorious.org/nacr/dale/local#sthash.jRZk.KdS8.dpuf>.

First, the vision must be deep enough to be rooted in history. Is it in-keeping with God's purposes and plans as seen in the Scriptures?

Sometime later God tested Abraham. He said to him, "Abraham!" "Here I am," he replied. Then God said, "Take your son, your only son, whom you love—Isaac—and go to the region of Moriah. Sacrifice him there as a burnt offering on a mountain I will show you."¹⁸⁸

Then Solomon began to build the temple of the LORD in Jerusalem on Mount Moriah, where the LORD had appeared to his father David. It was on the threshing floor of Araunah the Jebusite, the place provided by David.¹⁸⁹

Second, the vision must be defined enough to reproduce itself in a picture. What would the finished vision look like? The Scriptures tell us in 2 Sam 7:1-3, "After the king was settled in his palace and the LORD had given him rest from all his enemies around him, 2 he said to Nathan the prophet, "Here I am, living in a house of cedar, while the ark of God remains in a tent." Nathan replied to the king, "Whatever you have in mind, go ahead and do it, for the LORD is with you."¹⁹⁰

Third, the vision must be durable enough to resist discouragement. Will one's vision stand the test of time and provision?

King David rose to his feet and said: "Listen to me, my fellow Israelites; my people. I had it in my heart to build a house as a place of rest for the ark of the covenant of the Lord, for the footstool of our God, and I made plans to build it. But God said to me, 'You are not to build a house for my Name, because you are a warrior and have shed blood'."¹⁹¹

Fourth, the vision must be detailed enough to require action. What is God calling you to do at this moment in time?

¹⁸⁸ Gen 22:1-2.

¹⁸⁹ 2 Chr 3:1.

¹⁹⁰ 2 Sam 7:1-3.

¹⁹¹ 1 Chr 28:2-3.

When David saw the angel who was striking down the people, he said to the Lord, “I have sinned; I, the shepherd, have done wrong. These are but sheep. What have they done? Let your hand fall on me and my family.”

But the king replied to Araunah, “No, I insist on paying you for it. I will not sacrifice to the LORD my God burnt offerings that cost me nothing.” So David bought the threshing floor and the oxen and paid fifty shekels of silver for them. David built an altar to the LORD there and sacrificed burnt offerings and fellowship offerings. Then the LORD answered his prayer in behalf of the land, and the plague on Israel was stopped.¹⁹²

Fifth, the vision must be demanding enough to require sacrifice. It will cost everything!

“Your vision will be the stuff of your life for the rest of your life.”¹⁹³

Besides, in my devotion to the temple of my God I now give my personal treasures of gold and silver for the temple of my God, over and above everything I have provided for this holy temple: three thousand talents of gold (gold of Ophir) and seven thousand talents of refined silver, for the overlaying of the walls of the buildings, for the gold work and the silver work, and for all the work to be done by the craftsmen. Now, who is willing to consecrate themselves to the Lord today?”¹⁹⁴

Sixth, the vision must be dynamic enough to recruit others to its task. It will attract others to assist in bringing about its fulfillment.¹⁹⁵

When Hiram king of Tyre heard that Solomon had been anointed king to succeed his father David, he sent his envoys to Solomon, because he had always been on friendly terms with David. Solomon sent back this message to Hiram:

“So give orders that cedars of Lebanon be cut for me. My men will work with yours, and I will pay you for your men whatever wages you set. You know that we have no one so skilled in felling timber as the Sidonians.” When Hiram heard Solomon’s message, he was greatly pleased and said, “Praise be to the Lord today, for he has given David a wise son to rule over this great nation.” So Hiram sent word to Solomon: “I have received the message you sent me and will do all you want in providing the cedar and juniper logs.”¹⁹⁶

¹⁹² 2 Sam 24:17, 24-25.

¹⁹³ David Jeremiah, *The Anatomy of a Vision*, (El Cajun CA: Shadow Mountain Ministries, 2011), 5.

¹⁹⁴ 1 Chr 29:3-5.

¹⁹⁵ Jeremiah, *Anatomy of a Vision*, 6.

¹⁹⁶ 1 Kings 5:1-2, 6-8.

Although clear strides have been made to reach this untouched people group, the ministry house at Riverhill Church has a long way to go to be where Christ would have it to be. There are many times where it becomes necessary to just toss one's head and hands to the sky and scream. It is necessary to have the following traits in a ministry.

Humility, because there is so much that is unknown. Humor, because if one cannot laugh, the pain would be too much to endure. Endurance, because it would be too easy to call it quits. Faith, because it involves trust in God to accomplish anything substantial.

The final chapter of this dissertation will primarily focus on the surveys that went to thirty individuals who have received help from the recovery ministry of the ministry house. The survey questions are designed to help the ministry house reflect on perceived success and failures, which areas that have been done well and what needs to be improved upon. It will bring under the spotlight of scrutiny procedures, methods, and motives from working with people with the dual diagnosis of mental illness and addiction. The names of individuals are not disclosed and will be presented in the format of percentages. An organization that's unwilling to look at the areas that need improvement is an organization that will go nowhere. The ministry house desires to know the good and the bad, so that it might accomplish more in its service to Christ and the mentally ill.

Author Brandon Cox said,

I'm convinced that when churches embrace the mission of rescuing the broken, we won't have a growth problem anymore. We'll have a space problem. I'm broken, and I'm shamelessly trusting Jesus as my healer. And thankfully, I've found a church that IS a recovery ministry, a family that will faithfully love me through my own hurts, habits, and hang-ups and give me space to minister to others who are wrestling with the same. I'm praying, like Pastor Acevedo,¹⁹⁷ "God, send us the people nobody wants or sees."¹⁹⁸

¹⁹⁷ Jorge Acevedo is the recovery pastor of Grace Church in Cape Coral, Florida.

¹⁹⁸ Brandon A. Cox, "Every Church Should BE a Recovery Ministry," Pastors.com, 1 Nov 2009, (accessed October 30, 2015), <http://www.printfriendly.com/print/?url=http://pastors.com/be-recovery>.

Pastor Acevedo expresses here the exact desire that is at the heart of the vision for the Riverhill Church, “God send us the people nobody wants or sees.”¹⁹⁹ The marriage banquet has been prepared and there is still room. The king announces, “Tell the servants to go out into the highways and byways and compel them to come into my house!”

¹⁹⁹ Ibid.

Chapter 5

Evaluating the Effectiveness of the Ministry House

In twelve years of service at Riverhill Evangelical Church, this pastor has seen a lot of ladies, men and children pass through our home. Some troubled by tragic events in their past, some faltering due to existing painful situations that they face each day. Some wrestle with demons of mental illness and addiction that hold them in seemingly eternal chains. It is a special joy to announce to these folks that there is hope and a future. The sun will come out tomorrow thanks to the everlasting love of a Father towards them through the person of His Son, the Lord Jesus Christ. In the course of twelve years, all fear and stereotypes have been tossed aside.

In the last ten years there has been the increase of mass school shootings which placed mental illness at the top of the news line. Four assumptions arise in the aftermath of mass shootings.

TABLE 5.1 Four Assumptions in the Aftermath of Mass Shootings²⁰⁰

Mental illness causes gun violence.	Psychiatric diagnosis can predict gun crime.
Shootings represent the deranged acts of mentally ill loners.	Gun control “won’t prevent” another Newton, Connecticut school mass shootings.

Each of these statements is certainly true in particular instances. Yet, as we show, notions of mental illness that emerge in relation to mass shootings frequently reflect larger cultural stereotypes and anxieties about matters such as race/ethnicity, social class, and politics. These issues become obscured when mass shootings come to stand in for all gun

²⁰⁰ Jonathan Metzl and Kenneth Macleish, “Mental Illness, Mass Shootings, and the Politics of American Firearms,” *American Journal of Public Health*, 105 (2), (Feb 2015), 240-249, (accessed November 5, 2015), <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4318286/>.

crime, and when “mentally ill” ceases to be a medical designation and becomes a sign of violent threat.²⁰¹

The individuals surveyed have in the majority (98.5%) consisted of individuals that have a history of mental illness in their families. The same percentage can be said about the amount of residents at the ministry house that have come from households that are totally dysfunctional. According to the surveys that were given, the answers strongly point to negative influences of parenting and generational dysfunction. Dr. David Allen spoke of the many influences behind mental illness in a tremendously insightful work called, *How Dysfunctional Families Spur Mental Illness: A Balanced Approach to Resolve Problems and Reconcile Relationships*:

Freud’s theory of psychoanalysis explained human problem behavior and emotions by looking at the influence of early family experiences on the psychological development of young children. Briefly, all young children were believed to be born uncivilized. Proper parenting was believed to be required to help children successfully learn to channel their many wild biological urges and drives into socially appropriate avenues. According to the analysis, if parents had emotional problems themselves, this learning process in their children might be thwarted. This in turn would lead to an unresolved conflict in the child’s mind between certain bodily urges (the id) and the values he or she had learned through family experiences (the superego or conscience).

Because this intrapsychic conflict produced anxiety for the thinking part of the mind (the ego), the conflict as well as the memories behind it would be repressed into an unconscious part of the mind, where they would continue to adversely affect the child’s behavior as he or she grew into adulthood.²⁰²

Ninety-five percent pointed to the absence of one or both parents from the home as a contributing factor in the dysfunction that existed in their home. Allen attributes this to a major shift in the culture due to the economic need for two incomes to generate enough finances for a family to stay on their feet. Its original beginning took place during WWII when women were

²⁰¹ Ibid.

²⁰² David Allen, *How Dysfunctional Families Spur Mental Illness: A Balanced Approach to Resolve Problems and Reconcile Relationships*, (Santa Barbara, CA: Praeger), 222, Kindle.

called on by the government to fill factory positions so that weapon production would not be hindered by the men being away in the conflict.

The woman's movement combined with economic changes that made surviving on only one income increasingly difficult for families, led to one of the fastest and most massive cultural shifts in history. Almost overnight women entered the work force in huge numbers. Female ambition was fully unleashed for the first time ever, and flourished.²⁰³

Mental illness in the last ten years, according to an article from *Psychology Today*, reveals the control the pharmaceutical companies have over the medical system. Treating mental illness biologically has become the norm. Because of the massive amount of patients it becomes easy for psychiatrists to treat the symptoms of the medications by tweaking the dosage amounts rather than using cognitive psychotherapies. "The pharmaceutical industry has helped to reinforce this approach by the promotion of drug treatments, funding biological research and by promoting claims that psychiatric disorders are caused by simplistic biological notions such as 'chemical imbalances'."²⁰⁴

The government appears to be giving way to lobby groups that are controlled by the insurance and pharmaceutical companies. "Legislative proposals are being made for the universal mental health screening of children. Once put into place, this would undoubtedly be quickly allied to the use of drugs as appropriate treatment of those determined to be not mentally "healthy."²⁰⁵ Recently a psychiatrist was arrested in the community for selling medications. It seemingly appears that some doctors, pharmaceutical companies, and insurance agencies are more interested in financial gain than the proper treatment for their patients.

²⁰³ Ibid., 490, Kindle.

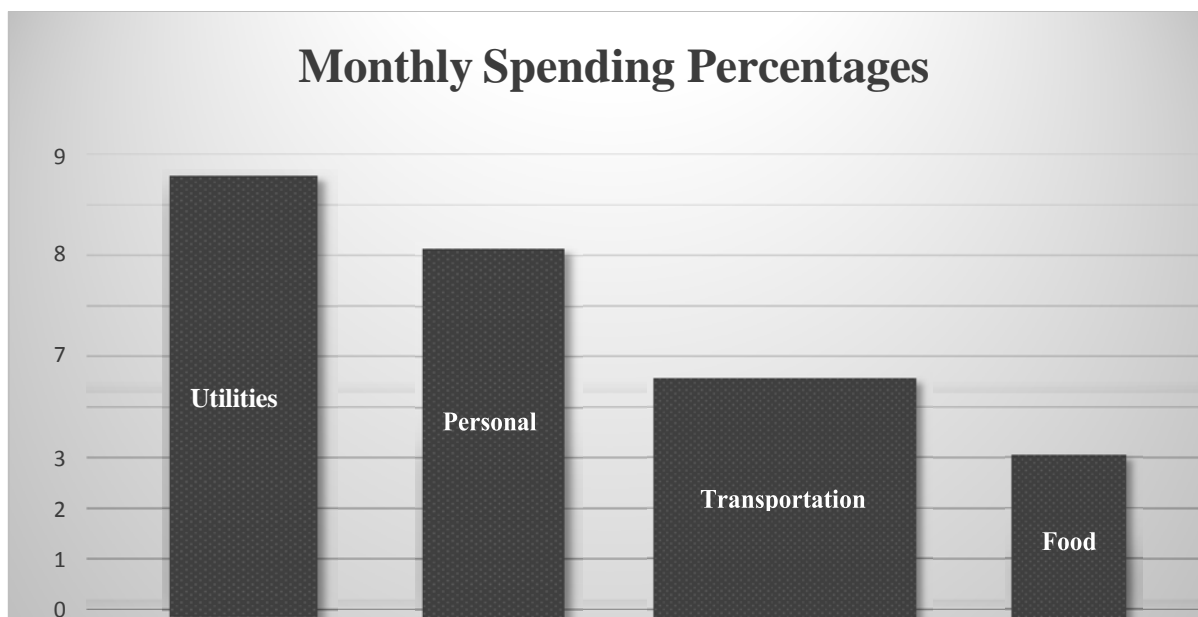
²⁰⁴ Ray Williams, "How the Drug Companies are Controlling our Lives," *Psychology Today*, Pt 3 (2011), (accessed November 5, 2015), <https://www.psychologytoday.com/blog/wired-success/201105/how-the-drug-companies-are-controlling-our-lives-part-3>.

²⁰⁵ Ibid.

The Finances of the Ministry House

A ministry house serves many different functions. It provides housing to those who find themselves homeless. It provides meals for anyone who shows up at the door hungry. It provides emergency shelter for women who have suffered domestic abuse. It serves as an intake recovery house which will act as a grassroots facility for referring addicts to other rehabilitation treatment centers. It helps prisoners design their home plan for transitioning into society. It also provides mentorships to men and women who have recently turned their lives over to Christ in complete surrender and desire to move on to maturity in their faith through intense discipleship.

All of the above costs money, not to mention the upkeep of a sixteen room house. The budget for a project such as this is very important. Below is a chart of expenditure percentages. As you look at the chart, it demonstrates the percentages of income it takes on a monthly basis to run the ministry house. Utilities and maintenance of the house takes the largest percentage of the costs 8.5 percent. Personal items such as clothes, hygiene items, and the individual needs of the house members such as medicine and medical care is 7 percent. Transportation to and from church, jobs, and appointments is 4.5 percent. Food is 3 percent. This sounds extremely low for food, but this is due to the contributions for the ministry house by the area food bank which is facilitated by a local church. These expenditures are kept at a minimum to keep the operating costs down, so the facility can continue to meet the needs of the community by changing the lives of all those who enter its doors. Funding for the ministry house comes primarily from the free-will gifts of members from the Riverhill Evangelical Church and other private benefactors.



Inspiration for this ministry is drawn from the life of George Mueller. George Mueller took care of thousands of orphan children in England without asking for a single dime. He was a man of prayer who trusted God like no one this writer has ever seen. Mueller said this about his ability to trust God:

Think not, dear reader, that I have the gift of faith, that is, that gift of which we read in 1 Corinthians 12:9, and which is mentioned along with “the gifts of healing,” “the working of miracles and prophecy,” and that on that account I am able to trust in the Lord. It is true that the faith, which I am enabled to exercise, is altogether God's own gift; it is true that He alone supports it, and that He alone can increase it; it is true that, moment by moment, I depend upon Him for it, and that, if I were only one moment left to myself, my faith would utterly fail; but it is not true that my faith is that gift of faith which is spoken of in 1 Corinthians 12:9.²⁰⁶

“To one there is given through the Spirit a message of wisdom, to another a message of knowledge by means of the same Spirit, 9 to another faith by the same Spirit, to another gifts of healing by that one Spirit, to another faith by the same Spirit, to another gifts of healing by that one Spirit.”²⁰⁷

²⁰⁶ George Mueller, *Autobiography of George Mueller, or A Million and a Half in Answer to Prayer*, compiled by Fred Bergin (Denton, TX: Westminster Literature Resources, 2003), 9

²⁰⁷ 1 Cor 12:9.

Mueller believed in God, for thousands of dollars and by most historians of Christianity is considered a giant in the faith. It seems to this writer that God is looking for individuals who are willing to attempt the impossible with full faith in the One who can do the impossible.

Responses to the Survey Questions

Those surveyed were asked the questions:

- (1) How is the ministry house doing in reaching out to the community?
- (2) What shouldn't the ministry house be doing?

First question: The answers were 100 percent favorable that the ministry house is effectively reaching out to the community. The following is a list of suggestions that were mentioned in reply to the above questions.

TABLE 5.2 Suggestions from the Survey Questions²⁰⁸

Food Bank	Clothing Pantry	Divorce Counseling
Support Groups for Addicts and Children with Emotional Needs		

These are some good ideas. In the coming year there are plans to add a support group for those suffering from depression and anxiety. One however must be careful to be directed by the Holy Spirit lest the ministry expand into areas that are not God's will. Second Question: A large percentage (75%) of those surveyed felt like the ministry needs to improve in the area of being judgmental. Of those who answered the question this way, the majority were from individuals that did not complete the program for various reasons.

Erwin Lutzer commented in the book: *Who are you to Judge?* "Schooled in the idea of 'live and let live,' we have allowed worldly thinking to flourish. . . . We think it better to tolerate

²⁰⁸ Terry Jacobs, survey responses for the dissertation "Proposal for a Local Church Ministry to Mentally Ill Addicts."

error than to look ugly defending the truth . . . The fact remains that we have the responsibility to make judgments. We are to represent Christ in an age that pays him lip service but endears its heart to other lovers.”²⁰⁹ Yet, telling the truth in love is vital to keeping others from feeling condemned or judged. In running a ministry house, there are many direct conflicts that take place as a person comes out of their old environment and slowly become aware of the new life that Christ has to offer. One of the house guests that recently came from prison and was still on probation, found the rules of the house difficult to follow. It was difficult because the individual desired total freedom after being isolated for some time in a penitentiary. Those who submit themselves to not just salvation but the lordship of Christ usually find no difficulties with the house rules.

Anne Fletcher, author of the book, *Inside Rehab: The Surprising Truth about Addiction*, in a chapter entitled; “Helping People Stay the Course,” states that rehabilitation treatment centers are naïve if they think that patients will be cured upon leaving their facility. Just as growing in Christ is a process, so is taking the steps of training and transforming one’s thought patterns from thinking like an addict to thinking like a reborn child of God. Sometimes the ministry house is privileged to meet someone on the later stage of the journey and sometimes the struggle and pain of the beginning process. The following questions need to be answered:

Are short-term programs reasonable when they expect nothing less than abstinence as the end result? What about the policy of kicking people out when they engage in behavior that characterizes their illness? Where’s the logic when someone goes through rehab multiple times

²⁰⁹ Erwin Lutzer, *Who are you to Judge?* (Chicago: Moody Publishers, 2002), 28.

(and slips back to his old ways) in using the same treatment formula over and over again until the client gets it right?²¹⁰

This was the ditch that caused much discouragement in the early years. Seeing the ministry house is just one part of the puzzle, and has helped to keep everyone's feet on the ground and to learn to celebrate the small victories that happen every week. Oswald Chambers was quoted as saying, "It is the process and not the end which is glorifying to God. If we have a further end in view, we do not pay sufficient attention to the immediate present; if we realize that obedience is the end, then each moment as it comes is precious."²¹¹

Immediately Jesus made his disciples get into the boat and go on ahead of him to Bethsaida, while he dismissed the crowd. After leaving them, he went up on a mountainside to pray. Later that night, the boat was in the middle of the lake, and he was alone on land. He saw the disciples straining at the oars, because the wind was against them. Shortly before dawn he went out to them, walking on the lake. He was about to pass by them, but when they saw him walking on the lake, they thought he was a ghost. They cried out, because they all saw him and were terrified. Immediately he spoke to them and said, "Take courage! It is I, don't be afraid." Then he climbed into the boat with them, and the wind died down. They were completely amazed.²¹²

Had the disciple not obeyed the Lord and got into the boat, the disciples scared and untrusting while at other times they experience of love of Father God in a male figure reaching out to them.

Negative issues in one's life lead many individuals into a pattern of running away or trying to avoid facing their fears. Of those who have attended the ministry house, 75% indicated that they are no longer running but instead standing up and learning to defeat the obstacles that stand in their way. Avoidance can lead to individual bouts of anger, violence, self-harm.

Psychologists state, "An important component of the self-harm behavior consists of some degree

²¹⁰ Anne M. Fletcher, *Inside Rehab: The Surprising Truth about Addiction*, (New York: The Penguin Group, 2013), 335.

²¹¹ Oswald Chamber, *My Upmost for His Highest*, (St. Paul's Centre, Crewe UK: Oswald Chambers Publications and Association), 28 July.

²¹² Mark 6:45-52.

of public demonstration of one's "wounds" with an expectation of evoking a response from others."²¹³ Self-harm is expressed in many different venues:

(1) The act of self-harm is done because the individual is looking for social approval or others to take up their cause, as in a hunger strike or someone looking for pity. A self-harming act of no social acceptance and usually regarded as mental illness, such as eating disorders, self-mutilation, and substance abuse. (2) Self-harm that is done to accomplish a socially valued performance such as those who participate in sports and whose goal of weight loss and slimness is socially acceptable. (3) Lifestyles with a high risk of illness such as cigarette smoking, unhealthy diets, exercise training, or sexually related social behavior.²¹⁴

Most of the individuals seen at the ministry house fall in the second category, a self-harming act of no social acceptance and usually regarded as mental-illness, some cases of self-mutilation, and substance abuse. To see these individuals turn around and face the fears that have defeated them is beyond description. It is a great satisfaction and the main reward that one can possibly receive in ministry of this nature.

Recently, a man that came to the church who was forty two and incarcerated for twenty six years of his life. He was on three different psychiatric medications for anxiety and bi-polar disorder. His incarceration was mainly because of violent behavior when this medication was mixed with the use of alcoholic beverages. The man was sentenced to prison as a menace to society.

If Jesus could change the heart of tax collector and a woman of the streets, one must believe that he is able to change the heart of this individual. This author longs to see the power of

²¹³ Sharon Klayman Farber, *When the Body is the Target: Self-harm, Pain, and Traumatic Attachments* (Lanham, MD: Rowman & Littlefield Publishers, 2002), 12.

²¹⁴ *Ibid.*, 11-12.

the gospel which is able to transform lives. The Scriptures state, “For I am not ashamed of the gospel, because it is the power of God that brings salvation to everyone that believes, first to the Jew first, then to the Gentile.”²¹⁵

The next question on the survey, addresses the persons struggle with alcohol and other chemical dependencies including prescription drugs. One individual stated that the craving from using never leaves them. “A good working definition of ‘craving’ is a strong desire that, if unfulfilled, produces a powerful physical and mental suffering. Everyone has experience this suffering at one point or another, but when these feeling endure or recur frequently, they can be the source of much misery. Cravings are at the heart of all addictive and compulsive behaviors.”²¹⁶

In 2012, psychologists began to give more thought to cravings. Published in the 5th edition of the *American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM V) Criteria for Addiction*, Doctors are concerned more than ever about cravings. There are three main reasons.

(1) Cravings are correlated with relapse. Persons with cravings are more likely to return to the craved substance or behavior. (2) Cravings are distressing and uncomfortable. People like the person mentioned above will describe them as maddening and uncomfortable. (3) Cravings matter because they can be affected, they can be improved, they can be relieved, and, in many cases, they can even be prevented. Cravings can also be replaced by a greater desire to follow something bigger than oneself; that is the kingdom of God.

²¹⁵ Rom 1:16.

²¹⁶ Omar Manejwala, *Craving: Why We Can’t Seem to Get Enough*, (Center City, MN: Hazelden Publishing, 2013), 2.

An open door has always been given to any of the ministry house residents to come at any hour of the day or night to help make it through the times of cravings and temptation. One resident woke the staff up several times in the middle of the night due to self-mutilation by burning their skin with a cigarette lighter. Another individual would cut themselves on the arms with any sharp object that they could find. Some residents that were struggling with drug addiction have approached staff to confess using drugs while at the ministry house. This was dealt with greater leniency than an individual caught with drugs in the house. The latter could mean dismissal from the program. While attending the ministry house, the participants received encouragement in sobriety by several other agencies or programs:

- (1) The Church – regular attendance at the church encourages the residents in how to live righteously and sober in this world. The Word of God gives grace and strength to those weak in the faith.
- (2) Regular attendance at NA & AA meetings that are held locally in the community.
- (3) The involvement of caseworkers, psychiatrists, and peer specialists.²¹⁷

Peer support is based on the belief that people who have faced, endured, and overcome adversity can offer useful support, encouragement, hope, and perhaps mentorship to others facing similar situations. While this belief is well accepted for many conditions, such as addiction, trauma, or cancer, stigma and stereotypes about mental illness have impeded attempts on the part of people in recovery to offer such supports within the mental health system.²¹⁸

In layman's terms, "Peers fully understand each other's language, thoughts, feelings, sorrows, signs, grips, and passwords, therefore yield to the influence of their reformed brethren much

²¹⁷ Peer support specialists are individuals that have suffered in the past with addictions or mental illness and has been officially certified in recovery and counseling with those currently suffering from mental illness or addiction.

²¹⁸ Larry Davidson, Matthew Chinman, David Sells, and Michael Rowe, "Peer Support among Adults with Serious Mental Illness: A Report from the Field," *Schizophrenia Bulletin* Vol. 32 no. 3 (2006): 443-40.

sooner than to the theorists who speak in order that they may receive applause.”²¹⁹ The participation of family members with regular visits, care packages, and letters tremendously encourages the house tenants.

Half of those entering the ministry house claim to be a Christian but only 10% claim to be a follower of Christ. People have several things in mind when they claim they are a Christian. Some proudly say, “I attend Church occasionally,” while another says, “I have been baptized.” Some think they will get to heaven due to being raised in a Christian home by godly parents. It is altogether different when someone states that they are a follower of Jesus Christ. This statement not only entails belief but someone that is taking steps of obedience. Jesus said, “If you love me keep my commandments.”²²⁰ There must more than reform. A person must experience being “born again” from above. The Pharisees come to Jesus and ask for a sign. Jesus responds them saying, “I gave you the sign of the prophet Jonah.”²²¹ The narrative of Jonah represents the death, burial, and resurrection of Christ. They would not receive this sign, so Jesus states that in the judgment the Ninevites will testify that there is one greater than Jonah. The Ninevites repented at the preaching of Jonah but were destroyed a decade later because of their wickedness. Knowledge of the truth or fear of judgment will not bring about a lasting change in the heart or center of one’s life.

Of those who came to Christ at the ministry house, 100% had a form of godliness, some knowledge of the Scriptures but had never experience the supernatural transformation that comes from the indwelling Holy Spirit at conversion or salvation. They discovered that Christ was the

²¹⁹ D. Banks McKenzie, “Workforce Development: Advocating for Peer Support Specialist Positions,” *University of Oxford Press*, p 3, accessed 14 November 2015, <http://cafetacenter.net/wp-content/.../Workforce-Peer-Support-Specialist.pdf>.

²²⁰ John 14:15.

²²¹ Matt 12:38.

complete answer to their lack of peace, fulfillment, and satisfaction in life. Someone said, “There is no chemical solution to a spiritual problem.” Complete freedom requires a spiritual solution. One individual stated that they were a functioning addict until the point came when what they thought they were controlling, began to control them. It is in that place of helplessness that the heart is prime for the surgical change of hearts. God is able to give a new heart to the individual who realizes their lost condition, repents, and in faith accepts the free gift of eternal life through Christ. Sharon Hersh claims that there are four proofs that addiction is at work in an individual’s life, and at some point there are four conclusions that an addict comes to believe about themselves: (1) I am crazy; (2) I am alone; (3) I am unforgivable; (4) I am hopeless.²²²

These intense feelings vary from individual to individual but the survey results suggest emphatically that at least two of these haunting feelings are present in each resident of the ministry house. Another individual stated that they wake up each day feeling like they do not have a soul. Every avenue of hope has led to a dead end street and every exploration for hope came back empty and dry. The quest for possible answers have all been tried before.

Conclusion

This year the ministry house will be conducting a therapy group that focuses on depression and anxiety. It would be a great understatement to say that depression and anxiety did not play a key role in mental illness and addiction.

Roy Fairchild states that, “depression is a complex phenomenon with many ingredients. Clinical depression refers to the slowing down of the whole organism – emotional, intellectual,

²²² Sharon A. Hersh, *Last Addiction: Why Self Help Is Not Enough*, (Colorado Springs: WaterBrook Press, 2009), 19.

and physical- and not to mood alone. A person who becomes depressed may experience changes in a number of ways as seen in table 5.3 below.

TABLE 5.3 Signs of Depression²²³

Change in appetite and eating habits	Decreased effectiveness at school, work, or home	Restriction and involvement in pleasurable activities	Pessimistic attitude toward the future
Insomnia or sleeping too much	Decreased ability to pay attention or to concentrate	Physical and mental slowing down (psychomotor retardation)	Tearfulness or crying and sad facial expression
Low energy or constant tiredness or boredom	Social withdrawal from groups and friends	Irritability	Recurrent thoughts of death or suicide
Feelings of inadequacy or guilt	Loss of interest in and enjoyment of sex	Less talkativeness than usual	Loss of interest and motivation in activities formerly considered important

In the United States, anxiety disorders are considered the most common mental health issues, resulting in psychological and physical reaction. Unlike relatively mild, brief anxiety caused by a stressful event, anxiety disorders can last for at least six months and get worse if they're not treated.”²²⁴ Here is a list of different types of anxiety disorders that are most commonly identified by psychologists:

(1) Generalized Anxiety Disorder (GAD) – Difficulty getting through daily concerns and life situations where there is no cause for concern. (2) Separation Anxiety Disorder – Unable to be away from loved ones due to fear of injury, disaster, or death. (3) Social Anxiety Disorder – Fear of being embarrassed by others which can lead to isolation, depression, fear of public

²²³ Ray Fairchild, *Finding Hope Again*, (New York: Harper and Row, 1980), 15-16.

²²⁴ Rick Warren, *Mental Health Resource Guide for Individuals and Families*, Edition 1.0, (Rancho Santa Margarita, CA: Saddleback Resources, 2015), 12.

settings and other negative reaction to social settings. (3) Pain Disorder – Panic attacks that cause physical symptoms like chest pain, heart palpitations, shortness of breath, dizziness, or stomach distress. (4) Phobias – Certain places events or objects create irrational fear. In an attempt to control their fears, many people become isolated and avoid engaging in life. (5) Obsessive Compulsive Disorder (OCD) – This is characterized by recurrent, unwanted thoughts (obsessions) and /or repetitive behaviors (compulsions). These rituals are a coping mechanism for those living with OCD to deal with uncontrollable thoughts and emotions.²²⁵

The question that is frequently asked by churches, “Is there a role for the church to play?” The answer is yes! There are three reasons that a church can play in three crucial areas. First, practically, churches are tasked to minister to the whole person: body, soul and spirit. Second, a biblical reason – the church is mandated by Christ through His Word to minister to the soul or personhood of every individual. Third, a historical reason – the church in the past has already taken the ministry of caring for the sick in body and mind for 2000 years. Hospital were invented by the church through early Christian Missionaries going back to 325 A.D. and the Council of Nicea. Every place that there was a Cathedral, it was accompanied by a hospital. Religion and medicine were always linked together.²²⁶

Rick Warren makes an important point to all pastors who are considering a ministry to the mental health. It is through the acronym church and includes three steps for each letter: Crawling, Walking, Running.

²²⁵ Ibid.

²²⁶ G.B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals*. (Oxford: Oxford University Press, 1990.) 56.

TABLE 5.4 Points to Remember for Starting a Mental Health Ministry²²⁷

C	Care for people with mental illness and their families. Crawl – Make reference to mental illness in a sermon Walk – Pray for individuals with mental illness Run – Invite a person with mental illness to share a testimony
H	Help with the basic needs Crawl – Not to fix them but to befriend them Walk – Start a companion ministry Run – Get them involved with NAMI’s twelve-week therapy group Begin a therapy support group within the local church
U	Utilize volunteers to serve in caring for people with mental illness Crawl – Compile a list of mental health services Walk – Develop a list of mental health services Run – Develop a food and clothing pantry
R	Remove the stigma by talking about it Some individuals are fearful of ridicule and will turn to seclusion. Crawl – Accept mentally ill individuals as equal members of the Church. Walk – Celebrate Recover Run – Create a sanctuary for the mentally ill
C	Collaborate with the Community—encourage and invite professional partnerships Crawl – Half a day on working with children for better mental health Walk – Determine between crisis and chronic problems Run – Work with private, public, or faith service
H	Offer Hope Crawl – Sit together in church services Walk or Come along as a prayer partner Run – Give an invite for a meal

Hope within a person’s life is the breath of life and without it, there is no strength to go on. It is the one thing that we cannot be without for even a second.²²⁸

Due to the 20% increase of the United States population expected to go on Social Security this year, the Subcommittee on Social Security in the House of Representatives is not

²²⁷ *Hope for the Mental Health*, 2015, Pastor’s CD – ROM, Rancho Santa Margarita: Saddleback Resources.

²²⁸ *Ibid.*

fully prepared to provide adequate payee services.²²⁹ The ministry house has become more involved in debt counseling, budget counseling, and payee services for those with addiction and mental illness. A staff member who formerly worked in the banking industry had assisted many individuals out of financial ruin and into a manageable program that is able to meet their needs.

In the book entitled, *The Emotion behind Money*, Julie Casserly provides the reader five ways that early childhood knowledge of the use of money can impact one's use of finances and effect ones emotional stability.

First, everyone has an emotional infrastructure. Some of us need repair work done on that infrastructure so that we are able to process the feelings that may arise from needs that have not been met, or from boundaries that we feel have been violated. By focusing on changing our financial behavior, even in the smallest ways, we begin to progress from a life of victimhood or survivor mode to a life of thriving abundance.

Secondly, everyone has a financial personality based upon their upbringing and their ability to deal with inner conflict.

Third, feelings of emotional unrest are typically the results of either unmet needs or lack of personal boundaries.

Fourth, your emotions, including you fiscal emotions, are largely a part of your upbringing. How you choose to respond to childhood beliefs will eventually effect your choices. Later in life it will result in poor physical health and/or unhealthy financial behavior.²³⁰

²²⁹ General Accounting Office, *SSA Representative Payee Program: Addressing Long-Term Challenges Requires a More Strategic Approach*, GAO-13-473 (Washington, D.C., May 29, 2013).

²³⁰ Julie Murphy Casserly, *The Emotions Behind Money: Building Wealth from the Inside Out*, (Chicago: Windy City Publishers, 2008), 69.

At the close of this dissertation, it must be emphatically said that God is ultimately the answer to mental illness and addiction and the path to victory is through surrender! In the book, *Anxiety & Depression Boot Camp: Get Your Life Back – Now!*, Mike Marino describes what this surrender fully entails. It involves (1) embracing what is true, (2) releasing what is false, (3) acknowledging your limits (you are not in control), (4) Stop trying to foretell the future.²³¹ Trusting God for one’s daily strength is key. Trust begins with being fully reliant upon God. These central truths are the supports for which the peace of Christ can send depression and anxiety to the curb. It will also jar the underlying foundations which form the strongholds of addiction.

Marino also describes what surrender is not. It is not, (1) acting as if the past didn’t happen, (2) living in a state of powerlessness (3) absolving other and ourselves of appropriate responsibility.²³² Do not be governed by your past because the past cannot be changed and it will only destroy one’s present. An individual is not the sum of their past. The past is redeemable, although Satan and other adversaries like to continually remind a forgiven believer otherwise.

Refuse to pick up someone else’s baggage and shame. Here is a list of some things to surrender.

TABLE 5.5 Attitudes that Must Be Surrendered to God²³³

Surrender past regrets; things in the past, as mentioned above, cannot be changed.	Surrender the “if only” fantasy game and for a new game entitled “what if” or “if not then, how about now.”
Surrender putting life on hold. Take charge of your life and get excited about what tomorrow may bring.	Surrender yearning for the “good ole” days, instead think positive about your future.

²³¹ Mike Marino, *Anxiety & Depression Boot Camp: Get Your Life Back – Now*, (North Hampton, UK: Jasper Publishing, 2014), 145-146.

²³² Ibid.

²³³ Ibid.

Surrender believing it is your lot in life to suffer. The Scriptures tell us that the rain falls upon both the sinner and the saint.	Surrender to the addiction to drama in your life. Life can be peaceful when we learn to walk in peace with God and others.
Surrender unrealistic expectations about life. Being in right relationship with God will satisfy the gravitational pull toward false realities.	Surrender setting impossible standards for yourself. Making goals and being determined to change is important but allow the Holy Spirit to do this. When you do there is no guilt or shame.
Surrender feeling responsible for other people's reactions. You cannot determine what other people will think or do and you definitely cannot please everyone.	Surrender wondering what some people think of you. It is important to dwell on what God thinks of you. You are loved with an everlasting love.
Surrender trying to change other people. This is the job of the Holy Spirit only!	Surrender control of everything outside of your own actions. It is unrealistic to believe that you can control outcomes that are outside your realm of responsibility.

The research obtained in the strategy for reaching people with the dual diagnosis of mental illness and addiction has given this researcher some valuable insight that will greatly impact the future direction of this ministry. At the end of this research, the following insights are forefront in the mind of this researcher:

First, this writer's vision has been increased to see the greater needs of the local community in which the ministry house serves. The need is greater than first imagined at the beginning of this research. This is due to the provocative evidence uncovered on how the linked combination functions and the statistical information that has been reported from federal and other documented resources. Second, there is an overwhelming feeling of both encouragement and yet sadness when looking at what churches are doing, particularly in the area of mental illness. It seems that those who have directed ministry to this area, have done so primarily out of a definitive call from the Lord instead of a natural people demographic that churches use from their Chamber of Commerce to plan for evangelism. Third, hope being offered to a person in

despair brings an opening for the Holy Spirit to begin a work of freedom and restoration. These are the truths that make all the difference.

The book *Journey toward Hope* calls it the hope circle:

TABLE 5.6 The Hope Circle²³⁴

This figure has been removed for copyright purposes. Please see source cited.

Finally, it is the opinion of this writer that a sense of belonging comes before believing. It is through a hug, words of acceptance and concern, and through meeting the immediate needs of a person's life that trust is develop interpersonally. This positions and frees a person to look at the author and finisher of one's faith, the Lord Jesus Christ.

There are many days of discouragement in doing a ministry among people with dual diagnosis. One middle age man has come and gone so many times that the staff cannot remember the amount of times that he has relapsed.

Just when the flesh says to write this person off, the Holy Spirit whispers, "This is why Jesus came." The Scriptures state in Luke 19:9-10, And Jesus said to him, "Today salvation has

²³⁴ April O'Neil, *Journey toward Hope: A Guided Experience*, (Santa Margarita, CA: Saddleback Resources, 2015), 7.

come to this house, because he, too, is a son of Abraham. For the Son of Man has come to seek and to save that which was lost."²³⁵

For twenty five years of ministry, the focus of this writer's goal for ministry was based upon numerical prowess. This was the pride of life speaking from within and not the will of God. Never in a million years would one imagine being called to a ministry focused upon the addicted and mentally ill. It is easier to understand how Isaiah might have felt when the Lord told him that he was being sent to a people who would not listen to him.

Then I heard the voice of the Lord, saying, "Whom shall I send, and who will go for us?" Then I said, "Here am I. Send me!" He said, "Go, and tell this people: 'Keep on listening, but do not perceive; keep on looking, but do not understand.' "Render the hearts of this people insensitive, Their ears dull, And their eyes dim, Otherwise they might see with their eyes, Hear with their ears, Understand with their hearts, And return and be healed."²³⁶

Future Challenges for the Ministry House

As the ministry house begins its third year in operation, there are several challenges that one must address. One challenge is working with individuals that have a felony charge against them. It is not impossible but very time consuming to get business owners to take a chance on hiring this type of employee. The ministry house has established a great reputation among the businesses of the community. This is such a blessing from the Lord and must be kept in pristine condition. Several individuals have been placed in working situations at the church to prepare them for regular employment in the community. This will help in the area of promptness, quality of work, and showing a general attitude of eagerness to work. Several former inmates have been

²³⁵ Luke 19:9-10.

²³⁶ Isa 6:8-10.

placed into employment situations with unfortunately only a 50% success rate. This is something that must be worked on in this coming year.

Another situation that has now presented itself is the arrival of an individual that is on the Megan's List for the violation of a minor. This is made public on the web and in the newspaper, alerting the community that this person is staying at the ministry house address. This situation and the challenge of homosexuality has called for adjusting housing situations as the individuals are transitioned back into the community. Sin causes suffering and leaves the world full of wounded people who need deliverance, freedom, and salvation. This is found in a personal encounter with the Savior, Jesus Christ. It is worth mentioning at this point that the ministry house is under the state mandatory reporting laws concerning the reporting of child abuse act (31 P. S. § 42.42). All treatment facilities requiring full-time or part-time residence in a facility as defined in section 103 of the act (50 P. S. § 7103) are required to report individuals to crisis prevention individuals in one's care that threaten to commit suicide.

Another less serious need that the ministry house is currently facing is for a van and driver to take individuals to doctor appointments, jobs, and other personal errands throughout the day. This has become a very time consuming task that must be addressed as a priority this year. Currently staff are using their own vehicles to transport clients to their destinations.

Each individual in the ministry house is assigned a primary mentor who is responsible for discipleship with the individual in their growth toward maturity in Christ. Discipleship involves growing in knowledge of the Word of God and the ways of God. Mentors are also there to offer counsel and advice on employment, interpersonal decisions, and others areas as necessity warrants. This is an area of great need. At this time, the mentors are overloaded. A mentor should not have more than three individuals at a time. This is a number that has been decided

upon by experience in working with persons with mental illness and addiction. Volunteers are needed who would be willing to undergo the special training to become ministry staff.

The ministry house for people with mental illness and addiction is a necessary ministry that any church can do. It takes primarily individuals who have the compassion of Jesus and are willing to make the sacrifices to invest in the lives of these Christ loved members of God's family. This is a map of how one church accomplished this task; has received tremendous blessings from being obedient to God's call; and desires to see multiplication in this type of ministry.

Then Jesus told them this parable: "Suppose one of you has a hundred sheep and loses one of them. Doesn't he leave the ninety-nine in the open country and go after the lost sheep until he finds it? And when he finds it, he joyfully puts it on his shoulders and goes home. Then he calls his friends and neighbors together and says, 'Rejoice with me; have found my lost sheep. I tell you that in the same way there will be more rejoicing in heaven over one sinner who repents than over ninety-nine righteous persons who do not need to repent.'²³⁷

²³⁷ Luke 15:3-7.

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Appendix A

Ministry House Rules and Application

1. Must attend all church services and Bible studies, unless working or sick.
2. Must develop a personal devotional life and adhere to God's Word in daily living (learning to be a Christ follower).
3. Must be seeking a job, school, or enrollment into Teen Challenge or New Life for Girls.
4. Must tithe (10% of all income, off the top, to the work of God).
5. Must make a contribution to house expenses.
6. Must keep yourself, your clothes, and your room clean.
7. Must be willing to help with house chores.
8. No visitors are allowed in the house without permission from the staff.
9. Curfew is 11 p.m. (unless working): Television off by midnight).
10. Honesty is the policy, (even if screwing up!).
11. The ministry house staff reserve the right to search all rooms any time, and to monitor any medicines being used by house members.

You are here because God loves you and says to you:

“I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future. Then you will call upon me and come and pray to me, and I will listen to you. You will seek me and find me when you seek me with all your heart,” Jeremiah 29:11-13

Jesus answered, “I am the way and the truth and the life.” John 14:6

“Jesus said to them all, “If anyone would come after me, he must deny himself, take up his cross daily, and follow me.” Luke 9:23

And we love you too and want God's best for you.

I have read and agree to abide by the above.

X

Date

Appendix B

Consent Form

The Liberty University Institutional Review Board has approved this document for use from 4/14/15 to --
Protocol # 2159.041415

Mental Illness and Drug Addiction Survey Pastor

Terry Jacobs

Liberty University

Graduate Program/Doctor of Ministry

You are invited to be in a research study concerning mental illness and drug addiction. You were selected as a possible participant because of your involvement in our local church ministry house discipleship program in the past years. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

Pastor Terry Jacobs, a doctoral candidate at Liberty University is conducting this study.

Background Information:

The purpose of this study is to measure the success of our local church addiction program by surveying those who have been served by the ministry house since its beginning five years ago.

Procedures:

If you agree to be in this study, I would ask you to do the following things: The survey must be simply filled in. It will take approximately thirty minutes to one hour. Your name will not be used and your honest responses will be tremendously helpful.

Risk and Benefits of being in the Study:

The study has minimal risks. Please understand that any information that is revealed that involves child abuse, child neglect, elder abuse or intent to currently harm self or others is subject to mandatory reporting requirements. If filling out this form causes oneself emotional stress, the subject can opt out of the survey at any time.

The benefits to participants in this survey are solely in helping the local ministry house serve other more effectively.

Liberty University will not provide medical treatment or financial compensation if you are injured or become ill as a result of participating in this research project. This does not waive any of your legal rights nor release any claim you might have based on negligence.

Confidentiality:

The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely in a safe and only the researcher will have access to the records. The information will be destroyed one year after the completion of the project.

Voluntary Nature of the Study:

Participating in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or the local church ministry house. If you decide to participate, you are free to not answer any questions or withdraw at any time without affecting those relationships.

Contacts and Questions:

The researcher conducting this study is Pastor Terry Jacobs. You may ask any questions you have now. If you have questions later, you are encouraged to contact him by calling 814-538-9060 or by emailing him at jcoby106@comcast.net. Dr. Charlie Davidson is the researcher's advisor and may be called at 434-582-2000 or by emailing at cdauidson@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), you are encouraged to contact the Institutional Review Board, 1971 University Blvd, Suite 1837, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information to keep for your records.

Statement of Consent:

I have read and understand the above information. I have asked questions and have received answers. I consent to participate in the study.

(DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

I grant my permission to participate in the Mental Illness and Drug Addiction Survey.

Signature:

Date:

Signature of parent or guardian
(if minors are involved)

Date:

Signature of Investigator

Date:

Appendix C

Survey Questions for Research Project: Developing

A Local Church Ministry for Mentally Ill Addicts

1. In our area what are some of the major problems you see?
2. Have any of these problems affected your life? Please explain.
3. What role do you think that the church or religion should play in solving personal or community problems?
4. Do you believe the church is fulfilling this role locally?
5. As far as the church's role in the community, what would you like to see more of?
6. As far as the church's role in the community, what would you like to see less of?
7. As far as the church's role in the community, what would you like to remain the same?
8. In the past, how did you deal with problems or difficulties in your life?
9. Has anything changed in the way you deal with problems recently?
10. Dealing specifically with addiction or the abuse of drugs or alcohol, has this been an issue for you personally? Please share your story (if any) of drug or alcohol use.
11. Are you currently sober or in recovery?
12. What factors led you to determine to quit?
13. Please share your spiritual journey. Do you consider yourself or Christian or a Jesus follower?
14. What role do you think the church should play in working with or ministering to those with substance abuse or addiction issues?

15. Have you always been open to receiving assistance for your problems? If not, why not?
16. Were you willing to change? Were you willing, but found yourself powerless to do so? What finally made the difference?
17. You have been helped by our church. What do you feel we did right in reaching out to you?
18. How could we have improved in ministering to you?
19. Knowing what you know now, what would you suggest to us in reaching out to and Ministering to individuals struggling with some issues you struggled with?
20. Do you feel loved and accepted by our congregation? Please share either positive or negative stories.

IRB APPROVAL

April 14, 2015
Terry L. Jacobs

IRB Exemption 2159.041415: Developing a Local Church Ministry for Mentally Ill Addicts

Dear Terry,

The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application and no further IRB oversight is required.

Your study falls under exemption category 46.101(b)(2), which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:101(b): (2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Please note that this exemption only applies to your current research application, and any changes to your protocol must be reported to the Liberty IRB for verification of continued exemption status. You may report these changes by submitting a change in protocol form or a new application to the IRB and referencing the above IRB Exemption number.

If you have any questions about this exemption or need assistance in determining whether possible changes to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

Fernando Garzon, Psy.D. *Professor, IRB Chair*