LIBERTY UNIVERSITY

Developing an At Risk Youth Mental Health Prevention Model in Local Church

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ABSTRACT

Developing an At Risk Youth Mental Health Prevention Model
In Local Church

Congregations must be spiritually positioned to receive and pass on the Gospel baton to all believers. This work will concentrate on those that are at risk for emotional disorders, particularly at the stage of adolescence. This effort will point to the young with emotive challenges that will assist them in being able to pass on the faith constructively and wholesomely. This dissertation will utilize an analytic approach that consists of multi-components related to mental health classifications and disorder, therefore, Christian leaders should be looking beyond secularism to provide support for adolescents who are at risk. Given the presence of millions of youth who attend congregations, the use of pre and post-surveys will provide measurement tools that will gauge this project’s effectiveness. The concentration should be upon those that are at risk for loss of leadership on youth in jeopardy.

The problem to be solved can be stated as follows: Why is there a separation of mental health programs and awareness in congregations? What are the patterns that lead congregations to decisions relative to emotional health issues? A survey distributed to adolescents with several questions pertaining to mental health attitudes provides data relative to Christian adolescents in congregations and their attitudes regarding mental health disorders.
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To God be the Glory! As I reflect on my educational journey and type this section of my project, I realize that I have not done this alone. Embarking on this level initially was a dream. However, as we all know, dreams do come to reality and several share in my success relative to this Doctoral Thesis Project.

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CHAPTER 1

Introduction

There is a dire need for church leadership to focus on the establishment of ongoing criteria emphasizing ministry to the youth of congregations who experience mental health challenges. Utilizing the power of church congregations to provide solace and guidance to adolescents experiencing emotional distress is the goal. Both young and old members can be easily overlooked or completely ignored relative to issues relating to emotional health changes.

In the researcher’s current ministerial context, there are a lack of emotional models to provide alternatives to the secular options available to youth. Typically, a mental health diagnosis is possible when a child is demonstrating symptoms from a list taken from the DSM-V Manual of Mental Health. In the secular domain, the purpose of a treatment plan is to present youths with goals and strategies that will demonstrate improvement in the youths’ ability to deal with their respective mental health problems. However, secular treatment plans are limited in their approach as they are mandated by law to avoid overt spiritual language, as well as spiritual assessment and spiritual empowerment.

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Statement of the Problem

If emotional health awareness is not a viable curriculum component in a congregation, many youths can fall through the cracks and potentially end up incarcerated, homeless, or wind up suffering from other preventable maladies. Emotional health disorders have eventuated in many Christian families experiencing the devastating effects of emotional health disorders. Many Christian families are torn between keeping family issues private involving mental health, or marking a determination to involve church leaders in their children's emotional challenges. The problem is that many congregations are not prepared for such involvement.

Having personal experience on both sides of the spectrum, a transparent perspective has emerged and has inspired me to love my neighbor as myself as Christ has instructed. The researcher has been enlightened to see a remnant of God’s creation that the world has labeled, yet needs attention. The list of these labels may be found in the list of definitions in the paper. While the author has not visited every church in his region, the author is in dialogue with the leadership of at least fifty percent of local congregations, including their Christian education directors, Sunday school directors, and youth workers.

The problem is that many congregations do not value youth spirituality. In addition, church leaders are ignoring guidelines set forth in the early church that gave precedence to the passing of the leadership baton from elders to youth, thereby ensuring each generation can be supplied with wise leaders who possess theological depth and spirituality. Does this lack of interest in youth spirituality combined with church leaders failing to pass the baton mean future

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2 Mark 12:31. All scripture references are from the King James Version, unless otherwise noted.

generational ineffectiveness for local churches? If the answer is yes, then church leaders may be in denial because of the many emotional health issues in the United States escalating to crisis levels for youth. New approaches and interventions must be assessed and implemented to counter this trend. An emotional health ministry will provide a new paradigm for youth dealing with twenty-first century emotional battles. Moreover, congregations need written credos that reveal more than lip service toward youth ministry. Whatever the church does, if it is not done in faith, as to the Lord, it is sin.⁴

**Statement of Scope and Limitations of Research**

The specific purpose of this ministry project is to develop a ministry for youth that considers youth emotional health as its primary curriculum component. Ministering to adolescents today requires an understanding of the emotional triggers that can have a negative impact on adolescents within a congregation. The current accepted spiritualization process for adolescents can overlook emotions that are often underlying, hidden, and veiled.

Participants in the four-week ministry multi-system project must be in good academic standing and have a signed consent forms from a parent or guardian to participate. The age group for adolescents will be ten to seventeen years of age. The ministry is not grade-based, but age-based. In situations where an adolescent is below age, placement special attention and focus will be placed on meeting the adolescent at his or her level of psychological development. The use of the term adolescent and youth are viewed in this project as synonymous. This projects’ focus is to train church leadership to deal with the emotional issues faced by their youth, and helping the youth identify their emotional needs.

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⁴ Romans 14:23.
Definitions

Anger: A God-given emotion that can be used negatively or positively.

Attention Hyperactivity Disorder (ADHD): a childhood disorder characterized by difficulty in paying attention and controlling behavior. Other symptoms include distractibility and impulsivity.

Anxiety disorder: The characteristics of this disorder include a mixed response to circumstances of life and can result in children experiencing intrusive thoughts, fear, apprehension, and physical issues such as muscle tension, nausea, diarrhea, dizziness, and irregular heart beating.

Bitterness: A negative emotion that normally occurs when faced with distressing circumstances or when one has been mistreated by others.

Cognitive behavioral therapy: The therapy that combines a psychological model that changes the way a person thinks, which can result in positive healthy changes. Furthermore, it is the discarding or replacement of thought patterns that can lead to healthy relationships and more positive interactions.

Dialectical behavior therapy: A therapy that integrates as well as expands the mind to observe, describe, and participate and in overall mental health improvement development mindfulness. Moreover, this therapy is a prevention tool for the emotional issues created by two opposing forces: 1) to Self destruction and or self-sabotage, 2) Dysregulation which brings about chaotic interpersonal relationships and emotional issues. The therapy helps a person to live in the moment.

Depression: A Behavioral pattern which consists of pervasive, low self-esteem, and a loss
of interest in things that are normally enjoyable. Many disorders are impacted by periods of depression and withdrawal.

**Dual Diagnosis:** One type of disorder co-existing and functioning with another disorder. Dual diagnosis is also referred to as co-morbidity diagnosis. Dual diagnosis can interfere with treatment of those disorders previously diagnosed.

**Emotional health:** Emotional health represents feelings which lead to the organizing and guiding factors in the way decisions are made. Through emotional reasoning knowledge and judgment are the basis of understanding reality.

**Forgiveness:** Is the intentional and voluntary process in which negative actions and feelings are reversed toward a person in a situation.

**Bipolar:** A disorder characterized by period of emotional highs and emotional lows called mania. Bipolar disorder symptoms include mild to severe periods of depression followed by euphoria, and sleeplessness.

**Generational transmissions:** The process whereby values and behavior become connected to the lifestyles and spirituality of their present generation.

**Oppositional defiant disorder** (ODD): A disorder characterized by escalating emotional issues such as sadness, mood swings, frequent thoughts of death, and dying along with negative social phobias.

**Schizophrenia:** A complex mental health disorder or comorbid (dual) characterized by fatigue, changes in personality, and often confused with adolescent “growing pains.”

**Self-esteem:** Confidence which fosters a certainty in one’s self.

**Transference:** A set of unconscious issues that can be organized and manifested in new relationships and reworked through organized principles.
Biblical, Theological, and Historical Basis

The reasons for the progress or lack of progress between the church and emotional health issues are complex. These problems are also trans-generational. A review of the pathological aspects of emotional health historically and across cultures indicates widespread interest, but no resolution over these pertinent issues after many years, and even centuries.

A developmental and empowerment program consisting of a four-phase approach (assessment, intervention, training, and preparation) will aid in addressing emotional issues in a congregation. The program will consist of four sessions with a multimodal focus which includes a model of "putting off and putting on," and utilizes biblical teaching as the foundation. In the "putting off and putting on" model, the participants will focus on processing "divine opposites" as it relates to the secular standards of assessment, intervention, treatment, and deployment. The "divine opposites" represent spiritual alternatives to secular terminologies and diagnoses. The "putting off and putting on" approach utilizes the same concepts as secular groups but with a biblical principle approach to assessing, intervention, treatment, and deployment.5

The battle between religion and psychology is a real issue. While a general loss of focus can impact a child from a behavioral sense, a loss of focus, also, can do greater harm when mental health is treated as a secondary issue rather than the primary issue.6 Whether it is at the national level or a local community, the emotional and mental health and wellness of adolescents must not be ignored. The risks of falling through the cracks due to “blind spots” in the diagnosis or assessment can potentially impact eternal life, and therefore congregations are faced with the


duty to minister to young Christians and utilize interventions which are effective relative to the current challenges of their lives.

Before the development of psychological schools of thought, it is important to review the works of the Church. In his work, *Confessions*, the Church Father Augustine (354-430 AD) described his life as a study on the multi-dimensional aspects of psycho-spiritual issues. In his work he recounts his personality shifts, his recovery, and his reconnection to God.\(^7\) The trials and tribulations of yesterday are no different today.

The pathway to preventing mental issues in adolescent members of a church’s congregations must be viewed from four sources: family, public schools, the community, and the church. Usually, neighborhood worship centers are called to assist in overall maturity and subsequently, emotional disorder prevention, but congregations and schools are divided regarding assessments, interventions, and root causes. An emotional health diagnosis process involves the integration of these four major components for youth personality growth for each has a role to play in the prevention improvement or healing process.

Although each functions as an independent entity, the overall process is integrative. Still, a great challenge for the church is that the public education sector does not use an integrative approach as it leaves out the effect of the spiritual element on human behavior. Church leaders have the difficulty of overcoming the impact of secular education on our children who exist in both worlds.

Since all humans are blessed with minds, it is safe to say that all these either work or

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have trouble working. The degree of these minds working, or malfunctioning is connected to an individual’s ability to maintain emotional stability. When emotional stability becomes questionable, the secular approach of addressing mental issues will not consider spiritual values or congregation involvement when attempting to resolve a person’s emotional issues. A spiritual-centered ministry approach, however, could possibly impact a congregation in a positive way.

While the Bible does not use the concept of mental health per se, it does provide spiritual indications and revelations in relation to a person’s emotional posture. The body of Christ is mandated and instructed by Scripture to help the weak. Those that are spiritually mature are called to do this.  

Scripture reveals that a person’s emotional health is consistent with their spiritual health as demonstrated through deeds and outcomes. Cain murdering his brother could be indicative of emotional health issues individually or within the family. Lot’s wife looking back at Sodom can be viewed as an inability to let go of her past and move forward to new horizons where God was leading and providing an escape. Jacob’s issues went beyond the selecting of a wife, as evidenced by his behavior’s negative effect on his relationship with Laban, in addition to the host of dysfunctional behaviors which manifested long after their demise.

During periods of spiritual doubt, King Saul’s emotional state was characterized by mood swings, violent actions, and attempted murder. King David eluded death on numerous occasions due to his spiritual health; thus, demonstrating that a spiritual response could be more beneficial than emotional retaliation attempted murder. These biblical illustrations provide the impetus to

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8 Galatians 6:1.
9 Genesis 4:8.
10 Genesis 30:36-43.
11 1 Samuel 18:11.
this research project and confront the need for a program emphasizing emotional health awareness from an adolescent perspective.

The mental health relationships taking place within today’s congregations involve four generations: baby boomers, Generation Xers, Millennials, and Generation Z. The baby boomers were born between 1946-1964, the Generation Xers were born between the mid-1960s to the early 1980s, the Millennials were born in the early 1980s to early 2000, and those of the Z generation were born in the mid-1990s to mid-2000s.¹²

Generational gaps exist because of an inability of these different generations to interact with one another. While social psychologists and sociologists describe this social condition as cultural lag, the author views it as a lack of understanding of the dialectical distance between Christians from different generations.

Despite the intention of those working with youth in local congregations to perform their duties with all Christian diligence and commitment, the results can end in heart-ache and despair due to the missed or incorrect application of the biblical text in the teaching process. Cross-generational efforts such as these are ineffective as they seek to reach today’s generation using approaches effective with previous generations. This is not surprising as each generation emphasizes their generations’ successful interventions and, as a result, are unable and unwilling to move forward to new approaches. There are differences between each generation results in gaps widening and conflicts broadening.

To understand and grasp the necessary mental prevention measures needed in Christian

congregations, a blended approach which emphasizes interaction between different generations will be used. The aim is to seek mental health understanding from different and diverse perspectives. Preventive measures take on an integrative approach that considers not one theory or model but multiple theories. For this research, I will utilize a dialectical behavioral theory blended with biblical principles, transactional analysis theory, and the Dominance Influence Conscientiousness Steadiness (DISC) model of human behavior.

The Dialectical Behavioral theory is usable and workable in congregations. It is a comprehensive and cognitive form of psychotherapy that encompasses Christian principles without being biblical texts. Clinton & Hawkins in their monumental work, *The Popular Encyclopedia of Christian Counseling: An Indispensable Tool for Helping People with Their Problems* connects the Christian use of mindfulness with the elements of the Dialectical Behavioral theory. The DB theory allows for open dialogue, open discussion, and assists troubled adolescents who are anxious worriers, emotionally unstable, and prone to self-harm.13

Psychologists and Christian counselors view the theory as applicable, but to the author, elements of Dialectical Behavioral theory are missing in the dialogue process. Emotional and mental health solutions can be theologically connected to biblical teachings that are mind related. For example, "let the mind that was in Christ also be in you"14 or "do unto others as you would have them do unto you."15

Eric Berne’s Transactional Analysis (1964) continues to serve as an excellent communicative tool in the twenty-first century. Its use can serve as a conduit to bridge

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14 Philippians 2:5.

15 Matthew 7:12.
communication breakdowns across generations. Congregation members trained in the transactional analysis will be able to relate to the various psychological stations and places in the lives of parent, adult, and child. Given the importance of communication with troubled youth, the transactional analysis provides the training for clear and concise communication, which results in fewer conflicts and emotional breakdowns. Thomas Harris, in his work, I’m Ok - You’re Ok, also expounds on Transactional Analysis from both an individual and a group perspective. Harris thought the integration and relativity of parent, child, and adult communication provides solutions to resolve conflict resolutions.

Seeking to find an understanding of generational differences relative to mental and emotional health challenges during adolescence raises a greater understanding of how the post-modern generation views themselves and the world. In the book, Inside the Soul of a Generation, Tim Celek and Deiter Zander write: “A postmodern person’s attitude might be, “Let's respect each other’s truths. You may have your truth, that’s fine with me.” Therefore, if a Sunday school teacher is a Generation Xer or a millennial, the response would be different as each generation poses their own understanding and responses relative to their generation.

Postmodernity is not necessarily a block, but it can be a hindrance. The Scriptures inform us as believers not to provoke our youth to wrath. However, the lack and understanding of the


postmodern youth often serve as “mental triggers.” Although these triggers are considered truths, other generational truths often hinder, rather than edify, inspire or motivate.

The Dominance Influence Conscientiousness Steadiness (DISC) model of human behavior was originally created for adult personality prevention. However, there could be an advantage for adolescents and teenagers introduced to the four empowering components of personality and relationships. Through this assessment tool, adolescents can be trained in four diverse behavioral traits: dominance, inducement, submission, and compliance. If adolescents are introduced to counseling at this stage of personality development, the possibilities of peer and adult issues can be minimized.19

**Statement of Methodology**

This ministry project aims to help adolescent Christians avoid a DSM mental health diagnosis. Ignoring emotional health issues can result in serious mental health problems. The project is designed to assist adolescents to manage their emotional and mental health challenges by incorporating elements of the dialectical behavioral model in the project’s curriculum.

The dialectical behavioral model is an outgrowth of the cognitive-behavioral model and is inclusive of all behavior. In most Christian congregations, righteous behavior takes precedence. However, in the dialectical model, all behavior is considered as the model aims to unify the spiritual revelations with psychological concepts and approaches. Balancing Dialectical Behavioral Therapy (DBT) with the biblical texts can connect in ways that can be beneficial to adolescents as well as adults. For example, it includes teaching adolescents the need to not only possess the mind of Christ but also assist them in confronting life issues and encouraging the youth to maintain a balanced focus.

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The following represents the chapter sequence of the writing project and the solutions provided to the questions of the project. Chapter One will be the Introduction. In the Introduction, the author will review the statement of the problem, the rational, theoretical foundations, and literature review. Chapter Two will focus on the literature review on issues relative to the integration of psychology and theology. The chapter will examine how emotional issues have been minimized in some congregations from theological perspectives and discuss the preventive measures needed to institute a new paradigm of mental health awareness. Chapter Three will focus on the integration of mental health issues. Chapter Four will review the results from the post-questionnaires and analyze qualitatively the emotional health lateral mentoring aspects of the project. Lateral mentoring is a shared commitment by pairs that impact a larger community that shares the same goals and belief that evolve to a larger ministry. Chapter Five will be my concluding thoughts on the project. The conclusions that will be discussed will be related to practical ministry through emotional health awareness.

The ministry problem of designing, developing, and implementing a multi-systemic special needs ministry is solved through a cognitive, as well as a practical ministry that will consist of an eco-behavioral ministry. An eco-behavioral approach considers the youth’s environment, language, and living conditions. For example, inner city youth can be impacted by crime and the visible and invisible subcultures.

Historically, a ministry designed for emotional health has been absent in many Christian congregations. This can be due to the ever-changing nature of the emotional health issues or consequences that are connected to mental disorders that were undiagnosed, misinterpreted as

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sin, or leadership which refuses to include an emotional health component in their curriculum. Therefore, this project will focus on a multi-systemic framework that will be integrative, interactive, and inclusive of peers, schools, parents, community, and church.

The local church will be the “venue.” The project will lead a collaborative ministry across venues that will provide dialectical behavioral understanding and its relationship to prevent unnecessary diagnoses and treatments. A similar theoretical framework has been utilized by secular practitioners but without a ministry focus.

The development training and empowerment program will consist of a four-phase approach (assessment, intervention, training, and preparation for deployment). It will include four sessions consisting of a multi-modal ministry. The multi-modal ministry will review participants’ issues that are often omitted in the assessment process. These include environmental issues, language, assortative mating, and overall culture changes. Mentoring will emphasize a biblical perspective.

A lateral mentoring approach will be used consisting of mentoring pairs focusing on the four components of discipleship: assessment, intervention, training, and deployment. Lateral mentoring immediately connects the partners with more similarities rather than differences. At the end of the four-session period, the researcher will use that data from the post-project questionnaire to measure the growth and progress regarding maturity level, and ministry focus.

One of the greatest mistakes Christian congregations make toward adolescents and their emotional health is assuming adolescents are developing emotionally as well as spiritually in a healthy manner. Ignoring the emotional risks during any period of life can impede the overall growth process. Assessment and evaluation must be conducted to determine the impact in achieving the objectives that were set forth.
Lawrence Kohlberg’s theory of moral reasoning for understanding Christian spiritual development has four levels that will be used to measure and evaluate the youth. By observing the pre-project questionnaires, the researcher will be able to gauge the growth and development of the participating. Kohlberg provides four levels of focus, consisting of:

- **Level One: Accommodation to God’s Law.** What is the youth’s understanding of God? (Assessment);
- **Level Two: Respect for and Obedience to God’s law.** What is God's civil law? Moving beyond the Ten Commandments (Interventions);
- **Level Three: Principle Centered.** Principle-based living (Training); and
- **Level Four: Kingdom-centered to God’s Kingdom and Living Kingdom Minded** (Deployment).^{21}

The author will also utilize a qualitative method to analyze Likert Scale data from the questionnaires gathered. The use of this scale is appropriate for a multi-system project focusing on the multi-dimensional nature of emotional health. Several research questions will be posited across different venues including youths, parents, teachers, classrooms, churches, and community organizations. Responses to the questionnaire items will be analyzed to answer the question: How will the ministry project impact youth, family, and the overall community?

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Summary of Literature Review

With the aim of developing a Christian emotional health prevention model for adolescents, a thorough review of pertinent literature is required. Literature that examined the integration of psychology and theology in counseling was the focus of the review. The literature on youth mental health prevention connecting psychology, counseling, and theology was studied to provide a broad perspective.

The division and debate over an integrative approach to counseling that incorporates elements of Christian theology persist in the literature. Sigmund Freud’s *Neurosis of Demonical Possession* continues to threaten the collaboration between psychology and theology. It fails to recognize the need for an inclusive ministry of psychology and theology while counter-acting the secular by moving toward a ministry. Freud’s perspective separates congregations from mental health and the development of mental health awareness.²²

James Beck’s work reflects the division between integrationists and separatists. Beck’s research spanned multiple disciplines and included social issues. Beck sums up his research by declaring that the current situation toward unifying these disciplines represents “an unbalanced” situation.²³

In *Cloning of the American Mind: Eradicating Morality through Education*, B.K. Eakman challenges the ethos of education and mental health. His examination centered on the concerns of school systems, social issues, and youth learning styles. Eakman placed a high value

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on the separation of the educationally sound and the mentally sound within each group in their own environment based on differences in Standards of Learning scores.\textsuperscript{24}

Zilboorg’s work reviews efforts to save the church by eradicating witchcraft and demonic forces during the fifteenth and sixteenth centuries. According to Zilboorg, this represented the dark ages of psychiatry. The importance of that period was to shine a light on the current fears of society capitulating to the necessities of control through guided medical practices and so-called preventive measures.\textsuperscript{25}

In \textit{Understanding Biological Psychiatry}, Robert Heydaya addresses what he considers the core of the problem of Attention Deficit Hyperactivity Disorder (ADHD). Heydaya examined the relationship between the disorder and school suspension, expulsions, and dropout rates. Heydaya concluded that ADHD is not a genuine disorder compared with other illnesses and that medication eliminate spaces plays a clear role, albeit, an inconclusive one. Heydaya, therefore, finds the prescribing of mental health drugs for youth to combat mental health conditions a questionable practice at best. According to Heydaya, more robust findings can be gleaned from the use of sources of behavioral data such as incarceration data.\textsuperscript{26}

In \textit{ADHD: Deceptive Diagnosis}, David Tyler and Curt Grady also question the validity of ADHD and the overarching treatment issues relative to the diagnosis. Tyler and Grady provide keen insight and methods for church leadership development pertaining to unmasking the emotional health issues experienced by young believers. Both authors are concerned that missing


\textsuperscript{25} Gregory Zilboorg, \textit{A History of Medical Psychology} (New York, NY: W. W. Norton & Co. 1941), 142-4.

the opportunity to discover current emotional health issues facing adolescents can have serious spiritual implications and social dysfunction well into adult life.

Furthermore, Tyler and Grady emphasize that the problems relate not only to the behavior; but also to the diagnosis of which they proposed are based on assessments that are negatively skewed. Tyler and Grady provide a new paradigm in the ADHD, ADD treatment model (Putting off and Putting on). They offer a prevention model that advocates a biblical approach rather than a secular approach. Such an approach is not an attempt to eradicate secular contributions but rather to introduce a biblical approach which aims to provide biblical principles through Scripture and stresses that the inappropriate behavior is a sin that requires repentance and forgiveness.27

In Margin: Restoring Emotional, Physical, Financial, and Time Reserves to Overloaded Lives, Richard Swenson advocates for balance by a new transformative attitude toward living out the biblical texts. Examination of emotional, physical, financial, and time management challenges was the research’s primary focus. Swenson approached mental health prevention and awareness from a cultural perspective. 28

Christian counselor, William Hathaway’s Clinical Use of Explicit Religious Approaches: Christian Role Integration Issues, calls for a new paradigm in the quest for a balanced mental health intervention. The importance of a balanced approach he stated cannot be understated. He

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proposed that a new model can be beneficial whether it is implemented in a counselor’s office or in a religious context. 29

Christ-Centered Therapy, Neil Anderson and Terry Zuehlke highlight the key issue that Christ is often ignored or limited in His use in the context of mainstream psychology. This research offered that prevention of the onset of emotional health issues and subsequent models begin with Christ as that prototype. It further states if prevention is seen through Jesus Christ as a prototype, subsequent behavioral patterns and teaching should be based on Scripture.

Historically, the integration of psychology and theology, despite a conflicting view of what Anderson and Zuehlke called “biblical psychology,” has continued. Both authors stated that biblical psychology with an emotional health prevention component should be the preferred approach. Christ’s life and how he confronted psychological issues should serve as the guiding light with this approach. Gary Collins’ “The Rebuilding of Psychology: An Integration of Psychology and Christianity” also advocates a balanced approach based on psychology and theology with the ability to shift to a deliverance motif. 31

The dangers of addressing the mental health challenges of adolescents in Christian congregations using secular rather than theological approaches was expressed in the research conducted by a variety of examiners. In Peter Beggins’s Guilt, Shame, and Anxiety, he seeks to reveal the ugly side of resolving the mental health issues from a secular perspective. In this work, he envisions that the best way to resolve the conflicts relative to mental health issues is through

30 Neil Anderson and Terry Zuehlke, Christ-Centered Therapy (Grand Rapids, MI: Zondervan Press, 2001).
the word of God, namely the action of love.\textsuperscript{32} In another of his works, \textit{Reclaiming Our Youth: A Healing for a Nation in Crisis}, Peter Breggin warns the diagnosis of a youth's emotional health disorder opens doors for his or her entrance into the mental health system where many youth get caught up in the system and can easily be lost both spiritually and mentally.

Personal revelations of the integration of theology and psychology were also reviewed. Peter Scazzero shares his emotional roller coaster as a pastor who had lost his way in \textit{The Emotionally Healthy Church}, which discusses the deadly risks of ignoring an emotional downturn that affected him as pastor.\textsuperscript{33} Scazzero states that the glue that can empower a new paradigm for a blended prevention model is the hope that through the power of connection and diverse biblical texts, the division can be bridged.

In \textit{Wholly Hip Hop: Black Youth, Hip Hop and Youth Ministry}, Rochelle White calls for finding avenues in diverse contexts and values.\textsuperscript{34} White states that while adolescents are not the largest group in the congregation, it is imperative to meet the youth where they are on their journey. She concludes that hip-hop and post-modern culture elements need to be integrated into any adolescent focused mental health intervention model.

Larry Crabb’s \textit{Connecting: Healing Ourselves and Our Relationships}, addresses the issue of the need for awareness of the aspect of disconnection relationship. Crabb proposes that understanding others can lead to sound emotional health maturity in all relationships.\textsuperscript{35}


\textsuperscript{33} Peter Scazzero, \textit{The Emotionally Healthy Church} (Grand Rapids, MI: Zondervan Publishing, 2010), 70.


development of a mental health counseling method that emphasizes the development of Jesus Christ-likeness and living a Christian life is recommended. 36

**Biblical Review**

A scriptural foundation of a prevention model recognizes that the mind is an integral component of salvation and healthy living. It is through the inclusiveness of cognitive approaches that mental health becomes grounded and rooted both in the mind and the heart. As a result, overall emotional health is strengthened.

The issue of love is paramount to other emotions. Humanity’s love is connected to God the Father in three ways, to “love the Lord thy God with all thy heart, all thy soul, and thy entire mind, as this is the first commandment.37” Initiating love to God involves the mind. When Christians love without question, they can reach troubled youth by drawing upon the love of God through Jesus Christ. In doing so, emotional awareness helps facilitate learning and empowers individuals.

Youth who have been diagnosed and those at risk for mental health disorders typically have conflict resolution issues when interacting with peers and parents. Adolescents with mental health disorders would benefit by developing the mindset of Jesus Christ.38 As anger issues are common among adolescents suffering from mental health distress, by explaining the spiritual consequences of anger and anger outbursts in Christian context, anger is therefore managed.

As vital members of the Body of Christ, Christian youth have been promised lives of abundance.39 The promise of abundant life can emerge through the development of an adolescent

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36 Romans 8:3.
37 Matthew 22:37.
38 Philippians 2:5.
mental health prevention model in local congregations by transforming a youth’s current perspective towards life into a perception that appreciates blessing from God and the richness of the world in which we live.

Christian congregations are obligated to ensure that adolescent members develop a clear understanding that abundant life does not consist of material gains but of faith, the power of the Holy Spirit, and the love and blessings associated with such a belief. To aid in helping its youth, congregations must prioritize salvation and focus on those at risk for mental health diagnosis and therefore losing their faith.

Being at risk from a mental perspective does not presuppose salvation or the weakening of faith, but those who seek the love of Christ can be rescued.\textsuperscript{40} This includes those who are at risk and those who have already been labeled with a mental health designation. A youth prevention model in a local church setting sees the need for moving from “generalized” prayer to use “specific prayer(s),” pinpointing issues that need addressing in the youth’s life. The Apostle Paul’s prayers were comprised of inclusive elements, such as “be careful about nothing, but through prayer and supplication, make your requests known unto God.”\textsuperscript{41}

The Holy Scripture provides the foundation to this prevention model for at-risk adolescents. Therefore, biblical references from both the Old Testament and the New Testament are used. In the Old Testament, there are many instances when God changes the mentality of individuals because of their disobedience. Theologically, mental health from a prevention perspective was connected to being obedient to God. The result in some cases would be mental punishment.

\textsuperscript{40} 1 Timothy 2:4.

\textsuperscript{41} Philippians 4:6-8.
In the Old Testament, mental health issues can be considered punishment. Daniel records how King Nebuchadnezzar lost his mind and resided among the beasts while eating grass and food normally unfit for humans. King Nebuchadnezzar’s poor mental health resulted from not recognizing the God of all creation.\(^{42}\) The King decided to change his mindset toward God, and the King was healed. Jonah’s mental anguish is also prominently discussed in the Bible. Jonah’s mental suffering is evident in Jonah Chapter 2:2-5 where his mental anguish and overall despair are described as a type of darkness that resulted from weeds covering him.

Later, Jonah’s cry in the belly of a whale was another example of mental health despair resulting from disobedience to God. His prayer in the belly of the whale is one that concerned Jonah’s soul and mind.\(^{43}\) On the other hand, King Saul's mental health is manifested in his treatment toward David as the King's mood swings, and mania often sought to control him.\(^{44}\)

Saul’s jealousy and moments of outrage runs concurrently with his psychological issues, which included disobedience to God. While Saul’s behavior was similar to what is known today as bipolar disorder, labels and classifications were not used during that period. David’s response indicated that treatment does not necessarily require a professional response, but a willingness to create a God compliant and a healing atmosphere.

In the New Testament, mental health preventive measures are connected to the Gospel of Jesus Christ and the writings of the physician Luke in the Book of Acts and the Epistles. The Gospel of Saint Mathew can serve as a prevention text or deliverance text. Jesus Christ invites all

\(^{42}\) Daniel 4:28-33.

\(^{43}\) Jonah 2:2.

\(^{44}\) 1 Samuel 16:23.
to cast their cares upon him.\textsuperscript{45} The Apostle Paul helps all believers by his reminder that Jesus Christ’s mental state is available to those who follow Jesus. “Let the mind that was in Christ be also in you.”\textsuperscript{46} Jesus Christ’s life and mentality indicated the power and fruit of the spirit.\textsuperscript{47} The Apostle Paul continues from a mental health perspective through his teaching on controlling fear, worry, and anxiety. \textsuperscript{48}

The New Testament includes chapters and verses that are empowering. The reading and understanding of these portions can result in deliverance from mental health issues for all who may be at risk. The Scriptures throughout the paper are starting points to the development of knowledge relative to emotional health. The grace of God cannot be overstated in confronting any situation and Mathew Stanford stresses the importance of the need and understanding of grace in his book, \textit{Grace for the Afflicted: A Clinical and Biblical Perspective on Mental Illness}.\textsuperscript{49} The Apostle Paul’s request for health and wellness was transmitted to God through prayer. God’s response to Paul was the nature of His grace is sufficient for not just Apostle Paul but all believers.\textsuperscript{50}

Both the Old and New Testaments include references to the correlation between mental and emotional health and honoring God. The implication of these Testaments is that the use and

\textsuperscript{45} Matthew 11:28-30.

\textsuperscript{46} Philippians 2:5.

\textsuperscript{47} Galatians 5:22-23.

\textsuperscript{48} Philippians 4:6-7.


\textsuperscript{50} 2 Corinthians 12:9.
application of biblical guidance can aid in the development of a healthy mentality, a healthy emotional life, and healthy self-healing. People who desired healing for their children brought them to Jesus to be healed. Parental responsibility aids in “deliverance outcomes.” Jesus empowers parental authority that corresponds to faith and the need to believe. (Luke 11:9-10). Jesus ministry provided evidence through positive thinking and miraculous healing of children where cases appeared to be hopeless. Developing a youth prevention model for youth in Christian church congregations requires a cognitive element as well as a practical element. A person, therefore, must internalize God through faith, the word of God, and the transformative powers of the Father. For it is not enough to hear Scripture, it is also important to be “doers of the word.”

Reaching this level of understanding requires members of the congregation to mature to a level of spirituality that allows them to understand the risks associated with emotional issues being ignored or overlooked. However, in King Saul's case God, who appointed him to leadership, is the same God who took care of his mental and emotional health issues. On the other hand, God withdrew His Spirit from Saul, and that must have been a real mental issue for Saul. Would want to footnote the biblical reference. Keep in mind that some of your readers will be biblically challenged in relating to stories they may know nothing, or little, about.

Several biblical texts reveal King Saul’s struggles with mental health. The texts may be used to teach youth and other Christians about the ongoing dilemma of being at risk. Although people follow God, King Saul shows Christians they are not exempt from demonic influence.

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51 Matthew 19:14.

52 James 1:22.
even though they follow God, and believe in His Son Jesus Christ, who empowers through the Holy Spirit.\textsuperscript{53}

While Jesus often met with mentally challenged and demon-possessed individuals, Jesus utilized counseling techniques by integrating methodological and restorative approaches. For example, demon-possessed individuals are also very much part of humanity as well as the family of God. However, biblically, the two Testaments provide a workable and usable model that Jesus used in emotionally and spiritually charged situations, such as his encounter with the emotionally disturbed man. Scripture tells of a person who appeared to be out of control and possessed by demons. Footnote these last two sentences with a specific text.

Notwithstanding, The presence of Jesus Christ, whom the spirits of darkness recognized, initiated divine intervention, and subsequently, a deliverance moment. Jesus commanded that the demons “come out”\textsuperscript{54} which resulted in the demons exiting the person and entering nearby pigs which proceeded to run into a lake and drown.\textsuperscript{55} The words of Christ represented “spiritual intervention” and the preparing of a spirit for equipping for service and deployment.

Needless to say, according to the author, the drowning symbolized the death of the demons within. An example such as this provide reminders of the power of spiritual intervention. Intervention is a key step in the healing process, integrating with the deliverance process. The demon-possessed individual moved toward the next phase of the deliverance-motif deployed.

Jesus utilized spiritual assessment, and thus, he was able to provide an assessment of the individual’s spiritual, mental, and emotional health. Jesus’ process was much different compared

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\textsuperscript{53} 1 Samuel 28: 3.
\textsuperscript{54} Luke 8:29.
\textsuperscript{55} Luke 8:27-34.
with today’s processes, which require legal documents that must be completed at intake and subsequently placed in the client’s chart. School teachers, clinicians, and physicians complete this process. Jesus’ interaction with a child provides a good example of His ability to assess situations. 56

The aforementioned healing of a demon-possessed child by Jesus educated His disciples on how they should act in such situations. The unknown mental health conditions of a person to Jesus represented the “whosoever” about whom Jesus taught (Mark 8:34). The same applies to Paul and those involved in a mental health context. Despite the mental state of an individual, whether unclean or clean, Jesus wanted to set the individual free.

Jesus ministered in a place where those who were unfit and appeared to be of no use to his ministry were present. His Great Commission is, too, a deployment for youths who are at risk of being lost. 57 However, Jesus had a purpose in mind for the emotional outcasts, just as he has a purpose for those that face mental health challenges today.

The overarching goal of youth emotional health prevention is to incorporate teachings and instructions as an evangelism tool. According to Jesus, a demon-possessed man in a cemetery could be more productive by being deployed in his own community where one can testify and be an active member of the kingdom of God than going with Jesus. Situations such as the demonic individual remind the body of believers that God’s strength is made "perfect in weakness.” 58 It is not enough to hear Scripture, but Christians must also be “doers of the word.” 59 The emotional and mental health crisis can be described as warfare, specifically

56 Romans 10:13.
57 Matthew 28:19-20.
58 James 1:22.
“spiritual warfare.” It is in such circumstances that the Word of God is the Christian community’s greatest weapon.60 The weapons that are often used to confront the risk of mental health have great potential to destroy young believers.

The focus of the project is the introduction of a new and innovative approach to the mental health issues facing adolescents in Christian congregations. The secular approach consists of such things as medications, treatment plans, and hypnosis, and other methods of prevention therapy, but without emotional or spiritual inclusiveness. Although efforts are being made to move beyond the use of current mental health interventions and seek deliverance in the battle of mental health, current antiquated, secular, and inappropriate approaches need enhancement.

Unlimited prayer and praying without ceasing are preventive tools and serve as conduits. The operation of the Holy Spirit bears witness to the need for prayer. Congregations coming to terms with youth mental health disorders and those at risk are being directed to “pray without ceasing.”61 It is important that at-risk youths understand the various ways Satan works and impedes the spirits and souls of the young. Whether young or old, Satan comes “to steal, and to kill, and to destroy.” 62 Prevention through prayer is an important method for discerning and dismantling strongholds.63 As the Apostle Paul admonished the church at Thessalonica, the faith community continues to be called to a commitment to steadfast prayer. The presence and challenge of mental health conditions require specific, time-consuming prayer designed to meet

59 2 Corinthians 10:4.
60 2 Timothy 1:7.
61 1 Thessalonians 5:17.
63 2 Corinthians 10:4.
the needs of those currently afflicted and those who are at risk. Such prayer covers the body of believers. Prayer is paramount and aligns believers with the Holy Spirit’s presence in all circumstances. The prayers of the righteous avail much.\textsuperscript{64}

The reality relative to youth and a mental health curriculum is a quest for biblical truth that addresses the need for addressing the challenges of church youth in practical fashion. The bondage associated with deliverance from mental health disorders requires the activity of the Holy Spirit as the primary tool in mental health treatment. The goal is to approach the emotional and mental issues of individuals from the perspective that all things are possible mentally and physically through God. Therefore, we all can be saved from conceivable illnesses and disorders.

The manifest-improvement in behavior displayed by youth can be used to determine the ratings of possible mental health programs. When viewed from a spiritual perspective the behavior is called strongholds.\textsuperscript{65} These strongholds are recurring patterns of behavior that can be overcome with the tools and strategies in the daily youth’s routines.

The power of God, through the Holy Spirit, destroys strongholds created by the world’s standards.\textsuperscript{66} Fighting the stigma of mental health in Christian congregations is a major hurdle in the development of a new paradigm. Many people in Christian congregations can be filled with guilt and shame concerning their mental health issues, or those of a friend or family member. Biblical testimony provides the impetus for a new paradigm that considers the fragility of humanity and their thinking. The clay that was in the potter’s hand may become marred but God

\textsuperscript{64} James 5:16.

\textsuperscript{65} 2 Corinthians 10:4.

\textsuperscript{66} 2 Corinthians 10:4.
is able to rework the clay into a vessel of honor moving away from personal embarrassment to a new standard. 67
CHAPTER 2

Review of Literature on the Integration of Theology and Psychology

The researcher’s approach to the study involves the integration of theology and psychology. Keeping Christianity free from false doctrine has always been a point of emphasis of churches and their congregations, the integration of theology and psychology does not represent the introduction of false doctrine. Instead, the addition of such doctrine represents an acceptance of the work produced by great minds that have been touched by God.

Although this research is not denominational in focus, it will reference the societal issues that perpetuate the separation of theology and psychology. This separation has led congregations to behave skeptically regarding members with emotional health disorders. Relative to emotional health, Gary Collins calls for a total commitment to the biblical texts. He further warns Christian leaders and church youth of the dangers associated with overbearing secular psychologists who minimize the calming effect and healing nature of Jesus Christ and his Gospel.⁶⁸

Therefore, the initial step toward the development of the study’s prevention model is the integration of theology with psychology because as a researcher and spiritual leader, I believe it is it necessary to do all that is within my power to help youth refrain from juvenile detention, and even worse, to remain out of jails and prisons. The emotional health issues that manifest in the everyday lives of today’s youth also find their way into Christian congregations, as evidenced by high levels of anger, depression, learning disabilities, anxiety disorders, schizophrenia, and

suicide experienced by youth members. For example, in the African-American community suicide has become the leading cause of youth deaths in the United States.69

The current generation, born between 1995 and 2012, are categorized as "Generation Z." The complexities associated with this generation's emotional issues calls for an understanding of the impact of social media, as well as the wisdom of biblical psychology. Today’s Christian youth are being exposed to life-challenges that are far different from past generations and these life-challenges are negatively impacting their emotional health while congregations appear to lack the skills and experience necessary to support healing.

Christian congregations should be able to contribute to the emotional wellness of their youth members. The need for integrative solutions is a response to the postmodernity ethos of Generation Z and the issues associated with the communication breakdown between different generations. For example, the language of hip-hop and the non-acceptance of this musical genre by some Christian congregations can be a negative impetus compounding maladjustment among youth members increasing the problems of rejection and harsh feelings among church youth. Therefore, if Christians are to harvest the world, they must be about God’s business through a multicultural and multi-ethnic ministerial approach.

The mission of the church in the twenty-first century has not changed from the original plan of salvation for, God desires all people to be saved but the tactics to reach some, especially, the young need to be tweaked. As salvation has more than one dimension, it can also be approached from a fresh perspective. The failure of a congregation to respond appropriately to the emotional challenges and risks experienced by its youth opens the door for these young

people to become victim to psychotropic medications, psychiatric diagnoses, and the school-to-prison pipeline. To save these children, Christian congregations must use every opportunity to connect the Gospel of Jesus Christ relative to Christ Centered Counseling.  

The researcher is not calling local churches to be counseling centers but is advocating that congregations become capable of providing a Christian focus on emotional, and mental health challenges to their young members that counseling centers attempt to provide. One of the major problems facing Christian congregations is finding unity as they embrace cultural diversity.

Evangelism from a cross-cultural perspective means moving from the general to the specific. Accepting Jesus Christ is the initial step in the Salvation process. Moving to a specific calling and purpose entails laboring for a cause such as mental health.

While a lack of training makes it difficult to move across cultural lines within Christian communities and confront the underlying causes of modern emotional disorders and conditions, it is important to utilize timeless Christian responses; one that is eternal and ongoing to assist youth members, both individually and collectively to receive the help and treatment they need. While it is a difficult task in the twenty-first century to meet youths where they are on their emotional health journey, an inclusive approach considering elements of post-modernism is this study’s preferred approach. If a Christian focused mental illness prevention model for adolescents is developed, it can provide opportunities for a type of relational development that utilizes a faith framework to connect both youth and adults beneficially. Currently, in secular prevention models, disruptive behavior is an emotional issue resulting in a mental diagnosis, 

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whereas in the Christian focused mental illness prevention model the same behavior too can be noted and classified.

Congregations are created and designed to be places of refuge, love, and empowerment but instead youth congregation members who are at risk for emotional and mental health disorders find themselves being overlooked for multiple reasons including the hands-off of Church elders relative to emotional disorders, a lack of awareness by congregation members of the personality challenges of today’s youth, and the absence of a Church based curriculum designed to identify these issues. Overcoming these risks requires the integration of both psychological/theological concepts and principles. Such means recognizing the interplay and connection between emotional and mental health classifications.

It is recommended each congregation attempt to function from a theological perspective that is aligned with their faith statements, credos, and theological tradition. Youth that participate in worship as singers, ushers, or any role that demonstrates Christian activities are opportunities for assessments, interventions, and practice. Ed Stetzer and Elmer Towns, state that, "Losing sight of the salvation prize can be missed or avoided in several ways." 71 For example, salvation can be missed through loss of faith in the word of God, through being disobedient to God or authoritative figures, and being from a dysfunctional family without mentoring. This results in youth members of Christian congregations having both their emotional and spiritual health ignored.

To achieve a true understanding of this challenge, a closer examination of the data on emotional health issues and how the data may impact youth who are active and serving God in a

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congregation is required. Mark Dance wrote in his article at *Life Way Pastors*, four ways Christian pastors can help congregation members with mental health issues. While congregational leaders justify the exclusion of mental health ministries, LifeWay research and data indicate otherwise.

The following research by *LifeWay* reveals few churches have plans to assist families affected by mental illness, there is a stigma associated with emotional disorders, a culture of silence exists that leads to shame, few churches are staffed with skilled mental health counselors, there is an overall lack of training for church leaders relative to recognizing mental illness, and congregations need to address the problems and challenges concerning mental health.\(^2\)

In light of these facts, the study provides a golden opportunity to introduce a new paradigm. The primary question leading to a focus on youth emotional health is how congregations can implement changes in their curriculums by confronting the lack of specific ministry to those who are at risk for these health issues. Those who are at risk include youth with a DSM diagnosis, the handicapped, autistic sufferers, and those with other internal emotional coping issues.

Changing these paradigms requires identifying stratagems and methods of address. These workable solutions will determine the ways congregations confront the emotional health risks of youth members. This researcher’s integrative theological and psychological approach utilizes several components found in secular treatment plans such as assessments, interventions, trainings, and deployments. When these four components are included in a prevention model, the treatment of emotional health becomes proactive, rather than reactive. In school settings, the lack

of proper emotional development results in interpersonal conflicts with classmates. While a church environment encourages youth to strengthen their interpersonal relationship through activities such as prayer partnering, a school setting is not compatible due to legal factors of separation of church and state. In deciding what to do from here discussion and debate are necessary. These discussions and debates are needed to integrate theology and psychology depending on the allowance or non-allowance of the environment.

The myth of a direct correlation between emotional health and demonic influence continues to be a talking-point used by non-integrationists. Here, those who assess the above need to be careful in their ascription of the source of various emotional problems. The mysterious, invisible supernatural assignment as source of these issues is generally taboo.

Emotional health issues exhibited by youth members of a congregation can give rise to labels such as “crazy.” A youth member of a congregation considered “crazy” may become disconnected from other Church members and from future leadership positions. Additionally, according to the current Christian paradigm, disconnected from God.

If this myth becomes grounded and rooted, it may be discouraging to all youth. Including a psychological paradigm should not be viewed from a negative perspective. Instead, it should be one that may be healing and transparent. Believers in the congregation can avoid potential conflict by utilizing the love of God through Jesus Christ. Carter and Narramore provide good insights when they state, “that a forced or artificial integration runs the risk of violating the truths of divine revelation.”73

73 John Carter and Bruce Narramore, The Integration of Psychology and Theology (Grand Rapids, MI: Zondervan Press, 1979),121.
It is understandable that Christian congregations may encounter these aberrant behaviors in the religious setting. Congregations need to be equipped with strategy to respond to possible mental health issues along with their diagnostic challenges. This ongoing problem illustrates the need for a health model that includes biblical concepts and principles. The inclusion of biblical content is often ignored, and consequently, the spiritual food that youth may need can be overlooked. That oversight may occur due to the youth’s overall emotional health. As a result, there is sometimes a significant absence of treatment relating to the internal spiritual life that can play a major role in mental health.

In some Christian congregations, certain behaviors such as shouting and praise dancing, are associated with the Christian “new birth.” Similarly, when a congregational member is expressive emotionally, in his or her faith, a cry for help is sometimes missed. This attitude and approach are, at times, indicative of a congregation’s inability to address properly the emotional challenges experienced by those who are suffering from emotional disorders though saved.

The inability of some youth members of Church congregations to manage their emotions properly places a challenging burden in identifying mental health challenges on either a congregation’s leadership or various other youth ministries. As a prevention model, the study will conduct early assessments during Sunday school. The early assessments may identify mental health dysfunction. The youth services ministry will not only teach biblical lessons but will also observe and monitor the youth they minister to for indications of mental distress.

Should signs of mental anguish be identified, the minister of the congregation should be informed of the youth’s possible conflict. This is a parallel for the church in comparison to secular therapy, which at times has an in-home counselor who is assigned to help youth reach
their therapeutic treatment goals, monitor their behavior, and determine their progress or treatment.

In Christian congregations, from an integrative theological and psychological perspective, and in accordance with Christian doctrine, it is the responsibility of each believer to be aware of warnings like these. In hierarchal denominations, Christians that make up these congregations need to make these issues known to those that can address embattled youth to help them realize their full potential as disciples of the Lord. While one of the primary goals of adult Christian congregations is to teach the youth about Jesus Christ, another responsibility is to aid in the positive behavioral and personality development of youth also.

Negatively labeling the young hinders their spiritual progress and growth. This speaks to the need for adults, also, from earlier generations to become actively involved in the spiritual therapeutic process to the young experiencing mental distress. Older believers can assist in the spiritual wellness of youth in the true community of Jesus.

Changing the attitudes of the integration of psychology and theology requires a new and infused spiritual sensitivity, which is also a form of spiritual transfusion. The change taking place is called transfusion. Neil Cole defines transfusion in the spiritual sense as individual hearts and spirits within the congregation that are able to correspond to all the people, including adolescents.

From an organic perspective, the body of Christ strives to develop, seeks maturity, and becomes fully functional much in the same way that the human body grows and matures.

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same holds true for those reaching out to youth in emotional distress, that is, that they might become fully functional in their walk with Christ. The ideas presented here regarding the organic church, and its components, and elements are associated with its progress are encouraging, and can be achieved as a component of a new mental health paradigm.

Youth, by design, are supposed to mature through nurtured development, but as many congregations are not adept in ministerial duties regarding emotional youth development. Unknowingly, they may not be aiding the overall emotional health of their young members. This results in some congregational members that profess strong faith in Christ, while excluding congregational members most in need of emotional pastoring by failing to recognize the needs of the young.

Awareness is needed in order that the body of Christ may develop keener insight in the spiritual qualities of peace, joy, and love by apprehending the challenges associated with emotional health issues. The church, as a living organism, can capture the missing links that lead the way from mere church member to mature discipleship. While the Church has demonstrated growth over the centuries, a more pointed and educated emphasis on emotional health could aid its effectiveness in all ministerial categories.

The difficulty facilitating transformation results from trying to transform the minds of Christian church leaders and congregation members who have spent a considerable part of their ministry merely to adults utilizing a traditional view of mental health concerns—if at all. The traditional approach to the young has been the concentration on bad behavior. Thus, it was generally considered that a demand from authority or someone older over youth would curtail their poor behavior.
The church has sometimes needed more sensitive nuanced leadership toward youth that considers their age and challenges at deeper psychological levels. In modern times, leadership focus should work to facilitate, in broader ways, the whole body of believers, at all age groups, develops its potential in the defense and heralding of the gospel message. This historical disconnect has opened the door for spiritual conflict across generations and has damaged the body of Christ. Some Christian denominations may see the new mental health paradigm as being anti-establishment, so care and caution must ensue as this new mental health approach is employed. New metrics for growth and developmental change must be implemented cautiously and thoughtfully, so as not to unsettle a church. Willing participants in this endeavor must be recruited and taught the content of this ministerial approach.

In some traditions countless hours are spent listening to reports of baptisms, conversion, new membership rates, and other numerical data which are used to define success and growth; therefore, any new program recommendations must be handled and applied carefully to minimize church conflict. The introduction of mental health topics such as Attention Deficit Hyperactive Disorder, Depression, and Schizophrenia can also cause church concerns. Congregations should be thoughtful in understanding the place the young and immature have in the heart of Jesus Christ by handling these with care. One must remember what Jesus said in the book of Matthew about suffering not the little children but allowing them to come to him.

Overcoming these obstacles requires positive steps. Some steps concerning the implementation of the new paradigm this writer will discuss in the next section below. This author has-identified five steps that are crucial to the development of a mental health prevention model: 1) privacy, 2) connection/disconnection, 3) structural, 4) at-risk, and 5) church transfusion.
Privacy

The privacy step issue in the congregation is a potential hindrance to a prevention model. While privacy is a privilege inside and out of the sanctuary, its improper application can be detrimental if others desire to provide the Christian love mandated by scriptures. For example, African American communities are noted for having populated congregations in inner cities that are private when considering emotional health.

An obvious emotional health disorder among a congregational member is a stumbling block in the congregation and hinders positive Christian relationships. Instead of sharing parents, as well as the youth, prefer to make their emotional issues a private matter. In addition, physical disabilities are viewed differently than unseen disabilities. In the African Methodist Episcopal church, the only time a mental health disorder or state is mentioned is when a youth or young adult is taking steps for ordination in ministry.\textsuperscript{76} It is at that moment that a psychological evaluation is a requirement.\textsuperscript{77}

Why is privacy an issue in an environment considered to be one of love and caring? People, in the church environment, worry about the criticism and shunning they may receive from others. Many times, in the church, people give lip service to sensitivity and reasonableness but end up being gossips about private matters that hurt those suffering from unusual situations when confidentiality is broken.

Developing a prevention model that confronts mental health risks in a local congregation must approach privacy carefully with the hope that underlying issues are uncovered and addressed properly. The youth and the family members of these individuals in local congregations may not be fully aware of how


\textsuperscript{77} Ibid., 97.
emotional distress may develop into serious mental health issues and, thus, keep mental health diagnoses hidden.

If the diagnoses are shared, who should do the sharing, and how much should be shared? This is both a theological question and an ethical question. Privacy and discretion increase the need for thoughtful collaborative treatment. Within a congregation’s emotional and mental health challenges, there are several categories or classifications. These categories are those mental health disorders that may be unknowingly present: bipolar, ADHD, schizophrenia, and depression and others defined in the DSM (these disorders are listed in the definitions page in this paper).

The refusal or denial to understand the impact of these classifications is also a refusal to recognize the importance of personality development. This non-involvement from a spiritual perspective limits the options that are available to youth in these congregations whose lives are impacted in a crisis mode. Empirical studies have identified important connections and links between spirituality and emotional health. P.C. Hill and K.I. Pargament stress the importance of environment, health, medicine, and major mental health risk factors, which are often omitted as part of said criteria.\textsuperscript{78} An overarching question is, do congregations minimize mental health issues facing their members when legitimately diagnosed? Contrary to this, do these congregations assume that the Gospel of Jesus Christ is enough? Depending on the answer to these questions could trigger the integration of theological and psychological mental health application methods in a church.

Should psychological issues arise in the congregation they should be attended to by protocols addressed in the Christian educational curriculum. The biblical texts represent our faith statements and are our measure of action in these circumstances. Psychological issues flourish in

congregations through marriage, vocational life, family, and other relationships where different personalities encounter one another. So, the education department of the congregation plays a vital role in the emotional and mental health concerns of the members. Theologically speaking, the connection between faith and reason mandates an open and objective mind that allows new understandings and interpretations that correspond to changing times and paradigms.

**Connection and Disconnection**

The connection or disconnection step consists of helping young Christians should there be a need for mental health diagnosis. The purpose is to develop a soul and spirit care ministry that combines the dialectical behavioral therapy model with other models. The soul represents the immaterial part of the body while the spirit represents activities such as Bible study, prayer meetings, and worship.

The study aims to assist youth in their growth and maturity in spiritual resources while incorporating the elements of the dialectical behavioral model. In most Christian congregations, only the religious and spiritual elements take precedence. Such is, generally, frowned upon in Christian churches when secular methods are used to discuss or diagnose certain carnal behavior. In the dialectical behavioral therapy model, all behavior is considered, as attempts are made to connect the spiritual with the psychological.

The connection or disconnection set step integrates the dialectical behavioral therapy (DBT) model which connects Christian youth with the biblical texts that can be beneficial to them, as well as adults. This approach teaches youth the need to not only possess or know of the mind of Christ but also encourages the youth to act upon and practice this reality. The DBT
model is an empowering tool that enhances and unifies across generations by uniting the young and old in the church when implemented properly.

Youth can question their parents, as well as adult congregation leaders about their behavior as a teen or pre-teen. Dialectically speaking, adult Christians share their journey by stating that their goals were not their original goals but the results of God’s blessings. The DBT model approach provides opportunities for members of different generations to dialogue about their personal experiences with emotional dysfunction and brokenness. To understand the need for an integration of psychology and theology, there must be an understanding of the need to understand grey areas.

Grey areas exist because of the polarization of concepts and ideas, which, through the eyes of Christian youth can be viewed as sin. Moreover, the same understanding of conceptual polarization can be seen or understood from a cross-generational perspective. Dialectical wisdom can open spiritual understanding to help ourselves and others mature in the importance of generational relatedness.

Despite the cultural difference of each generation, empowerment can take place if each member of the generation is able to step out of their comfort zones and connect with others to overcome generational gaps or triggers. Generational triggers occur when Christians attempt to support but unknowingly hurt. The onset of depression at any age and environment needs resources or counters of empowerment that can impact the dynamics created by the depression.

The availability of connections is manifested through unconditional love that acts as a spiritual balm. It is through the transparency of love that one can be empowered with a healthy mindset. Healthy relationships taking place within congregations always involve either generational conflict or peaceful resolution. These battles consist of the inability to connect
with one another and understand the stages of development as described by developmental psychologists.

While W.F. Ogburn, Mark Schaller, Christian Crandall, and Susan Hegeman describe this social condition as cultural lag, it is a lack of understanding of the DBT approach between Christians of different generations and an unwillingness to accept the other generation’s ethos.\textsuperscript{79} For example, while those working with youth in a local congregation perform their duties, with all Christian diligence and commitment, the final results can cause heartache and despair due to the misapplication of the biblical text and or the other generation’s view of it in the teaching process. This disconnect can unknowingly result in emotional conflicts while escalating other underlying emotional issues.

Peter Bergin in \textit{Reclaiming Our Children} advocates a deliverance motif when it comes to treating adolescents with medication.\textsuperscript{80} Such an acceptance is not an easy one due to the generational differences and the other components and elements that contribute to these divisions. When individuals or groups remain in their current mindset and are unable to move forward to new domains, disconnection happens.

The Structural Step

The structural step is ground for conflict. These conflicts result from a lack of knowledge or skills regarding the differences between generations and a congregation’s unwillingness to be both diverse and transparent. Although these considerations remain unanswered, the lack of willingness for many Christian congregations to take the necessary steps toward new post-

\textsuperscript{79} P.C. Hill & K.I Pargament, \textit{Advances in the Conceptualizations and Measurement of Religion & Spirituality} (La Mirada, CA: American Psychologist, 2003), 58, 64-74.

modern paradigms adds to the division and separation. The questions concerning gift, leadership, and structures raise serious issues regarding the development and implementation of approaches to help mentally distressed youths.

It is difficult to imagine the operation and daily functioning of Christian congregations without strong and visible spiritual boundaries concerning the meaning of spiritual growth in postmodernity. Whether newly established congregations or established traditional ones, structures, and boundaries should be clear, the transition to the psychological and theological approach introduces these congregations to healthy issues. These congregations must understand the emotional structure of babes in Jesus Christ as well as those whose faith lies outside the dominant culture; a faith that is more culturally sensitive than theological.

The At-risk Step

The at-risk step impacts everyone involved. Regardless if the at-risk issue is received individually and collectively, it can influence the mindset and overall emotional health of both the congregation and its youthful members. Being at-risk can manifest while participating in the things of God as a child of God. As Christian youth strive to be holistic, the question of being at risk is a difficult challenge to understand. However, the knowledge of the consequences of emotional and mental health disorders serves as a help-mate diagnostic measure if mental health challenges take place. For centuries, while the church has served both as a place of worship, as well as a sanctuary for many, most congregations appear to be limited in the integration of psychology and theology. The prevalence of mental health disorders in Christian congregations speaks to the need for greater awareness of psychological issues and the integration with theology. However, the need can be resolved only by accepting the unity of
the fields of psychology and theology but by actions that integrate both psychology and theology, as the blending of the secular with the sacred in a balanced perspective.

Using the cell reproduction theories that define human life, the same holds true for churches and ministries, for as the body grows and the cells multiply. Likewise, the body of a church and its congregation grows negatively and positively. Christians young and old are called to multiply, not subtract.

**Church Transfusion**

Church transfusion is a long-awaited and overdue ideology and theory that needs to be considered by church leaders. Their ranks need to recognize the need for deeper examination, so the body of Christ may experience growth as well as other spiritual qualities such as peace, joy, and love. The Christian church needs to recapture troubled youth veering away from discipleship. The church has demonstrated growth over the centuries but with growth, a misguided and misdirected evangelism that fails to expand paradigms to correspond to societal changes.

The transformative aspects and nature of transfusion find its most difficult task is to transform the minds of those who have spent a considerable part of their church lives learning and living the rational ways of the Church. However, the transformation process begins with placing our trust in God the Father and leaning not to our own understanding. Moreover, distrust should connect with our behavior because all our ways should acknowledge him and he will direct our path.  

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Church transfusion represents the new paradigm for a post-modern church. Integration of theology and psychology, from a youth perspective, requires an intentional, yet nurturing approach when dealing with today’s adolescents. The rewards of the integration of theology and psychology will assist in improved communication between youth and adults. Although there continues to be a rift at times between these two groups, these Christians should, over time, demonstrate theological growth and acceptance of psychology within reason their congregations. Whether in the office of a professional Christian counselor or the church Sanctuary, temperate mental health practices can find an intentional ministry in the congregation.

This chapter sought to provide a starting point for congregations whose Christian education curriculums do not include mental and emotional health models. The researcher believes, at times, hierarchal statements originating from denominational by-laws or governing bodies have an influence on the Church and Sunday school curriculum decisions. Hierarchal structures traditionally have frowned upon the use of psychological inclusiveness or mental health awareness. The integration struggle between theology and psychology is not to favor one approach over another but to consider the usefulness of both.
CHAPTER 3

The Integration of Mental Health Disciplines

Secular providers utilize a four-prong treatment plan consisting of assessments, interventions, training, and placement to address those plagued with mental health challenges. On the other hand, Christian providers (pastors and reverends) forsake the use of secular tools and instead utilize the words of the Bible to address those fighting mental health issues. The proposed integrated mental health treatment and prevention model will also utilize one element of Christian mental health treatment, the divine opposite model to achieve desired treatment goals.

The use of a secular (systematic) approach to mental health treatment also allows progress notes to serve as official documentation relative to a youth’s progress. Upon completion of the process, these adolescents are ready to initiate mental health deployment, the final leg of the treatment and prevention process. Furthermore, treatment using this prevention process will be considered in conjunction with the divine opposite model and should be well-received by a congregation because of the biblical texts and faith in the Word of God.

In 1971, Marvin Gaye released a song that became popular during that period and for years to come, entitled “What’s Going On.” The soul music classic highlighted the issues of that era, war, poverty, and race. The popular song began with the words “brother, brother, brother.” Later in the song, the words “sister, sister” were used. The use of the words “brother” and “sister” denotes a connection between different groups and individual responses. Being a brother

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or a sister from a religious perspective transcends the secular. There is a connection to spirituality, and there is a connection despite worldly status. In today’s world adolescents are staying connected in postmodernity has increased the likelihood of separation from peers, families, and possibly society.

From a prevention perspective, the need for connection remains. For the wisdom of connection is to bear fruit, there must be a connection between today’s generation and the generations of years past. Although adolescents may not be aware of peer group mental issues, prevention tools must be in place when a peer in a congregation is confronted with the risks of questionable emotional behavior.

Questionable emotional risks include anger, depression, guilt, loss of focus, disruptive behavior, and disrespect to self and others. In addition, other behavioral issues such as stealing and fighting must also be considered. Some questions that need to be pondered are: Should the adolescent refrain from interacting with others of their age in the congregation? Should the adolescent inform his parents of behavioral patterns of another youth in a religious setting? To properly answer these questions from a Christian perspective, it is crucial that all spiritual tools be utilized to respond to behavior that is contrary to the behavior expected in the church.

Christian adolescents and church leaders must be trained to assist adolescents in their congregation, even those that are not members of their congregation. It is necessary to grow and mature in biblical principles to help manage mental health issues. The prevention of mental health issues requires an intentional and integrative approach in a church’s ministerial approach.²

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A careful review of current mental health literature finds the goal of the secular treatment is to enable the adolescent to participate in the life of society and to avoid negative behaviors that may result in being labelled a problem child. These same secular concepts can also be utilized as a prevention tool in a religious context. For example, discipleship includes elements of the postmodern paradigm by utilizing the four components of a secular treatment plan with a Christ-centered approach. While a secular treatment plan is both usable, inclusive, and historically has demonstrated a level of success, the missing link for Christian congregations, in the secular analysis, is the absence of a religious component. The biblical text can demonstrate the wondrous power of the Holy Spirit.

**Assessment**

The process of assessment is crucial to the determination of a mental health disorder. There are differences between how secular and spiritual assessments are made, for while both types focus on the treatment and restoration of the individual, the secular assessment asks questions that are pertinent but omit the spiritual, which results in an incomplete analysis of an individual with mental challenges. Blind spots represent areas of need that the secular approach avoided in their initial assessment.

Conversely a spiritual assessment baseline begins with an individual’s subjective needs, hopes, and resources to build a life of wellness and healing with little attention paid to process and procedures. Therefore, behavioral assessment in a congregational setting must integrate some secular elements (assessment, evaluation deployment). While church leaders and congregations assessing adolescents are torn between the secular and the sacred regarding diagnosis and treatment, it is necessary for the non-professional to have some faith in current clinical tools utilized by secular mental health practitioners.
The Bible instructs believers that those who are spiritual should restore the fallen. The fallen also include those with serious emotional issues. To identify those who have fallen, sometimes secular assessments are needed and should be considered valuable tools in the diagnosis of mental challenges in the church.

Jesus encouraged the use of assessment as he taught the key to salvation is identifying the elements of a person’s personality. Understanding of an individual’s personal challenges towards spiritual formation is a never-ending process, yet still can be worked out through faith as “faith comes from hearing the message, and the message is heard through the word about Christ” (Romans 10:17).

Modern Christian churches and their respective leaders regularly make assessments that can be quantified, such as financial support, attendance, and evaluation of numerical growth. Others make qualitative assessments relative to congregational members who demonstrate behaviors appropriate for ministry development and church responsibilities. However, most times these assessments are unscientific judgment calls. When Christians in a congregation make an assessment, the biblical text provides the framework.

Historically, assessment and feedback often occur in a congregation while adolescents participate in religious activities such as Sunday school, youth Bible study, ushering, singing, or praise dancing. When adolescents in a congregational setting impulsively get out of their seats, exhibit disruptive behaviors in sacred settings, and at times are disrespectful to authorities, it is sometimes said they have brought the world into the church. The analysis of their behavior

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4 Romans 10:17.
argues that there is an absence of God in their lives rather than a need for counseling. The root cause of the maladaptive behavior is considered to be corrected by sanctions rather than some type of therapy. Despite the ungodly behavior that is displayed, the refusal to intervene from an emotional, spiritual, and secular augmented perspective fails to address adequately the emotional issues confronting the youth.

Upon careful examination, it would greatly benefit both the Christian church and their congregations to implement elements of secular treatment such as assessment tests and measurements, for without a working knowledge of empirically-proven emotional health treatment approaches and techniques, the outcomes of troubled youth in congregations may deepen issues rather than abate. A prevention model for adolescents in a congregation must utilize and implement both objective and integrative benchmarks. A Bible-based prevention model which utilizes secular benchmarks provides a structured foundation of hope for troubled youth integrating the best of both worlds in emotional healing of these worlds.

**Spiritual Intervention**

The church, through the Holy Spirit, provides guidance that imparts God’s great wisdom, which provides transformative relief. Spiritual interventions not only respond to the current questionable behavior uncovered during the assessment process, but also aims to answer somewhat, a predictable future through compliance or rebellion. Implementing an intervention in the life of an adolescent can be risky in any context, but intervening in a religious context provides the opportunity for adult leadership in congregations to be voices of change and stability. Deciding to intervene directly in the life of a Christian adolescent requires godly guidance found in the Bible. Although the use of the Bible is utilized, there is a need for the inclusion of a mental health component in Christian education curriculum. A spiritual mental
health intervention addressing a congregation member’s emotional issue will integrate the Bible with a new apologetic, including elements of compassion, love, mercy, and relative skills.\(^5\)

Generally, pure spiritual intervention emphasizes using only biblical references while excluding the clinical and secular components, Fernando Garzon, a strong advocate on behalf of the use of scriptural intervention, acknowledges there is strong support from knowledgeable individuals on both sides of the issue relative to the inclusion of clinical elements to spiritual intervention.\(^6\) The ability to utilize workable assessments and intervention tools which focus on the continued development of the child remains paramount when treating young congregation members.

As adult members of a congregation are not always aware of a youthful congregation member’s mental health issues, prevention tools must be in place when a youth member of the congregation begins presenting questionable emotional behavior. Making a referral is a way to demonstrate a connection across the community of those beyond the church, which can assist a youth in mental health danger and a sign that a congregation is connecting with family issues in the Church.

More importantly it is a sign that the integration of theology and psychology is connecting with the church and the community. From an integrative Christian church perspective, spiritual and secular mental health providers are not rivals but comrades combatting mental health issues, with congregations playing a major role in the intervention process. With a religious underpinning, the Bible serves as a guide in the lives of troubled adolescents searching for help.


Therefore, is the lack of a spiritual assessment an obstacle to spiritual interventions? Is assessment a right or wrong issue? Adolescents living in high-risk inner city areas where norms and living styles can result in an incorrect diagnosis due to inconclusive assessments that have avoided or ignored the theology of the city. Users of spiritual interventions must, therefore, be mindful of a double jeopardy in the sense that an adolescent’s behavior in the secular context may repeat itself in the religious context. Upon the completion of a spiritual assessment, a series of interventions can be aligned to target the questionable behaviors. Should congregation members lack mental health awareness, it could increase the need for further intervention be it school, public health or juvenile justice systems.

Jesus Christ possessed the power and authority to cast out all manner of diseases and disorders (Matthew 4:23). What a joy it is to know and understand that the same power that Jesus used has been given to us as believers in His Name. With such responsibility, the need for training is accentuated.

Training

Training for Church practitioners is overlooked despite it being easy to implement. Three church populations are prime candidates for mental health treatment training: parents, church leadership, and peer groups. Participation from all groups is important. To help troubled youth, individuals must be trained on how to examine the youth’s life and experiences from an empathetic and knowledgeable perspective. Compassion not discipline is required from the parents of a child in distress.

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7 Matthew 4:23.
The Apostle Paul admonished, “Fathers, provoke not your children to wrath.” To satisfy this directive emotional intelligence training, which focuses on harnessing feelings to limit physical and verbal aggressiveness is also needed. Such promotes an in-depth understanding of the role emotions play in the cause-and-effect relationship between dangerous sentiment and ways to diffuse them. This type of clinical awareness is imperative when attempting to participate in mental health evangelism.

Training in postmodernity stresses the understanding that God made everyone unique. Postmodernity requires a multi-dimensional and integrative model that corresponds to the pluralistic nature of postmodernity. The DISC model training is helpful to discover the nature of personality development and the reality of personality uniqueness.

The acronym DISC represents four personality behavior patterns: dominance, inducement, steadiness, and compliance. The DISC model can provide training and the revelation of those behavior patterns of other levels of personality development. After DISC training individuals are aware that conflicts are the result of personality makeup and other psychological issues. This model also focuses on four areas of individual personality styles: outgoing, reserved, task-oriented, and people-oriented. When knowledge of the personality differences is understood, a significant degree of conflict can be minimized.

Another necessary component of mental health training relating to communication is Berne’s model of transactional analysis. Berne’s transactional analysis model represents inclusive communication development. It moves beyond the communicative barriers that can lead to conflict and negative emotional health.

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8 Ephesians 6:40.

Knowing the strategic aspects of communication helps decipher the underlying issues of verbal expression. Training in transactional analysis provides creative structures between generations and peer groups, as a godly perspective is used to better understand the ego-states of adults, parents, and children. Since all persons experience the aging process and the corresponding behavioral tendencies associated with aging, transactional analysis is helpful, as it is the key to understanding the giving and receptive nature of a person. Training through biblical texts is imperative and paramount. This biblical training must recognize specific Scriptures that are mentally construed and teach the risks associated with straying from the things of the kingdom of God.

**Deployment**

The fourth component of the mental health discipleship connection is deployment. The deployment phase represents evangelizing while considering the emotional place of a youth on their journey. The deployment phase is connected to Matthew 28:19-21, also known as the Great Commission.¹⁰

To the disciples of the Christian faith, this command reflects the sending forth of those who have been trained and are willing to share the Gospel of Jesus Christ. This project’s Bible-based adolescent mental health model also represents a sending forth. However, in a mental health context it describes the sending forth of those with mental health awareness and a spirit of inclusiveness.

This thesis project’s focus recognizes the power of mental health awareness. Youth deployment and discipleship from a prevention perspective involve a paradigm shift that

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¹⁰ Matthew 28:19-21.
approaches postmodernity through engagement and not avoidance. Postmodernity is an often-used concept that describes the pluralistic behavior of the twenty-first century due to constant change and cultural diversity. Postmodernity plays a vital part through enlightening youth, parents, congregation members, and leaders about the motifs and culture of the troubled youth, from both a religious and non-religious context.

The cries for help are uncovered through the assessment process. Interventions, training, and deployment represent the responses to the issues discovered through the assessment component. Currently, the congregations in this thesis project are lacking in this area. Through a better understanding of the secular elements of mental health, willing congregation members and church leaders are trained to serve in a therapeutic relationship with youth that is ill-equipped to solve challenging mental health problems.

As Jesus Christ is our perfect example of discipleship deployment, we utilize Jesus Christ as Isaiah saw him as “the wonderful counselor” whose travels and ministry took him to those suffering with mental health and emotional issues. Therefore, those deployed in this mental health wellness model must in the likeness of Jesus Christ, go forth, and help those adolescents who are vulnerable to the weight of mental health issues.

The use of a possession-deliverance motif by Jesus provided a much-needed perspective to be used in a prevention model ministry. All demon possession is not mental illness, and all mental illness is not demon possession. Jesus Christ did not visit the mentally challenged man to condemn him.

\footnote{Isaiah 9:6.}
Due to the multiplicity of demons residing with him, he called himself Legion. Jesus possessed the power and authority to cast out all manner of diseases and disorders. What a joy it is to know and understand that the same power that Jesus used has been given to us as believers in His Name.

Use of the secular approach emphasizes intervening in the life of a client. After an initial investigation, a potential client connects with a professional who will spend time with the client and utilize proven strategies to aid in the prevention and restoration. Conversely, Bible-based mental health evangelism provides not only opportunities for assessment, intervention, and restoration but also provides the tools for others to aid adolescents in the same way, assessment, intervention, restoration.

When same-age peers are deployed, they approach the behavioral issues from a perspective of Christian help and love. The language and definitions of mental health symptoms are approached from biblical texts and can be viewed as opposites to the secular. From a prevention perspective, deployment consists of the divine opposites. See Figure 1.

Figure 1. Divine Opposites

<table>
<thead>
<tr>
<th>Secular</th>
<th>Religious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger</td>
<td>Peace</td>
</tr>
<tr>
<td>Inattention</td>
<td>Steadfastness</td>
</tr>
<tr>
<td>Silence</td>
<td>Communication</td>
</tr>
<tr>
<td>Hate</td>
<td>Love</td>
</tr>
<tr>
<td>Vengeance</td>
<td>Mercy</td>
</tr>
<tr>
<td>Death</td>
<td>Birth</td>
</tr>
<tr>
<td>Guilt</td>
<td>Forgiveness</td>
</tr>
</tbody>
</table>

12 Matthew 4:23.
Paramount in the deployment aspect of mental health evangelism is claiming a biblical psychology through the Scriptures. Adolescents learning prayers in the congregation must be taught to integrate the diversity of prayer. This is imperative. Adolescents can become familiar with the traditional prayers of the adults rather than what the Apostle Paul called praying with all prayer and supplication.\textsuperscript{13} Such recognizes the need for prayer from an integrative perspective.

The New Testament is filled with the words and deeds of Jesus Christ and focused not merely on the behavior but also the heart. In Matthew 15: 1-20,\textsuperscript{14} Jesus stressed the need to look beyond troubling behavior that others may condemn. Those youth in congregations displaying emotional health issues can benefit by referencing those biblical verses such as Matthew’s Gospel. James, in 5:7-11 also focuses on patience and self-control.

Apostle Paul states that effort should be made to have the mind like Christ.\textsuperscript{15} Although obtaining a mind like Christ is plausible and practical, troubled youth must be taught that the same Jesus Christ understands the triggers that may lead to issues concerning mental health disorders. Evangelistic mental health deployment strives to help those who are followers of Christ who participate in becoming part of the true spiritual community.

Larry Crabb stated “when we turn our chairs to face each other, the first thing we see is a terrible fact, we’re all struggling. Beneath the surface of every personality even the one that seems most together a spiritual battle is raging that will only be won with the help of the community.”\textsuperscript{16} When adolescents have the courage to be transparent they can be aided in a Christ-centered approach.

\textsuperscript{13} Ephesians 6:18.

\textsuperscript{14} Matthew 15:1-20.

\textsuperscript{15}Philippians 2:5.

CHAPTER 4

Analyze Survey Results

The literature review on Christian adolescents and mental health is limited due to that the age group being included in the adults’ research. Moreover, it is limited in some congregations due to the leadership style in some denominations structurally. Congregations whose leadership structures are hierarchical usually follow the directive from the top and function under an implied theological position imposed upon them toward issues such as mental health.

The research here, also, included obtaining opinions of pastors through mental health questions that included their congregations, personal lives, and their families. The research responses from the pastors indicated a high level of transparency and indicated (100%) that mental health training and awareness should be included through curriculum design in their churches. Their responses indicated to the researcher that someone higher in authority was influencing the lack of mental health teaching in the many congregations in their districts. It also indicated the role of privacy in a congregation when mental or emotional health become a concern.

The research consisted of questions for the age group between ten and seventeen. While some may agree that some age groups are not familiar with the issues of mental health, the positive side of this is that the questions on the questionnaire can also serve as an awareness tool. In contrast, youth in the public schools are introduced to mental health issues as early as the kindergarten and the first grade. Those who may dispute the use of the questions on the questionnaire represent the need to expand mental health language at every level. However, for the sake of this research, the age groups range from ten to seventeen.
Figure 2

Responders by Age

- 17 year olds: 40%
- 16-17 year olds: 22%
- 15-16 year olds: 22%
- 13-14 year olds: 16%

Figure 3

What is your age and grade level?

Students Surveyed by Grade Level

- 5th graders: 1%
- 6th graders: 10%
- 7th graders: 2%
- 8th graders: 8%
- 9th graders: 15%
- 10th graders: 17%
- 11th graders: 19%
- 12th graders: 28%
The age responses to the questionnaires demonstrated by the category ages fifteen to seventeen a forty percent response represents the highest. Older adolescents were more conducive to the idea relative to mental health. Parental involvement played a major role in all age groups. The factors that determine response rates vary from an internal population to an external.

The research topic and connection to preexisting attitudes of mental health impacted the participation in the survey. There was no question regarding non-participation in the research. However, as a religious survey, privacy played a major role in transparency and mental health. While those at age seventeen led the response percentages, the age group ten to twelve represented the lowest at seventeen percent. The age group also represented were fifth graders. Possibly, the idea of disconnection or connection may have a played a role in non-involvement and participation.

Theologically, similar attitudes may exist when purchasing a raffle ticket or participating in non-religious activities whose values are shared and passed on through generations. Continuing with a rationale for age response, the researcher encountered questions regarding the minimum age of ten participating in the research population. Those who verbalized that opinion stated that youth at age ten are not familiar or aware of the language of mental health. It was that statement that revealed further to the researcher the necessity of mental health awareness, in all venues.

Initially, the research population was to consist of congregations in the African Methodist Episcopal Church. The responses were very slow, and the research population was changed to include a diversity of congregations. A forty percent response is workable and provides
awareness to the emotional place of youth in congregations. Moreover, it provides awareness to what has been taught or what is being taught in the present.

The overall response population may not provide an overall determination of a congregations’ mental health posture or attitude, but the repetitive nature of the process indicated the difficulty of developing an awareness of mental health issues facing youth in congregations. In this case there were a total of ninety-nine responses to the surveys.

What does the data responses indicate that will inform others regarding the development of a prevention model for youth mental health prevention in a congregation? Ninety-nine adolescents obtained permission from a parent to participate in the survey. While mental health is a genuine issue in our society today, the research responses further demonstrate that adult leaders of the church are not the primary source for youth who have been beset with mental health issues or who may be at risk. The research also demonstrated that adolescence can be influence by their peers.

Have you ever spoken to your pastor regarding your mental or emotional health? Figure 3 above demonstrates the survey results. It is not surprising that the survey results showed that youth don’t share their mental issues with their parents twelve percent and a low percentage shared with their pastor seventeen percent. From a religious perspective, one may have thought the pastor would receive more responses. However, the results indicated that these youth would rather share their emotional issues with a friend forty-one percent rather than the pastor.

If parents are not communicating with their child under normal circumstances, there is a possibility that during a mental health crisis, the communications between the parent and child may not take place. If there is communication, it will be a positive opportunity to acknowledge the necessary communication skills noted in the transactional analysis model. Communication
with a parent can send the wrong or improper message to a child if the dialogue is carried out in a conflict mode. This happens when the child or adult words are misguided. From this research, the respondents indicated that sharing with parents takes precedent. Precedent over what???

Moreover, what is surprising about youth sharing their mental health with parents is the research population was eighty percent African American youth. It speaks to the generation and the diversities of the congregation and relationships and may not be perceived as a positive response. The child sharing their mental health with parental authority may not be helpful due to the negative perceptions relative to mental health in African American communities.

*Who do the adolescents share their ups and downs with?*

It is interesting to discuss those individuals who are not privy to the youth mood swings or “low moment.” Sharing with the pastor is multidimensional and has risks. Forty-one percent of those surveyed will rather share with their friends rather than their pastor or parents.

First, there is the risk of sending the wrong message to their peer group. The millennials are not the “baby boomers.” Talking to the pastor as a baby boomer was once considered prestigious or positive view. The millennials see the glass as “half-empty” and question why do they need visit the pastor, or the chairman of the Deacon Board, or the Sunday school superintendent.

The risk is the possibility of misinterpretation by those in their peer group and other peers in the congregation and the fear of a referral to a professional counselor or psychiatrist. While professional care may be needed (as the symptoms may indicate), the risks of labels and stigmas outweigh any positive results from seeing a counselor or a psychiatrist. Postmodern adolescents have other concerns that weigh on their souls and spirits. If others in their peer group or
congregational leaders find out that one of their adolescents are visiting a mental health professional there is a negative labeling which is assigned to them.

Secondly, a risk of sharing with the pastor or congregational leadership has the potential for furthering emotional or mental health breakdown. Pastors who have professed Jesus Christ, sanctification, and holiness and other elements of salvation strive toward the “language of salvation.” Adolescents today are children of the unceremonious Hip-hop generation with their informal mannerisms, and this may not change during a pastoral visit. Therefore, sharing with the pastor can easily result in a breakdown. Sharing with friends usually find a commonality of those issues that are impacting their lives and their mental health.

Moreover, has the pastor provided any indication of their interest in emotional or mental health issues? Have there been sermons on mental health? Has the pastor discussed mental health at all in the congregational setting?

The figure above demonstrates the comparing of sharing and the age group. The age group fifteen to seventeen shared their emotional issues with forty-one percent friends and the ten to twelve age group. The research for the ten to twelve age grouping could be listed as red flags by remaining silent as fifty-two percent responded that no one will be notified if they were having emotional or mental health issues. So, the researcher’s initial opportunity to work in an elementary school was assigned a caseload of first-graders ages six to seven. While some may believe age ten is relatively young to discuss mental health issues, mental health disorder labels and diagnoses can take place as early as the first grade.

Although ten to twelve-year-old conversations are not about depression and ADHD, still, anxiety disorders are mental health issues. The diagnosis or risk factors are representative through their behavioral patterns displayed in the public schools and the community. Youth in the
ten to twelve age groups usually are fifth to seventh graders. When led, those in this age group are verbal and active through engaged activities. Although the age groups ten to twelve can experience negative emotions, remaining silent can be the norm as indicated by a thirty-five percent survey results.

**Figure 4. What do you do when you are feeling down?**

The contemplative lifestyle was not utilized by adolescents when confronted with emotional issues. While the biblical message of Jesus Christ and the contemplative nature of Jesus Christ is preached and taught, the surveys reflected how prayer was minimized by the various age groups. The results of the research indicated the place of prayer as small in the lives of adolescents when asked on survey what action you performed when confronted with emotional and mental issues, twelve percent selected prayer. Two categories received zero responses, and they were drinking and smoking. Although prayer is a major area of Christian empowerment in a congregation and the lives of believers, this study indicated that
contemplative measures were lacking in youth lives. According to the research results praying is not prioritized individually in the ten to seventeen age group as much it may be for older Christians.

**Figure 5. What mental health disorder has impacted your life?**

ADHD is rated high in survey responses with a response selection of forty-five percent. It is not unusual for kindergarteners and first graders to receive an ADHD diagnosis. The research population age starting point is ten years of age, which is the normal or average age for a fifth-grader. The high response for ADHD is a result of the popularity of a mental health condition relative to the research population. Although the racial question was not on the questionnaire, by observation of the congregations where the youth held membership, it appears that most of the youth were African Americans. ADHD popularity may be due to the rate of difficulty to assess the behavioral incidents of the disorder. See figure 5 above.
Figure 6. Have you ever spoken to a church leader in your church?

![Discussion with Church Leaders](chart1)

If you cannot talk to your pastor or church leader, with whom will you share your feelings? This presents a huge problem. The chart below illustrates the survey results of adolescents sharing their feelings to congregational leadership to someone other than the pastor.

Figure 7.

![Sharing Feelings with Others](chart2)

What actions describe how you overcome negative emotion or feelings?

The battles between the adults and the adolescents represent cultural difference and
theological battles. The word of God teaches to cast all our cares on God because He cares for us. ¹ However, adolescents in the surveys preferred to dance or sing. Dancing to many is a secular act, but to the observing adolescent dancing is a form of worship and joy in the Holy Ghost. Again, there is a gap in generational understanding and theological transparency. Moreover, friendships and connections involve those that attend church, adolescents who profess Jesus Christ, those who are not regular attendees, and those who are not available for sharing.

Communicating with students in the classroom brought about interesting responses to the question of what a friend is. One student’s reply consisted of a person in their life that is “cool” and able to share secrets and personal matters. The response led to a brief discussion on what happens when the relationships is severed? In that case the friend is not an acquaintance and not a friend. Another student’s response on friend development was on choices. Friendships are essential to personality development and individuals regardless of the age group as they make choices that are suitable and wise.

Implications

Congregations are experiencing a decline in the adolescent population in their attendance. Whether active participants or merely “pew sitters,” those adolescents that may be mentally challenged or at risk of falling through the cracks. Mental issues with the young have not elevated the pastor or congregational leadership to a prominent standing in the lives of adolescents. Perhaps the pastor’s lack of skill pertaining to psychological integration with theology inhibit the young struggling mentally in contacting the church’s under-shepherd for help. Twenty-first-century adolescents are active participants in a congregation maturing, and yet they remain obscure. However, all youth do not mature or connect to a developmental stage at

¹ 1 Peter 5:7.
the same rate. It is here that the researcher questions the development of moral authority in behavior.

The implications arising from the research and mental health are diverse responses. While these responses share the difficulty found in understanding youth as they partake of their Christian journey, the survey results indicated closeness in the categories. To the researcher, this indicates a need for a clear understanding of adolescent posture and belief formation. Adults tend to make assumptions of adolescent spirituality based on their presence or absence in congregational activities or their participation.

From the research, assessing spiritually a postmodern adolescent requires a postmodern theology. The twenty-two percent of adolescents who used dancing to empower themselves during difficult emotional periods is a theological shift from the probable responses from “baby boomers” and generation X. The thin line between sanctification and “unchurched behavior” an adolescent in a questionable assessment category. This was evident by the response to the question whether the adolescent communicated with the pastor or church leader when confronted with emotional or mental health crisis.

In many respects those responses can be considered by some as shocking or going against the grain. However, this represents a lack of trust and confidence with the pastor and congregational leadership. Could it be the mindset of the postmodernity adolescent and the onset of mental health disorders?
Church, School, and Home

Congregations’ interest in mental health will find public schools open to their participation in special needs learning and the overall process that enables adolescents to be diagnosed. Hopefully, the initiation of more mental health issues in the community can impact congregational leadership to participate in programs with the public schools. The survey results indicated that school teachers received responses throughout the survey and age groups; but noticeably low responses.

Ironically, adolescents spend at least fifty percent of their entire day at school, where many diagnoses are initiated. African American adolescents’ views are complex and must be racially investigated. African American Chanté Wellington, in her dissertation “African American Perceptions of Childhood Behavioral Disorders and Mental Health Services” discovered that school-based evaluations were racially biased and grounded in white standards.²

Connecting with the adolescents mandates extensive changes in the adult attitude toward the adolescent’s culture. “Hip-hop” can be offensive to the adult population with the violence, cursing, and the demeaning lyrics of the music and . Workshops and seminars have touched on various subjects dealing with “rap” music and “hip-hop.” Some congregations have gone as far to sponsor concerts that allow “rap “artists in their sanctuaries, with opposition from those who have not progressed to a level of acceptance of the “hip-hop” culture.

While the responses contained in the surveys may be considered by some to be contrary to what is being taught in congregations, the goal of treatment if psychological issues arise giving attention to transference is complex and often not considered when adolescents express

²Chanté Wellington, “African American Perceptions of Childhood Behavioral Disorders and Mental Health” (PhD diss., Duquesne University, Duquesne Scholarship Collection Electronic Theses and Dissertations. 2007).
different and diverse views from the past. It can happen in behavioral patterns unique to the congregation.

Transcendence can be considered a viable piece to understanding where the adolescents are going and accepting the occurrences of new-found ideologies and new struggles. A survey which was designed for youth may be only a shadow of the disordered personalities that comprise our youth in many congregations, families, and relationships.
CHAPTER 5

Conclusion

While Christians pay careful attention to the many different issues facing members of the congregation, adolescents in their unique mental health challenges are an issue frequently ignored. As the problem worsens, the struggle between theology and psychology as therapeutic treatment options increases. To succeed requires a call to understand them from an integrative perspective. However, despite many attempts toward unity, neither theology nor psychology can claim victory.

This researcher discovered that mental health challenges experienced by adolescent congregation members are still a silent issue in many congregations. While pastoral responses indicate the presence of favorable attitudes among church leadership regarding the inclusion of mental health in curriculums in their congregations, it is necessary to ask why there is a lack of attention to mental health challenges faced by congregation members.

It is interesting to note; many pastors acknowledged not only personal challenges but family challenges as members of their immediate families have also faced mental health challenges. Nonetheless, they have not taken any positive steps to develop mental health programs for their flock. The overarching questions pertaining to the project were why mental health training is not included in congregations?

The difficulty in finding the answer to that question is connected to another question, how do we integrate psychology and theology? The lack of a mental health agenda in many congregations is less a psychological matter but more of a doctrinal issue. In a hierarchal denominational the congregation follows the leaders’ perspective as these structures are primary.
Another question asked was how to integrate the congregations to this discipline, and in Chapter Two, the research centered on the need to create an awareness of the mental health needs of adolescent church members finding ways to address these needs from a biblical perspective. The researcher concludes it is a matter of overcoming the obstacles, which are many, including misidentification of mental health challenges as demonic challenges, which results from the absence of secular elements as part of the intervention.

Going forward, the ongoing prevention of youth mental health in congregations requires research into adolescent mental health. Currently, research in this area is limited, and the need for further research on awareness of programs for Christian congregations is needed. Today’s youth share and verbalize their concern on many societal issues, and mental health are important issues for this new generation. Youth in congregations are seeking answers from God in ways that are representative of the postmodern age.

Confronting the issues facing Christian youth, God, and mental health can be a difficult labor of love. Due to the nature of mental health and the psychological influence, many Christians were reluctant to discuss or participate regarding issues about emotional and mental health. The researcher made many attempts to elicit participation in this project. Could it be that the volume of mental health issues that are unknown to other believers and privacy become the dominant factor?

Transparency becomes limited, and the question becomes what degree of sharing will develop due to limited understanding of mental illness by fellow church members. Adolescents and their willingness to dutifully accept the tenets of Christian theology has been a source of discontent and conflict through the ages. Currently, congregations struggle with declining membership rolls and maintain those present with relevant Christian activities. While
postmodernity continues to be debated on various fronts, the youth of this generation are formulating their attitudes relative to what is the relationship between positive emotional health and an acceptance of Christ.

**Prevention through Integration**

If there is to be an integration of psychology and theology, there must be an understanding of the need to also understand grey areas. These grey areas exist when generational roles overshadow the needs of baby boomers, generation X-ers, and millennials.

Conflicts are grey areas that exist because of the polarization of conceptual ideas which result in sinful mindsets. These grey areas represent those things that are not in the DSM-5 manual or included in congregational curriculums. The postmodern generation does not avoid the interactive behavior in a congregation due to it being defined as sin.

The mind of Jesus Christ corresponds to the need to teach what corresponds to the need to teach youth the skill of thoughtfulness. Bible study and youth Bible bowls, while captivating the minds of youth at conferences and conventions, do not impact the youth in ways anticipated by church leadership. This research provides increased awareness pertaining to the need to connect with youth in the congregation from the whole Christ-person perspective.

The research revealed that adolescents are not mature Christians as they function according to their emotional level and consequently, they are at-risk for mental health challenges, depending on their life circumstances. Therefore, more teaching must be done in the area of prayer, forgiveness, love, and the fruit of the Holy Spirit. ¹

Mindfulness is being and seeing. It is who we are, and it can be the source of healing. The weapons of warfare are mighty, but not too mighty to prevent God from pulling down these

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¹ Galatians 5:22-23.
strongholds. A mental health diagnosis requires treatment that can become medicalized, and for many this is degrading. On the other hand, allowing God to assess, intervene, and treat those issues gives hope to the downcast breaking strongholds.

The onset of depression at any age and environment needs sources and empowerment that can impact the dynamics created by the onset of depression. The availability of connections is manifested through unconditional love that acts as a spiritual conduit. It is through transparency that all can be empowered with a healthy mindset.

The emotional health relationships taking place within the congregation are either generational war fronts or peaceful resolution. The risks associated with these battles are the inability to be integrative and utilize the power of unconditional love.

While many social scientists describe this social condition as cultural lag, the author views it as a lack of understanding of the dialectical between Christians from different generations and a lack of understanding to accept prior generational ethos. For example, the intentions of those working with youth in a local congregation may perform their duties with all Christian diligence and commitment. The results can be heartache and despair because of language barriers and the misapplication of biblical verses during the teaching process.

If there are mental health medications involved, they can further impact the situation as the intended spiritual growth can easily be psychologically misinterpreted due to the spiritual genre it represents.. It seeks to train up the children from a previous generation such as Generation X or going back even further to utilize approaches as attempted by the baby boomers. Such an acceptance is not an easy one due to generational differences and the other elements that

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2 2 Corinthians 10:4.
contribute to these divisions due to individuals or groups maintaining their current mindset and being unable to move forward to new domains.

Generational disconnections pose risks that hinder contributions from some congregation members. When a youth accepts Jesus Christ as their personal Savior, the emotional baggage that existed before their conversion is supposed to be left behind. The Apostle Paul provides instructions for the new convert that there should be no anxiety regarding the past.

While there is hope for a full life in Christ, the issues the youth are currently facing can be inner storms and hide hidden hurt. For the needed connection, coming to a place of spiritual freedom can be an uphill struggle, and a witnessing congregation is a great asset. If there is an awareness of the emotional issues that can interrupt the spiritual journey and witness of a youth, ignoring this aspect of a youth’s journey can open several problematic areas.

**The Need for More Research**

Prior to the research project, there were indications that adolescent mental health had been ignored through research and in congregational and denominational leadership. While the project does provide microdata and awareness, more research is needed to provide a macro-level view. The primary obstacle is the integration of psychology and theology, specifically how much psychology is too much and why is not the Holy Spirit enough?

This project was born out of the need to integrate theology and psychology. Although both disciplines have been established in diverse fields of study, theological adjustments pose a serious threat to an adolescent’s desire to adhere to the Scriptures that define them as Christians. Does being a Christian exceed the need to be emotionally well?

The responses indicated that there are widespread emotional issues impacting youth in the various congregations. However, the biblical texts emphasize the strength is made perfect in
weakness and the power found in the Holy Spirit. Moreover, opposing the biblical teachings for another discipline such as psychology can be classified as sin to the adolescence.

While conclusions are not end in themselves, several tenets became clear that can be used as measuring tools for the current foundations with further research regarding adolescent emotional health within a religious and secular context. This research confirmed from a research perspective, admits a gap exists between Christian adults and youth when exploring the field of mental health and the congregation. Adolescents would rather avoid the level of intimacy with the level of pastoral care from a mental health perspective as a youth suffering or showing symptoms of serious mental health disorders. Such can be a troublesome situation for the entire family. Since adolescents are primed for a new paradigm in some congregations, there is also a shift to a new apologetic.

Theological Foundations

Currently, in the researcher's ministry context there is a lack of a ministry model to provide an alternative to the secular options that are presented to youth as part of the overall treatment plan. Any diagnosis manifests itself through low self-esteem, disruptive behavior, inattentiveness, impulsivity, and hyperactivity. While an IEP (individual learning program) and other academic provisions of no child left behind, which attempts to assist youth to attain their level of educational requirements, what is the role of the congregation? For example, an ADHD diagnosis is possible if a child is demonstrating at least six symptoms for a period of six months and whose behavior is not consistent with age-appropriate developmental levels.

In the secular domain, the purpose of a treatment plan is to present the youth with goals and strategies that will demonstrate improvement with the issues as well validate the youth’s need for services and treatment. Such treatment plans are limited and controlled by law to avoid
overt spiritual language and, for the most part, spiritual assessments, interventions, and spiritual 
empowerment. Although over the course of a twelve-week period, documentation can be 
provided that a client (youth) showed improvement in the targeted areas of treatment. Those 
counselors and clinicians who are familiar and well versed in the integrative aspects of “spiritual 
psychotherapy,” realize that there is more to the treatment than what was recently completed by 
the client (youth).

The completion of the race toward eternal life should be a goal of every Christian 
believer. One of the most important questions presented to believers from other Christians, 
religious faiths, or to them is the question that confronts the issue of salvation. The completion of 
the journey brings with it the need to be overcomers to the many and diverse trials and 
tribulations that could hinder one from obtaining deliverance.

Where salvation becomes a matter of question: Am I saved, or did my sin cause me to have my name struck from the heavenly roll? The heavenly roll is what believers accept and receive when they accept Jesus Christ as their personal savior. The connection to Heaven is the promise for believers who follow and keep His commandments. In one parable Jesus stressed the need to be faithful and consistent in matters of spirituality, stating, and encouraging believers to keep their hands on the plow and those that refuse to adhere to this principle are not worthy to enter the kingdom of heaven.

God desires that all be saved and that none be lost. God has provided salvation through His Son Jesus Christ. Jesus Christ died and was raised from the dead with all power in His hands. Salvation in Jesus Christ is through accepting and believing in the Virgin birth, life, death, and resurrection of Jesus Christ, and accepting Jesus Christ as personal savior.

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3 John 3:16.
As a Christian counselor, I have repeatedly been faced with the issue of where a line should be drawn with certain clients regarding spiritual benefits such as prayer, faith, worship, and the idea of a supreme being and a ministry that encompasses all. Moreover, the situation can become even more complex when many of the clients (youth) verbalize their faith in a supreme being and verbalize that faith through a youthful theology despite the law setting limits from the secular standards.

It became clear to me as a pastor and counselor and potential author that at-risk youth, active in the secular, are also active members of a congregation and call themselves Christians. The goal of the project was to examine if youth, who are diagnosed with a secular mental health label, could connect to church ministries who can provide the necessary tools for a holistic life that is multi-dimensional, and Christ-centered?

This research project demonstrated that congregational leadership is ill-prepared. However, it is my hope that through this prevention ministry other leaders in the local churches, parents, and members that comprise the seven cities of southeast Virginia region will implement a mental health prevention ministry.

The leaders should be pro-pastor ensuring the continued spiritual and economic blessings of their office. The board often finds itself as the root of dissension and misunderstanding. Congregational leadership, as well as all Christians, should demonstrate an acceptance to all believers. The goal is to go deeper in the spirit and aid in the transformation process.

Moreover, it was also the researcher's goal to demonstrate that developing these potential youth results in believers in the Kingdom of God who can become leaders in their homes, schools, communities, and peer groups. The congregation’s quest to move toward change regarding the issue of family power makes change even more difficult by rejecting those
stewards that bring new ideas and suggestions to the office. Increasing the conflict is the knowledge of the “power broker” whose main aim is to maintain the status quo and keep their immediate family leadership roles. This has been one of the biggest issues facing Christian congregations regarding mental health as Christians pay attention to different issues facing the congregation.

The overarching question is when it is necessary to develop a prevention plan with a mental health focus? Colleagues and peers continue to issue warnings regarding the struggles between theology and psychology. The similar goals of these two disciplines necessitate a call to utilize their respective strengths from an integrative perspective. However, there have been many attempts toward unity and reconciliation without a clear victory path for either theology or psychology.

Adolescent growth is not viewed as an end, but a process. Hope in the Word of God and the power of the sanctifying Spirit in agreement with the fruit of the spirit is able to be a conduit of positive transformation. Adolescents, as they become young adults, are impressionable to both sides of their experience. The over spiritualization process by congregational leaders can provide or perpetuate psychological risks and disorders, which is another challenge for the integration of theology and psychology. The foundation of this prevention model is an integrative approach. Empowering adolescents calls for integrative models of counseling and personal growth models. It is bringing professional skills to congregations without the licenses but with God, the Bible, and the Holy Spirit.

From an implicative perspective, the research revealed that diversity is integrative as adolescents seek to function in a postmodern world. In that sense, counseling and spiritual empowerment should take on a blended model through prevention. It is the researcher’s opinion
that understanding millennials requires a paradigm shift by pastors, church leaders, and congregations.

“Baby boomers” religious orientation coincided with the norms of their generation. Today’s adolescents are quick to point out their differences relative to music, dancing, attire, and dating. The new paradigm is an understanding and inclusion of the “hip-hop” culture. However, being emotionally and mentally healthy speaks to the present as well as the past.

In many instances, the inclusion and total agenda of churches and congregations have been seen as an overt helper in both the community and society at large. Although there is no competition “per se,” the research is centered on how adolescents see their role and purpose in mental and emotional health concerns. The continued relationship between the church and mental health has a historical foundation that has served and survived as an informal social services provider throughout history. The church has provided a wide range of prevention and treatment-oriented programs that contribute significantly to the psychological and physical wellbeing of their congregants and the overall community. Yet, there remains much work and study to be done towards healing.

This research raised serious questions or concerns about the gaps and linkage revealed through this research and its results. We have a long way to go, but God has given his word to be overcomers.\footnote{2 Corinthians 12:9.} God does not leave us defenseless.\footnote{Ephesians 6:11.}

The results are indicative of mental health delivery systems and not mental health relationships in congregations. The view of this research indicates the adolescents of many churches have a less than positive view of mental health, and that lack of fear and mistrust of
mental health is a vital step in the right direction toward the implementation of a deeper, wider, and ongoing mental health development in communities that moves beyond historical negativity and the theories relative to “taking care their own.”

Despite a multiplicity of investigations, questions remain per the bulk of research that has been documented by unresolved church mental health issues. The results indicate a word of caution in those efforts to bring religion into the mental health domain or vice versa. The findings suggest facilitating a sense of purpose or forgiveness as keys to improving mental health across epistemological fields. In the research, there was a uniqueness that all groups shared, a quest, and call for the blending of mental health and spirituality.

A congregation has to be prepared to meet the challenges of the twenty-first century regarding the issues of mental health. Throughout the project, a new paradigm shift has been advocated that corresponds to adolescents in post modernity. Brian D. McLaren’s work The Church on the Other Side: Doing Ministry in the Postmodern Matrix, provides three strategies that can serve as mental health prevention strategies.⁶

Strategy one requires discontinuity to be maximized. Strategy two is designed to find fresh ways to communicate the gospel to the postmodern mind. Strategy three requires learning a new rhetoric as old communication patterns are less and less effective in the new world. These three strategies represent a portion of the list provided by McLaren. It may be possible to add to these three as congregations expand on adolescent ministries that are mental health inclusive.

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The Four-Session Mental Health Mentoring Program

After the surveys have been tabulated and observed, one’s mental health disorder will be the focus of the mentoring activity. ADHD received the highest responses of all the questionnaire responses. Due to its popularity, the mentoring will focus on how youth receive a diagnosis and the relative symptoms, assessments, interventions, and deployment. In the religious venue, participants will focus on prevention and overcoming the behavior that enabled them to receive such a diagnosis with the displayed behavior that corresponds with these risks.

The four-session mentoring will be characterized by four weeks of mentoring. The Assessment of the adolescents scriptural and mental status characterizes Week 1. Partners will communicate by telephone, online, or in person to discuss mental health in today’s society and the challenges of being accepted or left out. Partners will keep a weekly log of times devoted to prayer, scripture, and reflections. The Intervention process highlights Week 2. Mentoring this week takes on the need for responsibility to one another (am I my brother’s or sister’s keeper). Interventions are needed to assist others in changing and recovery.

Lateral mentoring will provide instruction on when and how to intervene in a biblical way while also providing biblical texts relevant for mental health intervention. Through mentoring, intervention techniques are learned and applied with peers. Week 3 focuses on transaction analysis and communication, and Week 4 discusses deployment foundation texts such as Matthew 28:19-21, Matthew 11:28-30, Romans 8:28, 1st Peter 5:7, and Philippians 4:6-7.

In conjunction with the mentoring program, there will be an adolescent coffee house. The "Cafe Hope" coffee house timeline will run concurrently with the women's Missionary Society, who has the power and authority to support the budgetary areas of "Cafe Allen.” Support letters
will be mailed to the presidents of various missionary societies and the directors of the youth department asking for support and detailing the Café and relationship to adolescents and mental health. This is new ground for the church and consequently new ground for the youth department.

Due to a lack of income at the onset, the meetings and activities will be held at local churches that have large fellowship centers. The focus will be the implementation of a mental health prevention model. Refreshments, music, and other required expenses will be handled through donations and fundraisers.

"Cafe Hope" will have as its foundational text: Ephesians 5:19 (NKJV) "Speaking to one another in Psalms and Hymns and Spiritual songs, singing and making melody in your heart to the Lord" Under no circumstances will alcoholic beverages be a part of the agenda at "Cafe Hope.” Many who worship at our mainstream denominational are not aware of the coffee house movement or the many "Kids Cafes.” The local CBS affiliate here in the region area gave a report on the "coffee house" that provided more than coffee and a heavy dose of secular entertainment.

**My Summation**

Connection is the gift that God gives His people. It is a gift that God created for our use and His glory. Humanity seeks to find its strength in isolation and “aloofness” hiding from others and not realizing that we are also hiding from ourselves and our Creator. It is a marvelous thing that the Father’s wisdom established the power of connection for us, and also the relationships created through the power of connection.

What shines forth in this awesome project is that God created us to be connected, and throughout life there will be opportunities to connect. The diversity of connections is the scope
of a multitude of areas and venues. Some of these venues are not necessarily prayed for or desired, but the task is to view them all as opportunities that are progressing toward a viable community; a collection of God’s people whose lives work together.

From this connection healing and wholeness will manifest. The hope of such a healing is also a transfer of responsibility. What was the previous duty of the secular is now the duty of believers as Christians? It is a kind of relating that the spirit initiates and with power permeates through our perfect example Jesus Christ.

In the twenty-first century, the ongoing cry is through the message or song of the huge so-called connected. People desire to travel through life with ever-increasing social communications, interactions, and friends. Despite attending humble churches and mega-churches disconnects still exist between individuals, families, co-workers, and worship centers. These disconnects perpetuate, and in some cases solidify brokenness and mental disorders.

The response that God provided is often ignored. God speaks to us through the example of His son, Jesus Christ, who taught and preached the power and need for connected relationships. Jesus left us examples of the power of love and sharing beyond our personal relationships, but also to strangers. Jesus provided examples for the twenty-first century church as we wrestle to take back the connections lost due to releasing to the secular world what God has ordained for the spiritual one.

Being and staying connected is the goal of a mental health prevention model. The process is demanding due to free will, and our desires clashing with God’s. We have a choice to be empty or full. We can allow God to enlarge our territories, or we can remain aloof as opposed to examining the obstacles that are hindering or preventing connection.
The author’s project reveals a side of adolescents that often implicates a longing for the support of others. Personality style revealed a part of them that bears witness to the spiritual need for ministry which reflects God with all their heart, mind and soul. The adolescents are sheep that fold but belong to God.

**My Investigation**

Experiencing connection is allowing the Spirit to operate in every aspect of our lives. Traveling over hot coals with our feet is an extreme example of a way God, through the Spirit, will get our attention. The author goes further as he makes a point concerning God’s love for us and the possibilities for loving each other that God connects with us through the Holy Spirit.

Being connected is more than sharing a sanctuary or a classroom in the church. The inconclusive language that rises in my spirit must be continually cast aside as I wrestle with what is visible in the natural. The gatherings, meetings, conferences, retreats, and the many other reasons the church is called forth do not always manifest at levels to develop the spiritual elements required for growth. In the spirit of honesty and integrity, the struggle is to keep the hope alive that the results will manifest beyond meeting times and agendas, but progress into viable relationships and connections.

How will we relate in this higher purpose and calling upon our lives? In my context, as a Methodist pastor, the focus is a battle between freedom and structure. Furthermore, what parties will provide the needed counseling and appropriate level in the local church.

On our journey, we confront the need for strategies to follow and implement new models to increase or reconcile connections. Persons are always part of community even when they deny it or even when they do not know it.
Considering the backdrop of the diverse results of these surveys, there is a need for a blended ministry directed toward the postmodern adolescent generation. Dialogue must be an integrative dialogue consisting of reaching out to those whose personalities are different and who historically avoided the need to be included in our collective spiritual efforts.

Moreover, the mental health prevention model consists of overcoming many things; chief among them are stigmas that serve as roadblocks and obstacles. The Arbinger Institute, in its profound work, *Leadership, and Self-deception: Getting Out of the Box* views deep-rooted psychological issues that individuals allow in their person destructive lives. It is not to say that psychological issues are not biological. The understanding of prevention can be obtained through “out of the box living.”

Jesus Christ taught about the need to be free and whom the son sets free is free indeed. For a mental health prevention model to be successful and implemented, congregations must become aware and attuned to what everyone brings to the table and realize their importance to negative and positive behavior. The Apostle Paul stated it another way. Paul writing to his son in the Ministry admonishes Timothy in 2 Timothy 2:2 to entrust the same teachings to others who are qualified to spread the same truths. These teachings, although biblical, can be applied to mental health prevention of disorders in the congregations. The sooner, the better.

Early adverse research indicates that ignoring mental health issues is crucial to a wide range of cultural contexts, including the church. When congregations function under the unction of the Holy Spirit, they are enabled to move out of the box and respond to behavioral patterns and issues that are unchristian. While some of these issues are “growing pains” of adolescents, many are represented in the concept definitions of this paper.
Adolescents who have faced or are facing extreme early adversities in the form of institutionalization show greater amygdala reactivity to emotional stimuli. The amygdala is that part of the brain that impacts our emotions. Those whom God has entrusted to show forth his love and care must consider all the “baggage” of the adolescent to assist and empower the adolescent in ongoing spiritual and personality development.

Early adverse research indicates that ignoring mental health issues is crucial to a wide range of cultural contexts, including the church. When a congregation functions under the function of the Holy Spirit they are enabled to move out of the box and respond to behavioral patterns and issues that are unchristian. While some of these issues are “growing pains” of adolescents, many are represented in the concept definitions of this paper.

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APPENDIX A

A Clergy View of Mental Health Prevention in Congregation

Please respond to the following questions. All information is confidential and anonymous. Please respond in paragraph form. Return to me nor_vic@msn.com. All responses are anonymous and confidential.

1. Have you been approached by a youth in your congregation concerning their mental health? Please explain your response providing your rational for your actions.
2. Has anyone in your family been impacted by a mental health issue?
3. Were you willing to share with other members of the congregation?
4. Do you think mental health should be included in your congregation’s curriculum?
Youth Questionnaire

You have been selected to participate in research to develop an At Risk Youth Emotional Health Prevention Model for Local Congregations. All questions have been simplified, and your identity will be completely anonymous. Your answers will not be viewed by anyone other than the researcher, and the results of the questionnaire will be kept for three years.

PLEASE MAIL SURVEY TO FOLLOWING LINK: nvick4@liberty.edu

YOUTH QUESTIONNAIRE

Please circle your response to the questions or statements that correspond to you.

1. What is your current age?
   _10-12 _13-14 __15-16 __17-

2. What is your current grade?  5th ___6th ___7th ___8th ___
   9th ___10th ___11th ___12th ___

3. Circle one mental health issue that has impacted your life:
   ADHD       Bi-polar       Depression       Oppositional defiance disorder
   Detachment disorder   Schizophrenia   Anger Management   Other

4. Have you ever spoken to your pastor concerning your emotional health?
   Yes       No

5. Have you ever spoken to a church leader in your church concerning your mental health or your emotional health?
   Yes       No

6. If you can’t talk to your pastor or church leader, with whom will you share your feelings?
   Parents       Friend       School teacher       Sibling       Neighbor
   Classmate      No one
7. What actions describe how you overcome negative emotions or feelings?

Talk on the phone laugh it off dance sing read pray smoke drink

TO: Reverend Norman Vick
FROM: Dr. Rufus L. Mosley, Jr.
RE: A Clergy View of Mental Health Prevention in Congregation
DATE: April 3, 2018

Please respond to the following questions. All information is confidential and anonymous. Please respond in paragraph form. Return to me: nor_vic@msn.com. All responses are anonymous and confidential.

1. Have you been approached by a youth in your congregation concerning their mental health? No, please explain your response providing your rational for your actions.
2. Has anyone in your family been impacted by a mental health issue? Yes
3. Were you willing to share with other members of the congregation? Yes
4. Do you think mental health should be included in your congregation’s curriculum? Yes

As a former educator who has worked with children with emotional problems, I have always been interested in the mental health of all. Mental illness is not something that one is proud of. It continues to be a stigma with negative consequences. No one wants to be considered or viewed in this manner.

Growing up, I can remember some of my relatives who suffered with disease. It was not something that they chose it was a part of their DNA. However, even as a child, I was drawn to love them even more, and they displayed genuine love to us as well. The term used back then was “crazy.” They never considered themselves this way, they were just different.

As a Pastor, many in my congregation have shared their personal stories. I would listen and when I felt the condition was becoming a threat to the person or others, I would suggest that they consider counseling or some degree of psychotherapy.

I think Mental Health should be a part of the churches curriculum and regarded with the same respect as other illnesses.
Bibliography


September 29, 2015

Norman Vick  
IRB Approval 2268.092915: Developing an At-Risk Youth, Mental Health Prevention Model for the Local Church

Dear Norman,

We are pleased to inform you that your study has been approved by the Liberty IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year, or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

G. Michele Baker, MA, CIP  
Administrative Chair of Institutional Research  
The Graduate School