

LIBERTY UNIVERSITY

JOHN W. RAWLINGS SCHOOL OF DIVINITY

**Addressing the Impact of Adverse Childhood Experiences
of Adults through the Pastoral Counseling Ministry of Victory Church**

A Thesis Project Report Submitted to
the Faculty of the Liberty University School of Divinity
in Candidacy for the Degree of
Doctor of Ministry

by

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THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT

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Dr. Vincent Filetti's landmark 1998 study exposed the impact of adverse childhood experiences (ACEs) on children and adults. His analysis determined that childhood traumatic experiences could strongly correlate to serious health issues in adults. Exposure to childhood adversity has been shown to correlate not only with mental health issues such as depression, suicide, and substance abuse but also with chronic, life-threatening health issues such as cardiovascular disease, diabetes, cancer, and immune system issues. This DMin study aims to address the impact of ACEs on adult clients of the pastoral counseling ministry of Victory Church, a large non-denominational Christian church located in Middlefield, Connecticut. To adequately address client needs related to the impact of ACEs, the pastoral counseling team of Victory Church must be adequately trained. This DMin action research project will result in the development of a pastoral counseling training module that explicitly targets client ACE issues identified in the counseling process. Training will be provided to raise the pastoral counseling team's level of understanding and counseling ability related to ACEs. A secondary purpose of this project is to examine the pastoral counseling process that incorporates the training that will be conducted as a result of the primary objective. The pastoral counseling process will be reviewed to determine its strengths and opportunities for improvement to assist the counselors in identifying critical risk and protective factors so they may work toward the prevention of future ACEs and improved outcomes for counseling clients.

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Abbreviations

AACC	<i>American Association of Christian Counselors</i>
ACE(s)	<i>Adverse childhood experience(s)</i>
CR	<i>Celebrate Recovery</i>
CSA	<i>Child sexual abuse</i>
DMin	<i>Doctor of Ministry</i>
EMDR	<i>Eye movement desensitization and reprocessing</i>
PTSD	<i>Posttraumatic stress disorder</i>
SFSTPC	<i>Solution-focused short-term pastoral counseling</i>
WHO	<i>World Health Organization</i>

CHAPTER 1: PEOPLE ARE HURTING; WE ARE HERE TO HELP

Introduction

The pastoral counseling ministry of Victory Church has recently begun serving more clients presenting with behavioral and severe physical health issues. On the surface, it would be understandable to treat these issues separately; however, recent studies indicate a link between behavioral and psychological problems and life-threatening health issues in adults. In mental health circles, it is well known that what happens to children before the age of eighteen can predict undesirable or risky behaviors in adolescence and adulthood. However, these same childhood traumas could also explain why a middle-aged adult is dealing with a stroke, digestive problem, neural issue, or even cancer, which was not considered until a physician named Dr. Vincent Felitti published a report in the 1990s.

In 1998, Dr. Felitti and his team published what is today considered a landmark study on the impact of childhood traumatic events and their link to severe health issues in adults. In “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults” (the ACE Study), Dr. Felitti proved a link between what he defined as adverse childhood experiences (ACEs) and death in adults.¹ As with most scientific research, other studies soon followed, but that body of research supported Dr. Felitti’s findings: there is clear evidence that ACEs are risk factors for the most common and severe diseases in the United States (and worldwide), regardless of income, race, or access to health care.²

The significance of this finding in the counseling process relates to the counselor’s ability to identify an ACE in the counselee. Identifying an ACE could help explain the client’s

¹ Vincent Felitti et al., “Relationship of Child Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults,” *American Journal of Preventive Medicine* 14, no. 4 (1998): 249.

² Nadine Burke Harris, *The Deepest Well* (Boston, MA: Mariner Books, 2018), 39.

presenting condition and direct the counselor to different approaches to resolve the client's issue. While counselors using standard methodologies frequently probe the client's history for background information and behavioral indicators, there has been little effort to link counseling matters to a client's physical health. The client's quiet suffering is hidden, rarely discussed because of the shame, secrecy, amnesia, and denial; the effects of the trauma of those earliest years are not lost; they are like a child's footprint in wet concrete, and they persist throughout a lifetime.³ A counselor presented with a documented process that explores ACE that can help explain a client's current health can be more effective at helping the client navigate to behavioral changes, psychological changes, and, to a certain extent, physical healing.

A counseling strategy that considers the impact of ACEs can provide additional benefits that impact the client's physical health, producing a better quality of life for the client. The pastoral counseling team of Victory Church requires training to become more effective in understanding and identifying ACEs in their counselees. In addition, the counseling process used by the Victory Church pastoral counseling ministry must be revised to incorporate tools and techniques that will help the counselor identify ACE-related issues in their clients such that the appropriate counseling plan can be applied. This thesis project aims to develop an advanced counseling training program that adequately addresses the training issues and revises the pastoral counseling process to incorporate the acquired knowledge of that training into practice.

Ministry Context

Victory Church is located in Middlefield, which lies in the heart of Middlesex County, Connecticut. Centrally located at the crossroads of two major highways, Victory Church is

³ William Fulford, "Hidden Suffering and the Effects of Adverse Childhood Experiences," *Religions* 8, no. 3 (March 2017): 5. <https://doi.org/10.3390/rel8030031>.

exposed to high vehicular traffic. This logistical positioning provides outstanding visibility of the church. The church building has been in this location since 2001. The Town of Middlefield considers the church property to be of high value, and several interested parties have periodically inquired about the church's interest in selling. The church is interested in pursuing a land deal that would open the door for new church property and buildings.

Middlesex County

Middlesex County is located in the south-central part of Connecticut. The county was established in 1785 by consolidating portions of Hartford and New London counties.⁴ Middlesex County is divided in half by the Connecticut River, a tremendous resource for employment and recreation. The terrain trends from mostly level along the river and Long Island Sound to gently rolling uplands and some small foothills forming the border of the Connecticut River Valley. The landscape is rife with hiking trails, historical landmarks, small businesses, private development, and many small villages, hamlets, and towns. Middlesex County is included in the Hartford-East Hartford-Middletown metropolitan statistical area known as the Greater Hartford area and covers 439 square miles. It is the second smallest of Connecticut's eight counties.

In 2019, 163,368 people called Middlesex County, Connecticut, their home, though the county saw a slight decline of 0.193% in population between 2018 and 2019. The median age of county residents was 45.7 years, and the median household income was \$85,898. The largest ethnic group is non-Hispanic whites (84%), followed by Black or African Americans (5%), Hispanics (4%), Asians (3%), and others (4%).⁵ Interestingly, 0% of the households in

⁴ "History of Middlesex County, Connecticut."
<https://ia600703.us.archive.org/32/items/cu31924097556595/cu31924097556595.pdfhttps>

⁵ "Middlesex County, CT." DataUSA. Accessed November 3, 2022.
<https://www.census.gov/quickfacts/middlesexcountyconnecticut>.

Middlesex County speak a language other than English as their primary language at home. Ninety-seven percent of the residents of the county are United States citizens.⁶ The most common birthplace for foreign-born residents is India, with over 5,000 residents born there, followed closely by Jamaica (4,600) and Mexico (3,975). Middlesex County is home to over 6,000 military veterans, mostly veterans of the Vietnam War (63%).⁷

Middlesex County is moderately religious, as 42.3% of its residents are affiliated with specific denominations. Roman Catholics make up 28.5% of the religious population, while those belonging to other organized religions (i.e., Baptist, Methodist, Lutheran) make up 6.4%, non-denominational evangelical Christians comprise 6.1%, and all others are 1.3%.⁸

The people of Middlesex County are well-educated, as over 94% have a high school diploma or higher. Of those well-educated, 42% hold a bachelor's degree or higher, providing the employers and businesses of the county with abundant resources to fulfill their business plans. There are over 4,200 employers in the county, and employment can be found in fields ranging from leisure to aerospace and defense. Many service industries support Middlesex County, including food, financial, health care, and retail. The August 2021 unemployment rate for the county was 4.9%, which is lower than the State of Connecticut's unemployment rate of 6.8% for the same period.⁹

⁶ Ibid.

⁷ Ibid.

⁸ "Religion in Middlesex County, Connecticut," Bestplaces, accessed October 29, 2021, <https://www.bestplaces.net/religion/county/connecticut/middlesex>.

⁹ U.S. Bureau of Labor Statistics, "Unemployment Rate in Middlesex County, CT," FRED Economic Data, accessed October 30, 2021, <https://fred.stlouisfed.org/series/CTMIDD7URN>.

There are two larger towns adjacent to Middlefield: Middletown, which is also in Middlesex County, and Meriden, which is in New Haven County. Both towns are less than five miles from Victory Church. Due to their proximity to the church, residents of both cities attend Victory Church in some context, whether at regular church services or one of the ministry programs offered by the church, such as Celebrate Recovery (CR). The populations of the bordering cities consist of more Hispanic and Black/African American residents, which are the target demographics of Victory Church's three- and ten-year growth strategies. Both towns also have larger employment bases and higher per capita incomes, which support the "nuclear family concept" (i.e., father, mother, and one or more children).

Victory Church's proximity to local interstates and parkways makes it easily accessible to other communities. Many church members live in Wallingford, Cheshire, Clinton, and New Britain, which are twelve to twenty-five miles from the church. Some church members travel up to forty miles from Shelton or Wethersfield to attend the church. Those members who travel distances to the church cite the church's family atmosphere and solid teaching as their reasons for attending.

Victory Church

Victory Church was founded in August 1987 by Pastors Peter and Deborah Leal. The Leals, longtime residents of the greater Middletown area, founded the church shortly after graduating from Gloryland Bible School in Florence, South Carolina. The church received its Internal Revenue Service 501(c)(3) tax-exempt certification in August 1987 and was officially named Victory Tabernacle Church, Inc. The church began as a weekly Bible study (in the Leals' living room) with just one individual. Victory quickly outgrew the living room, and a small American Legion hall was rented while the church prayed, believed, and prepared for the land

the Lord had promised. After seven years of waiting, the land became available, and Victory purchased the site on which it currently operates. The structure and property were not immediately occupied, and the building required significant construction and remodeling before it could be occupied. The church members labored for two and a half years to fund the transformation of the property from its battered state as a landscaping and horticultural facility into the beautiful building it is today.

The church occupies 5.2 acres of strategically ideal land on the corner of Route 66 and Jackson Hill Road, significant thoroughfares of Middlesex County. Most of the property is paved or occupied by the single-story church building. The church leases approximately 2.4 additional acres to a small agricultural and landscaping supply business. The agricultural business would need to relocate should the church wish to expand and utilize the leased land. The church is bordered by the highways, the agricultural business, and 11.4 acres of farmland to the south. The church is currently considering acquiring nearby land for expansion purposes. Still, the purchase of said property is contingent on multiple factors, all of which are realizable at this time.

The church building is a 17,300-square-foot structure consisting of a sanctuary, prayer room, fellowship hall, kitchen, coffee bar, classrooms, nursery and toddler room, youth center, and multiroom office. There is also a basement and an outdoor trailer used for storage. The sanctuary has a large stage to accommodate a praise and worship band of six musicians and four singers. The stage is also used for seasonal drama productions and concerts. The pastor's pulpit is not fixed and can be positioned as needed.

The approved seating for Victory Church services is 380 people in the sanctuary and 180 in the fellowship hall. The church conducts two services on Sundays at 8:45 a.m. and 11:00 a.m. Both services are usually at 80% capacity, totaling approximately 450 people for the two Sunday

services. Overall, attendance is down from pre-COVID levels, when average church attendance was more than 500. Victory Church was one of the first churches to resume operations and open to the public in June 2020 when the Connecticut governor reduced occupancy mandates and excluded churches from those mandates. The church is slowly recovering and now averages over 450 attendees per week. The church has ambitious plans for growth, targeting 670, 1,200, and 7,000 members in the one-, three-, and ten-year plans, respectively. The current facility would not accommodate this number of attendees. The growth plans assume that there will be a new church building in the three-time frame and at least four new church plants (organic or assimilated) in the ten-year time frame.

The church has invested significant funds in the worship experience, installing state-of-the-art sound, lighting, and audio-visual systems. All services are recorded, and the first service is broadcast through multiple online applications (i.e., YouTube, Facebook, and the OurVictory app). Church services typically run for ninety minutes; sermon outlines are provided to each attendee to allow them to record key sermon points and study them at home.

Victory employs the equivalent of thirteen full-time workers: one senior pastor, three associate pastors, a Chief Executive Officer, a receptionist/admin, office assistants, and ten part-time helpers. One of the associate pastors (the doctoral candidate) doubles as the finance director and the counseling pastor. The office has a family atmosphere. The family atmosphere may be attributable to the fact that nine full-time equivalent personnel are related by blood or marriage. These relationships have carried over from the church's origin; for many years, the church operated quite successfully as a family-owned church, akin to a family-owned business.

Victory Church is financially sound. Church tithes and offerings are the primary funding source, and the church averages well over \$1.5 million in tithes and offerings annually. The

church operates as a nonprofit organization by managing expenses (e.g., payroll, operations) and capital improvements. Revenues have consistently risen yearly, and the church has invested significant funds in capital improvements in most areas of the church. Through its local banking institution savings plans, it has allocated funds for future investment, growth, and expansion.

Victory Church has established a worldwide presence. Through the Victory Global Fellowship organization, the church has planted and sponsors hundreds of churches worldwide, most notably in Uganda, the Congo, Bulgaria, Russia, Norway, Colombia, and Cuba. Each year, adult and youth members leave the cozy confines of the United States and embark on worldwide mission trips to experience the blessings, challenges, and thrills of living, working, and praying in a foreign country. The results speak for themselves as more churches are established each year, and more people come to know and embrace the gospel of Jesus Christ.

It is the ministry offerings that sets Victory Church apart from the crowd. Victory Church has a ministry, a program for all ages and needs, as noted below.

Table 1. Victory Church Ministries

Ministry	Group	Ages	Programs
Victory kids	Children	6 months–12 years	Nursery Toddlers Preschool Elementary school Special needs
Victory youth	Youth	13–18	Middle/high school Junior youth Senior youth Special events Evangelism training Bible studies
Victory young adults	Young adults	18–30	Special events Outings Bible studies
Victory men, Victory women	Adults	18 and over	Special interest groups Singles activities Monthly breakfasts

Victory seniors	Seniors	60 and over	Bible studies Monthly luncheons Special activities
Victory families	Families	Families with children under 18	Bible studies Victory athletes Victory hikers Dads'/moms' nights out Special events
Pastoral care	Special interest	18 and over	Celebrate Recovery Marriage ministry Financial Peace University GriefShare DivorceCare Dementia care
Pastoral counseling	Special interest	Open to all	All manner of counseling <ul style="list-style-type: none"> • Premarital • Marriage • Addiction/behaviors • Mental health • Posttraumatic stress disorder • Suicide prevention
Service ministries	Special interest	Open to all	Support church services <ul style="list-style-type: none"> • Media • Security • Here-to-help • V-Brew • Children's church • V-Hub • Medical • Worship team
Spiritual ministries	Special interest	Open to all	Support church spiritual needs: <ul style="list-style-type: none"> • Intercessory prayer • Hospital visitation • Meals • Evangelism • Small groups
Operational ministries	Special interest	Open to all	Support church operations <ul style="list-style-type: none"> • Cleaning • Kitchen • Landscaping

Everyone is looking for love and acceptance. Everyone is looking for a life with a purpose. Everyone is looking for belonging and family. Find yourself at Victory, where the mission statement is clear: Connecting Families to Christ, Family, and Purpose.¹⁰

Problem Presented

ACEs are traumatic events that can have lasting, negative impacts on emotional, mental, physical, and spiritual health. This doctoral candidate has noted an increase in counseling clients presenting with behavioral issues, addictions, disorders, and depression. The impact of the COVID-19 pandemic has increased the demand for the counseling services Victory Church provides. Further inquiry increasingly leads to the identification of childhood traumatic events in the lives of those clients. Many of these clients also suffer from significant health issues and behavioral problems. This student believes there is a connection between the client's presenting state and the adverse experiences of their youth. But what happens when this connection is identified?

The director of the pastoral counseling ministry of Victory Church believes pastoral counseling can assist those clients with the noted histories. There is a link between one's current state and past events, which must be explored; once exposed, the counseling plan must contain processes that will help the client understand the link and then apply corrective actions to move forward. In *Hiding In the Pews*, author Steve Austin noted that the journey of healing, whether for individuals or the church as a whole, begins with a reckoning: an honest assessment of the way things are, not the way one wishes they were.¹¹ The goal of counseling is to help the client

¹⁰ "Welcome to Victory!," Victory Church, accessed October 31, 2021, <https://www.ourvictory.org/welcome>.

¹¹ Steve Austin, *Hiding in the Pews: Shining Light on Mental Illness in the Church* (Minneapolis, MN: Fortress Press, 2021), 32.

identify and address the issue and take corrective measures to help the client cope with, adjust, or manage their problems.

Effective counseling requires that those rendering care to clients be adequately trained. Therefore, advanced training must be provided to those counselors assigned to help individuals dealing with the impact of ACEs to allow them to better understand the nature of the client's presenting problem and design a counseling plan to appropriately address the same. The current training processes of Victory Church do not contain sufficient information and background on addressing ACEs. More importantly, the present methods do not provide adequate measures the counselor can employ to identify an ACE and establish a link between the ACE and the current state. Once ACEs training has been provided, a counseling action plan can be developed to help the client recover, move forward in managing their behavior, and possibly assist with physical and emotional healing.

An effective counseling plan, therefore, is essential in meeting the client's needs. The current process, while adequate, could be improved. Accordingly, a review and study of collected information from existing churches with pastoral counseling programs that may have training programs that address ACEs was conducted through action research. In addition, a literature review that identified existing published resources on ACEs was undertaken to gather ACEs information that may be incorporated into a training module. The counseling process will then be revised to adequately identify and address ACEs and promote healing in the client needing help recovering from an ACE-related issue. The problem is the pastoral counseling ministry of Victory Church is not adequately prepared to address the needs of clients impacted by ACEs.

Purpose Statement

The purpose of this Doctor of Ministry (DMin) action research project was to train the pastoral counselors of Victory Church to help clients suffering from the impact of ACEs. A secondary purpose was to develop a pastoral counseling model that incorporates the training that was conducted as a result of the primary objective. The present counseling process calls for an assessment of the client before the first session. This assessment includes inquiry into the client's past, especially regarding family history, abuse, and notable events in the client's life that may be reflected in their current behavior. However, an opportunity to explore the client's history may be lost if the counselor cannot identify a traumatic condition or circumstance. The inability to adequately identify a pre-existing traumatic childhood event could result in inefficient use of the counselor's and client's time. A more efficient tool must be employed to provide optimal care to the client and the most efficient use of counseling time.

Identifying an ACE history in the client is essential in the counseling process, and the counseling approach may need to be modified when an ACE is discovered. Studies have demonstrated strong, supportable correlations between adverse events experienced in childhood with health conditions that develop in adulthood. The pastoral counseling ministry team at Victory Church includes several pastoral and lay counselors. However, not all counselors are sufficiently trained to assist clients experiencing a problem with a link to an ACE. This doctoral candidate believes the counseling team needs additional training to become more effective counselors for clients with an ACE and a related present health problem. Providing adequate training to the pastoral counseling ministry team is a critical developmental need as the counseling ministry grows.

The training developed through this research project will equip the counseling ministry team with the skills to correctly assess clients and design a counseling treatment plan to help clients struggling with current mental health issues that may have their genesis with an ACE. The purpose of this project will be realized as counselors become more effective in rendering the level of care required to address these issues.

Basic Assumptions

The impact that ACEs have on adults' health and behaviors first became known with the publishing of Dr. Vincent Felitti's ACE study in 1998.¹² Until that point in time, there was no proven connection between the trauma experienced in childhood to risky behaviors or poor health outcomes in adults. Since the publishing of the ACE study, numerous studies and books have been written on the subject, and treatment and care plans for adult patients have begun to change from medical and psychological perspectives. Over time, other additional treatment methods have been developed, such as eye-movement desensitization and reprocessing (EMDR) and mindfulness, that contribute to the effectiveness of the overall counseling/treatment plan.

The creation of the ACE Questionnaire (See Appendix D) has been instrumental in the early detection of childhood trauma that may explain life-threatening illnesses or behaviors in adults. The ACE Questionnaire, when correctly used, opens the door to understanding and root cause analysis of the client's past that can provide benefits for the present and future. However, appropriate training is needed for counselors to identify and address these issues correctly.

The basic assumption of this thesis project is that through the pastoral counselor's continual study and analysis of clients with high ACE scores (considered a score equal to or

¹² Shanta R. Dube, "Twenty Years and Counting: The Past, Present, and Future of ACEs Research," in *Adverse Childhood Experiences*, eds. Gordon J.G. Asmundson and Tracie O. Afifi (Cambridge, MA: Academic Press, 2020), 3.

greater than four), training programs, counseling models, and treatment plans may have already been developed to assist the counselor in providing effective counseling to the client with an ACE. Accordingly, those churches with a more established pastoral counseling ministry or function may likely utilize training and counseling plans that include the ACE Questionnaire and counseling processes to assist their clients. The pastoral counseling program offered by Victory Church would greatly benefit from these tools, training programs, and counseling models. This thesis project solicited information from churches with those ministries through surveys, questionnaires, and direct contact to allow the researcher to evaluate their respective training programs and counseling models. The pastoral counseling ministry of Victory Church developed training and counseling plans from the collected research. This information allows the counseling team to be adequately trained so that effective treatment can be administered to clients suffering from adult health issues and risky behaviors resulting from their ACEs.

Definitions

This thesis project deals with psychological and medical issues routinely addressed in counseling. Some key terms and phrases will be used throughout the research study that will require defining to assist the reader in understanding and processing these ideas. Though this is not a medical science thesis project, this project addresses issues of a medical nature that are the byproduct of underlying mental health issues. The following terms are now defined for reader edification.

Adverse childhood experiences (ACEs): ACEs are potentially traumatic events that occur in childhood at any time up to the age of eighteen. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to

chronic health problems, mental illness, and substance misuse in adulthood.¹³ ACEs are measured using a questionnaire that provides an “ACE score.” There are ten questions on the questionnaire, segmented into three categories comprising three overall domains of abuse: child abuse (physical, emotional, and sexual abuse), neglect (physical and emotional neglect), and household challenges (mental illness in the household, substance abuse in the household, divorce/separation, parental incarceration, and mother treated violently).¹⁴ The ACE score indicates the client’s exposure to adverse, traumatic events during childhood. The higher the ACE score, the greater the risk to all aspects of the client’s present and future health. For instance, a person with four or more ACEs (greater than four “yes” responses on the questionnaire) is twice as likely to develop heart disease and cancer and three and a half times more likely to develop chronic obstructive pulmonary disease than a person with zero ACEs.¹⁵ The issues related to ACEs will be examined further in Chapter 2.

Pastoral/Christian counseling: Pastoral, or Christian, counseling is defined as counseling or psychotherapy that is Christ-centered, biblically based, and Spirit-filled.¹⁶ It is a triadic form of counseling that implicitly or explicitly honors Jesus Christ and is founded on the belief that the Holy Spirit is always present in the counseling relationship between the counselor and the client. Pastoral/Christian counseling has many goals, including helping people with severe losses, conflicts, addictions, and (mental) disorders. Still, it has one ultimate concern: assisting clients to become more like Christ and grow into a deeper relationship with God and one

¹³ “Adverse Childhood Experiences (ACEs),” Centers for Disease Control and Prevention, November 5, 2019, <https://www.cdc.gov/vitalsigns/aces/pdf/vs-1105-aces-H.pdf>.

¹⁴ Gordon J.G. Asmundson and Tracie O. Afifi, eds., *Adverse Childhood Experiences: Using Evidence to Advance Research, Practice, Policy, and Prevention* (Cambridge, MA: Academic Press, 2020), 18.

¹⁵ Harris, *The Deepest Well*, 38.

¹⁶ Siang-Yang Tan, *Counseling and Psychotherapy* (Grand Rapids, MI: Baker Academic, 2011), 15.

another.¹⁷ Pastoral counseling can be both distinctively pastoral (Christian) and psychologically informed. This union happens when the counseling draws its identity from the rich tradition of Christian soul care and integrates appropriate insights from modern therapeutic psychology in a way that both protects the integrity of the pastoral role and uses the unique resources of Christian ministry.¹⁸ Researchers have found that clergy is frequently the first to help a family, individual, or couple going through a severe personal crisis.¹⁹ Pastoral counselors establish a time-limited relationship with troubled persons to comfort them by enhancing their awareness of God's grace and faithful presence. Recent research has noted that most people want their faith to be addressed and integrated into their counseling process.²⁰ Awareness of God's presence increases individuals' ability to live more fully despite their struggles.²¹ Though pastoral counselors may not be clinically licensed—nor do they portend to be—they may employ clinical methods, assessments, and techniques in their counseling. This integrated approach elevates the pastoral counseling function and necessitates advanced training. This advanced training is the desired outcome of this thesis project.

Limitations

A successful research project depends on the researcher's ability to obtain responses from those possessing the desired information. Those entities must be adequately identified and willing to respond to solicited requests. The primary goal of this thesis project was the

¹⁷ Tim Clinton and Ron Hawkins, *The Popular Encyclopedia of Christian Counseling* (Eugene, OR: Harvest House Publications, 2011), 11.

¹⁸ David G. Benner, *Strategic Pastoral Counseling* (Grand Rapids, MI: Baker Academic, 2003), 16.

¹⁹ Andrew J. Weaver, Laura T. Flannelly, and John D. Pearson, *Counseling Survivors of Traumatic Events: A Handbook for Pastors and Other Helping Professionals* (Nashville: Abingdon Press, 2003), 197.

²⁰ Tim Clinton and Ron Hawkins, *The New Christian Counselor* (Eugene, OR: Harvest House Publishers, 2015), 17.

²¹ *Ibid.*, 40.

development of training programs, counseling models, or counseling plans to assess the impact of ACEs on clients and create a corresponding counseling action plan to treat them. The owners of this information are Christian churches that have established counseling programs, whether pastoral or clinical, but preferably pastoral. A list of churches that meet the criteria to participate in the study was created by searching applicable databases, such as the database managed by the American Association of Christian Counselors (AACC). Other methods of identifying churches to participate in included utilizing the assistance of local Christian counseling organizations linked via a nationwide network and search engines such as Google or Bing. Though internet searches are the least desirable method of recruiting participants, they may still provide unexpected results. Information was obtained through a survey questionnaire distributed via email. The most likely limitation to the successful attainment of the research data was the receiving entity's willingness to respond in the time constraints referenced in the introductory section of the solicitation. If insufficient responses had been received, the scope of the survey exercise would have been modified.

A secondary method of obtaining relevant information was researching published material that could provide similar information to that sought through existing counseling programs. The information obtained through this secondary process could augment information obtained through the survey process. The primary source of this secondary research was the Liberty University Jerry Falwell Library and the vast resources available through that source. Numerous publications have addressed ACEs and their physical and psychological effects, and these materials could significantly augment any shortcomings of the survey data.

The doctoral candidate and thesis project writer is an associate pastor of Victory Church and is employed by the church to perform pastoral duties and manage the church's finances. He

is also the director of the pastoral counseling ministry, oversees and conducts all manner of counseling, and is responsible for developing and leading all in-house counseling training.

Victory Church fully supports the doctoral candidate/pastor researcher in the project and has not limited the thesis project's scope, research, or outcomes. Victory Church fully expects the output of this thesis project will be effective for its purported purpose. Victory Church will be the primary beneficiary of the final product and recognizes there may be secondary external beneficiaries. The church will consider requiring a release from responsibility for any actions taken by those beneficiaries who do not fully comply with the recommendations for implementing the thesis project's outcome.

Delimitations

This thesis project is for the benefit of the pastoral counseling ministry of Victory Church in Middlefield, Connecticut, and makes no claims for universal applicability. There may be other interested secondary benefactors if the results of this study produce the desired outcome. Those benefactors would be churches (primarily local to Connecticut) interested in enhancing their pastoral counseling services to address the needs of their clients who have experienced ACEs and are suffering as adults. The thesis project does not directly address the needs of those churches through this research study, nor does it address the needs of clients without ACEs. However, those clients would undoubtedly benefit from a revised counseling model developed through action research.

This thesis project is specifically designed to address weaknesses in the pastoral counseling program at Victory Church. Specifically, the need to (1) address the weaknesses in a training program that should address all manner of counseling issues the counselors will face, (2) increase the counselor's understanding of ACEs and the impact of ACEs on the client's mental

and physical health, (3) raise the level of counselor awareness and confidence in assisting the client with a history of ACEs through training, and (4) design counseling plans that create strategies for successful living in light of past ACEs or current health state. The primary deliverable of this thesis project will be a Victory Church Pastoral Counseling Ministry Training Module that will be used to train all ministry counselors on ACEs. A secondary deliverable will be a revised counseling process that begins with an intake assessment utilizing the ACE Questionnaire. Based on the client's ACE score, the possibility of a link between their ACE and their current risky behavior or adverse health state will be examined, resulting in a counseling action plan to help the client cope with their issue(s).

Thesis Statement

If counselors receive thesis-developed training that incorporates treatment for those suffering from ACEs, clients should experience physical and emotional healing. The pastoral counseling ministry of Victory Church has many exceptional counselors. Unfortunately, not all these counselors have received the training to assist clients with ACE-related issues effectively. This inadequacy is no fault of their own. The ministry is a lay ministry; it is not professional or clinical. However, the ministry counselors have demonstrated remarkable competency in helping clients recover from their problems and move forward. Marriages on the brink of destruction have been saved (and are prospering). Clients have resumed (or started) living regular lives, free from the problems they presented to the counselor. Yet, there is a need for additional training for counselors providing interdisciplinary pastoral counseling services across the ministry.

Issues relating to ACEs are frequently encountered in counseling sessions. The current detection of ACEs is likely due to this doctoral candidate's continued research and development. Regardless, the need is obvious—the current process does not provide the optimal tools to

identify the impacts of ACEs that could be driving the client's current problem. The process needs to be revised, and the execution of the new process will require advanced training.

There must be training that emphasizes a need to identify the presence (or lack of presence) of an ACE. Furthermore, the connection between ACEs and present health must be understood for the counselor to provide the proper care to the client. Therefore, this thesis project will strive to develop a new, revised counseling model incorporating training devised to address ACE-related needs. This new model will significantly help the pastoral counseling ministry render better care and assist the client in experiencing healing and a begin a new life.

CHAPTER 2: ESTABLISHING THE FOUNDATION

With the publishing of the 1998 *American Journal of Preventive Medicine* article “Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death” (the ACE Study), the idea that the health of adults can be affected by events experienced in childhood exploded on the medical scene. To effectively produce a DMin project that captures the importance of this study while at the same time contributing to the existing body of knowledge, the author must narrowly define the subject matter. The scope of this literature review will be limited to the impact of ACEs on adults; adolescents and children are reserved for a separate study. Specifically, a pastoral counselor needs to understand the significance of the ACEs-physical health link to assess their clients adequately. Existing research will be examined to identify themes applicable to the localized problem and gaps that could impact the recommendations produced by this study. Scholarly works connected with ACEs will be reviewed; the precedent literature was instrumental in the research process.

Literature Review

The idea that what happens to people in childhood can have long-lasting effects is not new. Scripture notes this concept in Exodus, which states: “The LORD, the LORD God, merciful and gracious, longsuffering, and abounding in goodness and truth, keeping mercy for thousands, forgiving iniquity and transgression and sin, but who will by no means clear the guilty, visiting the iniquity of the fathers on the children and the children’s children, to the third and the fourth generation” (Ex. 34:6-7, NKJV). ACEs’ childhood pain and trauma are never forgotten and are now linked to illnesses and early death in adults.

The landmark ACE study in 1998 brought new understanding to the medical (and counseling) communities. The study demonstrated that ACEs (a) are common, (b) are strongly

interrelated, (c) have cumulative impacts, and (d) are related to a large number of current health and societal problems.²² The evidence for the negative impact of ACEs on health outcomes in adulthood means that ACEs are now considered a public health concern.²³ The literature review covers the identification of ACEs, the impact of ACEs on adults, and how the pastoral counseling ministry at Victory Church can help those experiencing the long-lasting impact of their childhood adversity. A better understanding of these associated issues will provide the impetus to develop more effective counseling plans when a correlation between ACEs and a current health state is identified.

Link Between ACEs and Adult Medical Conditions

One consistently noted theme in the literature is the connection between ACEs and the existence of biological, behavioral, and psychological dysregulations that collectively impact physical health.²⁴ This link was the basis for the landmark ACE study by Dr. Vincent Felitti and Dr. Robert Anda in 1998. In his adult weight loss program, Dr. Felitti was troubled by sudden weight gain in some adult obesity patients. One patient had recently dropped from 408 to 132 pounds in Dr. Felitti's weight loss program and then mysteriously withdrew from the program.²⁵ A few months later, the patient returned and had regained almost all the weight she had lost. This occurrence happened in several other patients as well. Dr. Felitti began to suspect that these women, who had lost a significant amount of weight only to regain all or more, were using food as a coping mechanism for something more profound.

²² Jennifer Hays-Grudo and Amanda S. Morris, *Adverse and Protective Childhood Experiences: A Developmental Perspective* (Washington, DC: American Psychological Association, 2020), 4.

²³ Xuening Chang et al., "Associations between Adverse Childhood Experiences and Health Outcomes in Adults Aged 18-59 Years," *PLOS ONE* 14, no. 2 (2019): 2, <https://doi.org/10.1371/journal.pone.0211850>.

²⁴ Asmundson and Afifi, *Adverse Childhood Experiences*, 75.

²⁵ Harris, *The Deepest Well*, 32.

Further investigation led him to ask one of his patients how much she weighed the first time she had sexual intercourse. Her response of “forty pounds” confused Dr. Felitti until he learned she was forty pounds when she was four years old and raped by her father.²⁶ This revelation led Dr. Felitti to query additional weight-loss patients who had lost and then gained back their weight. Their responses were similar; all had experienced some form of childhood trauma. This investigation led Dr. Felitti to ask if these childhood events could impact the health of adults in other ways, and the ACE study was launched.

The ACE study established a link between ACEs and the client's current health conditions. In addition to bringing attention to the significant impact that ACEs have on the future health and functioning of the victim, Dr. Felitti's ACE study also confirmed the importance of, on a broader scale, obtaining background information on the lives of children and their families as early as possible in their counseling process. Of significance to this Dmin study, Dr. Felitti also stressed the importance of collecting trauma histories from adult counselees and highlighted the essential role this information could have in the counseling program designed by the counselor.

But how can a medical practitioner identify childhood adversity in an adult patient? Such a history would not be readily apparent. In *Adverse Childhood Experiences*, Asmundson and Afifi note that additional analysis of Dr. Felitti's ACE study provides evidence that all types of evaluated ACEs were associated with the increased risk of ischemic heart disease and that the risk of this disease increased as the number of ACEs increased, as determined by the ACE Questionnaire.²⁷ A physician aware of the ACE study could utilize the ACE Questionnaire in the

²⁶ Harris, *The Deepest Well*, 32.

²⁷ Asmundson and Afifi, *Adverse Childhood Experiences*, 76.

history and physical assessment of a cardiovascular patient and could note the existence of ACEs that may lead them to probe more deeply into the patient's past to address those identified ACEs. This new information could assist the physician in devising or modifying their treatment plan(s).

Drs. Felitti and Anda created the ACE Questionnaire during their study. The questionnaire collected crucial information about what they termed *adverse childhood experiences* based on the prevalence of responses noted in the obesity program. After developing the questionnaire, the doctors asked each patient in the study (comprising 17,421 Kaiser Permanente health-plan members) about their exposure to childhood abuse and dysfunction. They also inquired about those participants' current health risk factors, like smoking, drug abuse, and exposure to sexually transmitted diseases.²⁸

The ACE Questionnaire comprises ten categories of specific ACEs, segmented into three classes: abuse, neglect, and household dysfunction (see Appendix D for the ACE Questionnaire). The goal of the questionnaire was to determine the number of ACEs the individual experienced before age eighteen. The ACE Questionnaire has proven to be quite predictive. In *Transcending Trauma*, Anderson stated:

This is relational trauma or complex trauma in childhood, also known as developmental trauma disorder. This perspective of developmental trauma is supported by the ACE study performed by Kaiser Permanente and the Centers for Disease Control and Prevention. This study showed that 11 percent of respondents reported emotional abuse in childhood, 30 percent reported physical abuse, and 20 percent reported sexual abuse. Felitti and colleagues also found a high correlation between a person's ACE score and negative health outcomes later in life, such as depression, suicide attempts, alcoholism, drug abuse, sexual promiscuity, domestic violence, cigarette smoking, obesity, physical inactivity, and sexually transmitted diseases.²⁹

²⁸ Harris, *The Deepest Well*, 37.

²⁹ Frank D. Anderson, *Transcending Trauma* (Eau Claire, WI: PESI Publishing, 2021), 13.

Literature suggests that individuals with ACEs often develop coping mechanisms to deal with depression, anxiety, and stress symptoms.³⁰ These coping strategies often lead to chemicals, choices, and lifestyles that pose a health risk, such as alcohol, drugs, smoking, and pornography.

Many clients in the pastoral counseling practice at Victory Church are currently dealing with severe health issues similar to those noted above. In many of these situations, the counselor has been able to help the client reveal their exposure to ACEs. It is becoming more apparent that a client's exposure to ACEs and their current health condition is clearly and definably connected. Pastoral counselors' awareness of these ACE effects is instrumental in their ability to develop an effective counseling plan to assist the client in addressing this issue. Hopper et al., in *Treating Adult Survivors of Childhood Emotional Abuse and Neglect*, noted:

In a similar vein, the ACE framework has produced groundbreaking studies documenting the explicit link between an exponentially predictive risk of exposure to ten different forms of familial trauma during childhood and a startlingly wide range of serious health conditions, diseases, and premature mortality in adulthood.³¹

Hopper et al. stated further:

The quintessential unifying feature observed in our adult therapy clients with histories of chronic childhood trauma is this: their difficulties are not merely linked to early life adversities; rather, the essence of these struggles along with the core of their current identities and life narratives, cannot be meaningfully understood outside of the context of these formative experiences. For many of our clients, *past experiences and present existence can appear to be hopelessly, inextricably entangled* [emphasis added].³²

Repeatable studies have confirmed that the research conducted by Dr. Felitti and others is valid and could explain the causes of adult behavior contributing to the current state of ill health. Waite and Ryan summed up Dr. Felitti's work well when they noted that the ACE study

³⁰ Shannon M. Monnat and Raeven Faye Chandler, "Long-Term Physical Health Consequences of Adverse Childhood Experiences," *The Sociological Quarterly* 56, no. 4 (2015): 746, <https://doi.org/10.1111/tsq.12107>.

³¹ Elizabeth K. Hopper et al., *Treating Adult Survivors of Childhood Emotional Abuse and Neglect* (New York: The Guilford Press, 2021), 11.

³² *Ibid.*, 23.

produced evidence that strongly supported a relationship between the “magnitude of exposure to abuse, neglect, or household dysfunction during childhood” to numerous risk and health factors noted as the principal cause of early death in adulthood.³³

The results of an ACE Questionnaire are valuable information for a counselor entering a counseling session. Though the ACE results may not be entirely conclusive (that is, a high ACE score does not guarantee that an adult’s current problems are related to their childhood trauma), a counselor with an ACE score in hand is better prepared to work with the client to seek a meaningful reason for their current behavior or condition. Furthermore, ACEs appear to occur in clusters; if one ACE is present, it is worth asking whether others are also present. For example, if a child is surrounded by alcohol abuse in their home, they are more likely to be subjected to other types of maltreatment.³⁴ The pastoral counseling practice at Victory Church does not currently utilize the ACE Questionnaire in its counseling processes. The ACE Questionnaire should be employed in the intake process and administered to all counseling clients. This practice would increase the likelihood of finding or reducing the risk of overlooking ACEs in the client, even though they may not exhibit noticeable or severe health issues. This practice has enormous implications for efficacious counseling! The thesis project will address this weakness in the counseling process at Victory Church.

Cortisol and the Human Stress Response

There is growing evidence that toxic stress or repeated ACEs can cause permanent damage to the developing brain and the functioning of a person’s immune, neurological, and

³³ Roberta Waite and Ruth A. Ryan, *Adverse Childhood Experiences: What Students and Health Professionals Need to Know* (New York: Routledge, 2020), 10.

³⁴ Fulford, *Hidden Suffering*, 5.

endocrine systems, exposing them to high risks of chronic disease and early death.³⁵ The culprit is cortisol. Cortisol is chemically released by the adrenal glands when a human feels endangered or threatened. It is the chemical agent responsible for the fight, flight, or freeze response and protects the human body. Cortisol is released when the body is threatened and eliminated when a threat or dangerous condition no longer exists. Cortisol becomes a problem when too much of it is in the system or when the stress response system is activated too frequently, causing the body to remain in a constant state of fear or danger.³⁶ Therefore, clients presenting with anxiety could be in an overactive state of stress. The pastoral counselor must understand the link between anxiety and overactive stress and address the condition's root. Anxiety is a byproduct of stress, and an ACE can cause stress.³⁷ Not all pastoral and lay counselors at Victory Church are familiar with the impact of stress on the human body, especially long-term stress that results in cortisol overloading. This subject will be incorporated into the training program developed through this thesis project.

ACEs can hurt the body by activating the stress response system. ACEs, trauma, abuse, and fear all engage the stress response system and trigger the release of cortisol. In many cases, the threat can be so severe that the body does not return to a normal operating function. ACEs may cause this system to engage frequently and result in excess cortisol. Cortisol, deemed to be a lifesaver, now becomes a life killer.

In *The Cortisol Connection*, author Shawn Talbott noted that chronically elevated cortisol levels adversely affect the human body. Elevated cortisol in the bloodstream can impact most

³⁵ Mary Boullier and Mitch Blair, "Adverse Childhood Experiences," *Pediatrics and Child Health* 28, no. 3 (2018): 132.

³⁶ Harris, *The Deepest Well*, 55.

³⁷ *Ibid.*, 65.

muscle systems (potentially causing muscle and bone density loss) and lead to fat gain, elevated blood sugar (and eventually diabetes), high blood pressure, suppressed immune system function, and even changes in memory or mood.³⁸ The constant state of anxiety or awareness has been called *toxic stress*, which the Harvard University Center on the Developing Child has deemed the most dangerous type of stress response.³⁹ Children who live in toxic stress due to abusive conditions are in danger of developing significant health issues as adults. Chronic toxic stress stems from intense, frequent, and prolonged activation of the body's stress response and autonomic nervous system when the child lacks the protection of a caring adult—which can help the body recover. When exposed to toxic stress, the child's age is an essential factor to consider because the younger the brain, the more vulnerable it is to the harmful effect of toxic stress.⁴⁰ Finally, chronic toxic stress has been associated with an impaired ability to eliminate negative memories and fear responses related to traumatic events.⁴¹ The inability to “forget” or compartmentalize the traumatic event's memory keeps the event's vibrant details alive in the victim. The stress response system remains engaged, and the victim remains in a steady state of awareness.

Cortisol can be a friend or a foe, depending on how it is allowed to work in the human body. God designed it to help keep the body alive. Still, when the complexities of life interfere, and the body remains in that constant state of stress, cortisol becomes an enemy and can cause irreversible damage to the body. The impact of excessive cortisol on the brain, especially a developing brain, and the stressors related to ACEs, abuse, neglect, and dysfunctional families

³⁸ Shawn Talbott, *The Cortisol Connection* (Alameda, CA: Hunter House Publications, 2007), 41.

³⁹ Waite and Ryan, *Adverse Childhood Experiences*, 15.

⁴⁰ Ibid.

⁴¹ I. Colman et al., “Consistency in Adult Reporting of Adverse Childhood Experiences,” *Psychological Medicine* 46 (2016): 547.

can harm a child's brain and cause lifelong damage.⁴² This impact is not easily discernable; it takes advanced testing to determine the physical state of the brain. The need for this testing could be suspected due to a client's ACE Questionnaire results. Any higher level of care would require the supervision of a licensed clinician, but adequate training for pastoral counselors could lead to early detection. The thesis project will further explore detection methods in the training program's design, which is one of this project's goals.

Adverse Childhood Experiences and the Brain

The biology of potential illness arises early in life. The brain's stress-response mechanisms are programmed by experiences beginning in infancy, as are the implicit and unconscious memories that govern one's attitudes and behaviors toward oneself, others, and the world.⁴³ Cancer, multiple sclerosis, rheumatoid arthritis, and other conditions are not abrupt, new developments in adult life but culminations of lifelong processes.⁴⁴ The human interactions and biological imprinting related to those events occurred in periods of life of which there may be no conscious recall but whose impact is felt later.

ACEs can affect the developing brain and immune and endocrine systems.⁴⁵ ACEs can predict adult neurobiological, metabolic, and immune changes related to the development of age-related diseases.⁴⁶ The equation is simple: ACEs produce recurring periods of toxic stress. Toxic stress keeps cortisol levels high, which, as previously noted, creates wear and tear on the

⁴² Talbott, *Cortisol Connection*, 23.

⁴³ Gabor Maté, *When the Body Says No: Exploring the Stress-Disease Connection* (Nashville: Turner Publishing Company, 2011), 201.

⁴⁴ Ibid.

⁴⁵ Boullier and Blair, "Adverse Childhood Experiences," 133.

⁴⁶ Andrea Danese and Bruce S. McEwen, "Adverse Childhood Experiences, Allostasis, Allostatic Load, and Age-Related Disease," *Physiology & Behavior* 106, no. 1 (2012): 35.

developing brain, hindering growth in several areas of development. In *The Deepest Well*, Nadine Burke Harris noted repeated instances in which the children she examined were not functioning at levels appropriate for their respective ages. She indicated that consistently high engagement of the stress response system, or highly intense stress, can cause the body to lose the ability to shut down the hypothalamic-pituitary-adrenal axis and the sympatho-adreno-medullary axis.⁴⁷ The hypothalamic-pituitary-adrenal system controls the body's reaction to stress and regulates several vital systems, including digestion and the immune system. The sympatho-adreno-medullary pathway directs the body's nervous system to respond to short-term stress. The body that stays in a constant state of stress is at risk of not shutting these systems down. When this happens, the body continues to release cortisol into the system to deal with the stress, which is the body's fight, flight, or freeze mechanism.⁴⁸ Ultimately, the prolonged impact of this continuous cortisol flushing can be dangerous to the brain.

According to Harris, the more (adverse) symptoms a child had, as indicated by a high (greater than 4) ACE Questionnaire score, the higher the cortisol levels were and the smaller the volume of their hippocampus (indicating an underdeveloped brain).⁴⁹ As the child grew and was no longer experiencing the trauma they once were, the parts of their brain responsible for learning and memory shrunk, proving that the effects of earlier stress were still impacting the neurological system. Danese and McEwen reported that “consistent with the evidence in children, adults with a history of childhood maltreatment showed smaller prefrontal cortex volume.”⁵⁰ This finding is in line with those of Schiraldi, who noted that toxic stress in the early

⁴⁷ Harris, *The Deepest Well*, 52.

⁴⁸ Ibid., 53.

⁴⁹ Ibid., 58.

⁵⁰ Danese and McEwen, *Allostasis*, 33.

years of child development affects the epigenome, a part of human DNA, and records chemical changes to the DNA.⁵¹ Environmental conditions consistent with ACEs can influence those chemical changes. The epigenome is instrumental in brain development.

The brain is naturally wired to a ready state to overreact to stress. Due to the overarching influence of prolonged stress, the brain becomes less able to regulate emotions, and the risk of mental disorders increases when such conditions are present. Schiraldi stated, “Once altered by toxic stress, the epigenome can influence gene expression throughout life and might even be passed down intergenerationally, putting future generations at risk for stress-related conditions.”⁵² This finding is significant and further supports the idea that childhood traumatic experiences can still be felt in adulthood. Furthermore, the impact of ACEs can be passed down to future generations due to DNA modification related to prolonged stress response to toxic stress. The evidence is overwhelming. Waite and Ryan noted that a “range of maladaptive behavioral responses” can develop due to the persistent dysregulated state.⁵³ They conceded that children who experience early and continuous traumatic stress caused by triggers such as abuse, family violence, and neglect and who also lack appropriate parental or adult supporting systems are likely to experience the toxic stress that has devastating effects on brain development.⁵⁴

The impact of stress on the brain does not always diminish as the abused child grows. In *EMDR: The Breakthrough Therapy for Overcoming Anxiety, Stress, and Trauma*, Shapiro, and Forrest observed that severe stress not only inhibits brain development, but that traumatic early

⁵¹ Glenn R. Schiraldi, *The Adverse Childhood Experiences Recovery Workbook* (Oakland, CA: New Harbinger Publications, 2021), 19.

⁵² Ibid.

⁵³ Waite and Ryan, *Adverse Childhood Experiences*, 38.

⁵⁴ Ibid.

childhood events can create a dysfunctional pattern that can continue into adulthood.⁵⁵ The effect on the brain is twofold: first, if the severe stress is related to trauma, such as domestic violence, a car accident, or a rape, the stress response system continues secreting stress chemicals, mainly cortisol, and the brain's response systems continue to respond by secreting counter chemicals. As elucidated above, this continuous flooding of cortisol egregiously and negatively impacts the body, affecting multiple body organs and systems. Secondly, as early as 1889, Pierre Janet noted that trauma survivors are prone to "continue the action, or rather the futile attempt at action, which began at the onset of the traumatic action."⁵⁶ This reliving of the trauma incident maintains the activation of the body's stress response system. The body continues to churn out cortisol long after the event has passed and when the traumatic event is relived through memory recall.

Meanwhile, the brain continues to function as if the memory event and actual event are the same; the brain cannot tell the difference, and the cycle continues. Prolonged or chronic exposure to stress can lead to "allostatic overload."⁵⁷ This overload can cause adverse consequences for the neurological function of the individual through direct effects or epigenetic modification of the genome—the DNA!⁵⁸

⁵⁵ Francine Shapiro and Margot Forrest, *EMDR: The Breakthrough Therapy for Overcoming Anxiety, Stress, and Trauma* (New York: Basic Books, 2016), 109.

⁵⁶ Bessel Van Der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Viking Press, 2014), 54–55.

⁵⁷ Our bodies are highly developed to be able to respond to the ever-changing environment around us and provide physiological and behavioral stability, a part of the "fight, flee, or freeze" process. The brain working with the body regulates these protective factors that provide our safety. If the stressful situations are frequent or there are no protective factors helping the person recover, the prolonged stress can lead to dysregulation of the neurogenic pathways and have long-term consequences. Dysregulation means that the brain does not return to a normal allostatic state. Multiple ACEs can negatively affect the way these systems function, and dysregulation can be permanently embedded in the biological processes. Bouillier and Blair, "Adverse Childhood Experiences," 135.

⁵⁸ Ibid.

It is a vicious cycle. ACEs impact the child in numerous ways, causing emotional and psychological harm in addition to physical damage through the overactivation of the cortisol-producing stress response system, which can have devastating effects on multiple bodily systems, including the brain.⁵⁹ Kandel and Birge noted that the influence of the environment on behavior changes with a person's age. Abnormal environmental experiences usually have more profound effects during the early stages—critical periods—of child development than in adulthood.⁶⁰ The impact of ACEs extends well into adulthood, and there is proof that ACEs contribute to many illnesses, including cancer, diabetes, stroke, and several deadly heart conditions. How can the pastoral counselor effectively treat a client with conditions that raise the possibility of exposure to ACEs and alleviate the suffering related to those experiences? Recently developed treatment methods can provide a path to health and healing. The discussion continues in the next section.

Treating Adults with High ACE Scores

A client's ACE Questionnaire score is essential information for the counselor to determine the appropriate treatment plan. A quick review of the questionnaire is required.

The ACE Questionnaire

The pastoral counseling process begins with the intake assessment. The intake assessment collects customary background information on the client (e.g., logistical details, employment, religion, etc.) and a physical, emotional, and mental health history. This information is vital because it may reveal information relevant to the issue for which the client is seeking counseling. Early detection, identification, and intervention are key factors that impact the ability of a

⁵⁹ Bouiller and Blair, "Adverse Childhood Experiences," 135.

⁶⁰ Eric R. Kandel and Robert B. Birge, "Pastoral Counseling and the Brain," *The Living Pulpit* 4, no. 3 (July 1995): 18.

counselor to help someone in their suffering. Harris noted that a wealth of scientific evidence demonstrates that early detection and intervention for toxic stress improves outcomes.⁶¹ Asking the right questions is crucial, and the ACE Questionnaire is a perfect tool to use. The intake questionnaire should include inquiries related to any trauma the client may have experienced in their life. The questionnaire seems simple enough; however, the client may not understand the full scope of trauma and may not answer the question appropriately.

The lack of adequate background information may impede effective counseling. This point is where the ACE Questionnaire (Appendix D) enters the process. The ACE Questionnaire is a ten-question survey that addresses three categories of ACEs: abuse (emotional, physical, sexual), neglect (emotional, physical), and household dysfunction (substance abuse, mental illness, mother treated violently, divorce, criminal behavior).⁶² The ACE Questionnaire effectively predicts adverse physical and psychological health outcomes such as heart disease, liver disease, substance abuse, depression, and suicide.⁶³ The questionnaire is a vital tool and should be considered a standard component of any intake process.

The questionnaire consists of ten questions that address various adverse events experienced before eighteen years of age. Each positive response is assigned a value of one point, and the points are tabulated after the questionnaire is completed. In the initial ACE study, Dr. Vincent Felitti noted the following:

We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases studied. Persons who had experienced four or more categories of childhood exposure, compared to those who had

⁶¹ Nadine Burke Harris, "Screening for Adverse Childhood Experiences," *Journal of the American Medical Association* 324, no. 17 (2020): 1788.

⁶² Harris, *The Deepest Well*, 37.

⁶³ David Finkelhor et al., "A Revised Inventory of Adverse Childhood Experiences," *Child Abuse & Neglect* 48 (2015): 13.

experienced none, had a 4 to 12-fold increase in alcoholism, drug abuse, depression, and suicide attempt; a 2-4 fold increase in smoking, poor self-rated health, ≥ 50 sexual intercourse partners, and sexually transmitted disease; and a 1.4 to 1.6-fold increase in physical inactivity and obesity.⁶⁴

The more ACEs a child has suffered, the more significant the impact those ACEs will have on their entire lives.⁶⁵ Studies have shown a general dose-response relationship between an individual's ACE score and adult mental health problems; as the ACE score increases, the likelihood of experiencing drug and alcohol use, suicide attempts, and depressed affect in adulthood also increase.⁶⁶ The ACE Score Questionnaire provides a window into the client's baseline frame of reference, that is, the glimpse into their past that may identify trauma that could help understand their present condition.

The client's responses to the questions on the ACE Questionnaire create the opportunity for the counselor to identify deep-seated issues related to the client's current presenting condition. This information could greatly assist the counselor in identifying underlying problems that provide a window into the client's current state. For instance, understanding that the client was sexually abused or witnessed frequent beatings of his mother may provide insight into how they live, their protection strategies, and their relationships. A high ACE score could also help explain any physical illnesses, diseases, or conditions. The ACE score may predict adult mental disorders and repetitive trauma in adulthood. For instance, high ACE scores are associated with general and sexual revictimization, meaning the client continues to relive and engage in those

⁶⁴ Felitti et al., "Relationship of Childhood Abuse," 245.

⁶⁵ Fulford, "Hidden Suffering," 4.

⁶⁶ Melissa T. Merrick et al., "Unpacking the Impact of Adverse Childhood Experiences on Adult Mental Health," *Child Abuse & Neglect* 69 (2017): 15.

harmful behaviors.⁶⁷ Finally, using the ACE Questionnaire as a screening tool allows for systematic identification of the risk of toxic stress, even in those clients not exhibiting any symptoms.⁶⁸ The ACE Questionnaire is another tool the counselor can employ to help identify underlying causes of emotional, mental, physical, and spiritual care concerns.

Pastoral Counseling Treatment Options

There are many options available for the pastoral counselor or clinical therapist to treat a client suffering from the impact of ACEs. Asmundson and Afifi noted that the large proportion of adults who have experienced at least one childhood adversity is a testament to the importance of understanding ACEs' impact. This fact also emphasizes the importance of "tertiary prevention of ACEs-related outcomes in adults that should be a critical effort to prevent the exposures from occurring in children in the first place."⁶⁹ Asmundson and Afifi contended that ACEs should not occur and that preventive measures must be taken to ensure the child's health.⁷⁰ It is difficult to argue this point, but it is also unrealistic. If that were not so, it seems highly likely that such measures would already be employed. Numerous laws address child abuse issues to a certain extent, and every state of the union has a Department of Children's Services or similar office. Still, most childhood adverse events are identified after the fact, making it difficult to prevent these traumatic events. When prevention is not possible, the client usually presents to the

⁶⁷ Christine M. van der Feltz-Cornelis et al., "Adverse Childhood Experiences (ACE) in Outpatients With Anxiety and Depressive Disorders and Their Association with Psychiatric and Somatic Comorbidity and Revictimization. Cross Section Observational Study," *Journal of Affective Disorders* 246 (2019): 462.

⁶⁸ Harris, "Screening," 1788.

⁶⁹ Asmundson and Afifi, *Adverse Childhood Experiences*, 12.

⁷⁰ Brian Brennan, Natalie Stavas, and Philip Scribano, "Effective Prevention of ACEs," in *Adverse Childhood Experiences*, eds. Gordon J.G. Asmundson and Tracie O. Afifi (Cambridge, MA: Academic Press, 2020), 237.

counselor after the fact, having advanced into adulthood carrying the burden of their past hurts. These treatment options will be the focus of the remainder of this section.

Individual Counseling/Therapy (Clinical/Pastoral)

At Victory Church, the starting point for treatment is individual pastoral counseling. This form of counseling is biblically based and focuses on the healing power of Jesus Christ to help the client learn how to cope with their issues. The pastoral counselor uses intake questionnaires, including the ACE Questionnaire, to construct his counseling approach (including questions, strategies, and goal formation). The counseling may be conventional (questioning, answering, exploring, solving) or solution-focused and short-term (goal setting, focusing on what is working, coping). Prayer and the employment of the spiritual disciplines to address the areas of forgiveness, sin, repentance, and grace are utilized in the treatment. The counselor may integrate some clinical components in the treatment unless the pastoral counseling is purely nouthetic (biblical only). These clinical components would include homework assignments and perhaps some elements of cognitive-behavioral therapy. In conjunction with additional treatment therapies that follow, these developed approaches will be the future state of the pastoral counseling ministry of Victory Church, the desired outcome produced by the work conducted in the thesis project.

In their book *The Struggle is Real*, Clinton and Pingleton noted three essential components to reverse the effects of trauma and bring about recovery.⁷¹ They are:

- Survivors need to talk; they need to tell their stories,
- Survivors need to grieve, and
- Survivors need time.

⁷¹ Tim Clinton and Jared Pingleton, *The Struggle Is Real* (Bloomington, IN: Westbow Press, 2019), 281.

All three events can occur within the redemptive context of a caring, safe relationship. Counseling is all about relationships, and the client must feel safe in the counseling environment. Whether individualized or small-group counseling is applied, the safety factor is critical and must be established. Referral to a higher level of care may be in order if the client has not improved after a predetermined time.

Nowhere is the safety factor more evident in counseling child sexual abuse (CSA) survivors. Pastoral counselors can be pivotal in helping those impacted by sexual abuse. The work in this area is multifaceted. Counseling a CSA survivor addresses more than the direct consequences of the abuse because there are so many different aspects of how CSA impacts survivors. A CSA survivor deals with denial, anger, shame, guilt, grief, mourning, and trust issues.⁷² They may live as a shell of themselves, trusting no one; after all, the most frequent perpetrators of CSA are family members, relatives, and caregivers—those who are in a position to care for and protect the victim. CSA survivors may not even trust God and may have a distorted image of Him due to their abuse.⁷³ Pastoral counselors can significantly assist CSA survivors in finding their way back to God. They do this by extending love, understanding, patience, and gentleness: “Brethren, if a man is overtaken in any trespass, you who are spiritual restore such a one in a spirit of gentleness . . . bear one another’s burdens, and so fulfill the law of Christ” (Gal. 6:1–2). Tsao noted,

Opening up to God may be difficult for CSA survivors as they are so used to hiding their abuse and feelings, but, as they begin to experiment with telling God the truth about their feelings, about their terror, they can experience the reality that their feelings and their

⁷² Scarlet Hai Yin Tsao, “Restoration of Adult Survivors of Child Sexual Abuse: How Can Caregivers Contribute to the Process?” *Priscilla Papers* 20, no. 1 (Winter 2006): 13.

⁷³ *Ibid.*, 15.

experiences will not destroy them, nor will they drive God away, paving the way for them to reconnect to God so they can experience God's profound love for them.⁷⁴

Numerous treatment modalities are used by those practicing psychotherapy. These modalities are contained in various treatment manuals, and therapists work within the boundaries established by those treatment manuals. These treatment therapies may work, but surprisingly, they do not work based on specific steps, targets, and activities. They work due to the common element among those modalities. They work due to the alliance, preferably the strong alliance, between the counselor and the client: a union where there is strong empathy, adjustments in responses to client feedback, genuineness, respect, trust, and the counselor's ability to handle the client's emotions.⁷⁵ What the counselor may hear in a counseling session that addresses an ACE can be difficult for many reasons. That is one of the primary reasons counselors must be adequately vetted and trained in their technical qualifications and spiritual development. A trained pastoral counselor is uniquely positioned to help clients due to their academic training and spiritual foundation. Clients of effective counselors are twice as likely to improve and half as likely to deteriorate as clients of ineffective counselors, regardless of what mode of treatment is applied.⁷⁶

Mindfulness and Christian Mindfulness

Counselors and therapists who use mindfulness-based therapies to treat mental health conditions such as depression, anxiety, and trauma are taking advantage of cutting-edge cognitive-behavioral interventions. There has been a recent resurgence in the use of mindfulness, especially in pastoral care and counseling. Bingaman has noted that due to recent studies on

⁷⁴ Ibid., 18.

⁷⁵ Robert Maunder and Jonathan Hunter, *Damaged: Childhood Trauma, Adult Illness, and the Need for a Health Care Revolution*, (Toronto: University of Toronto Press, 2021), 121.

⁷⁶ Ibid.

brain malleability and plasticity, there is a stronger case for using contemplative and mindfulness meditation practices in pastoral care and counseling.⁷⁷ For instance, in the body, mindfulness has been shown to maximize neurological connections in the brain that support emotional regulation, which corresponds to a decrease in reactivity.⁷⁸ Mindfulness techniques and philosophy are often frowned upon in Christian circles. Mindfulness originates in Buddhist tenets, and the modern Western mindfulness movement emphasizes a secular or Buddhist worldview.⁷⁹ Trammel and Trent noted that Christian mindfulness includes understanding God and being aware of His presence in the mindfulness exercise. Christian mindfulness includes inviting Jesus Christ into one's mind and attention⁸⁰ and incorporates many of the same processes as mindfulness in general but explicitly facilitates attunement to God's work within the client.⁸¹ Mindfulness is about making time to turn the client's full attention to God so His voice can be heard and the client can abide in His voice regardless of the stress of their lives.⁸² It has been demonstrated that contemplative spiritual practices in religious communities can balance the brain's well-documented negativity bias, generating less fearful and anxious views on life and human relationships.⁸³ The mindfulness movement creates excitement in pastoral care and counseling circles and represents a paradigm shift for the consolidated use of spiritual care and neuroscience.

⁷⁷ Kirk A. Bingaman, "The Promise of Neuroplasticity for Pastoral Care and Counseling," *Pastoral Psychology* 62, no. 5 (October 2013): 549.

⁷⁸ Ibid.

⁷⁹ Regina C. Trammel and John A. Trent, *A Counselor's Guide to Christian Mindfulness* (Grand Rapids, MI: Zondervan, 2021), 13.

⁸⁰ Ibid., 16.

⁸¹ Zach Cooper, "Spirituality in Primary Care Settings: Addressing the Whole Person through Christian Mindfulness," *Religions* 13, no. 4 (April 2022): 9.

⁸² Ibid.

⁸³ Bingaman, "The Promise," 550.

In a mindfulness exercise, the body maximizes the neurological connections in the brain that support emotional regulation, leading to a decrease in reactivity.⁸⁴ In mindfulness exercise, there is a physiological change in the brain, specifically the amygdala. Brain-scan research has indicated that a daily contemplative spiritual practice such as mindfulness-based prayer and meditation lowers activity in the amygdala, producing a calming effect on the stress region of the brain. Mindfulness can be an effective stress reduction tool and coping mechanism. Mindfulness is a state of complete self-awareness, free of distractions and judgment. It is about being in the moment with love, compassion, and the Holy Spirit, realizing the importance of the present, and relating to it with peace and sympathy. The benefits gained from spiritual prayer and meditation (spiritual disciplines) may have less to do with a specific theology than with the ritual techniques of breathing, staying relaxed, and focusing on a concept that arouses comfort, compassion, or spiritual peace. However, the more one believes in what they are meditating or praying about, the stronger the response will be. In Christian mindfulness, the focus is on the movement of the Holy Spirit. The goal of Christian mindfulness is not detachment from, but rather an attachment to, the presence of God the Father, Son, and Spirit.⁸⁵

Because it is moment-centered, mindfulness allows the client to let go of past regrets and worries associated with the unknown future. Reducing these stressors lessens the toxic influences of stress-related hormones and chemicals, allowing the brain to generate new neurons and build new networks.⁸⁶ Mindfulness helps treat many mental and emotional challenges, such as depression, anxiety, psychosis, trauma, eating disorders, body image–related emotional concerns,

⁸⁴ Ibid., 551.

⁸⁵ Cooper, “Spirituality in Primary Care,” 9.

⁸⁶ Philippe Douyon, *Neuroplasticity: Your Brain’s Superpower* (Salt Lake City, UT: Izzard Ink, 2019), 81.

addictions, attention deficit disorder, neuroticism, and many others.⁸⁷ Mindfulness can represent a beneficial treatment for generalized anxiety and prevention for individuals with a history of ACEs.⁸⁸ Adult survivors of ACEs can use Christian mindfulness to find peace amid their storms and illness. When coupled with other forms of treatment, such as individual or group therapy, mindfulness can help clients experience healing and cope with their struggles.

At the root of mindfulness practice is the attempt to eliminate distractions and direct the client's attention to a singular thought, object, or focal point.⁸⁹ Hoover pointed out that Scripture repeatedly emphasizes the importance of focus and provides examples of the potentially destructive nature of distraction.⁹⁰ A clear example is Jesus' meeting with Martha and Mary in Luke 10:38–42. Martha, having welcomed Jesus into her home, busied herself with preparing a meal and grew frustrated with her sister Mary, who was quietly sitting at the feet of Jesus, listening to His teaching. Martha reached the point of frustration (and distraction) and implored Jesus to discipline Mary such that she would leave Jesus to help Martha in the kitchen. But Jesus tenderly responded to her and exposed her anxiety and focus on the distractions when He said: “Martha, Martha, you are worried and troubled about many things. But one thing is needed, and Mary has chosen that good part, which will not be taken from her” (Luke 10:41–42). Jesus indicated that lack of focus could cause distraction, leading to anxiety and emotional reactivity. Mary's focus showed an appreciation for what was most important in the present moment. This example fits well within the characterization of mindfulness when the individual switches modes

⁸⁷ Jonathan Hoover, “Can Christians Practice Mindfulness without Compromising Convictions?” *Journal of Psychology and Christianity* 37, no. 3 (Fall 2018): 248.

⁸⁸ Christyn L. Dolbier et al., “Adverse Childhood Experiences and Adult Psychopathological Symptoms: The Moderating Role of Dispositional Mindfulness,” *Journal of Contextual Behavioral Science* 21 (2021): 77.

⁸⁹ Hoover, “Can Christians,” 249.

⁹⁰ Ibid.

from “doing” to “being.”⁹¹ The ability to pay close attention to one’s inner life and experiences or to a particular object or task helps the self have a clearer view of reality and a calmer, more relaxed state of being.⁹²

Mindfulness can also impact the brain’s ability to grow. Being mindful, or in a mindful state, provides two benefits: it helps the client remain aware of those things that influence their brains, and it changes the structure and function of the brain by building new networks and reorganizing old ones.⁹³

It is essential for those working in the field of pastoral care and counseling to begin to take this form of treatment seriously. Christian mindfulness is a dual-effect treatment option that reduces stress and helps generate self-regulatory practices. Still, regular employment of mindfulness practices has tremendous neurological benefits as well. Bingaman stated:

The pastoral practitioner, equipped with some understanding of neuroscientific findings, can begin to situate the care of souls in a neurotheological framework that will provide an important context for understanding not only the nature of religious and spiritual practices, but how such practices have a direct impact on health and well being. Neurotheology, therefore, offers a more precise understanding of not only what Jesus teaches in the Sermon on the Mount but rather how to make this central teaching a reality in everyday life through contemplative-meditational practices. Incorporating into the work of pastoral care and counseling the neuroscientific finding that such practices have the potential health benefit of lowering amygdala activity in the brain and thus modulating our anxiety provides an important basis for a more informed understanding of the practical effects and benefits of developing a contemplative spirituality.⁹⁴

A variant of Christian mindfulness that may alleviate some concerns of those not wanting to engage in non-Christian approaches to healing is prayer-based relaxation. This practice is a

⁹¹ Ibid.

⁹² Anne-Marie Schultz and Paul E. Carron, “Socratic Meditation and Emotional Self-Regulation: Human Dignity in a Technological Age,” *Journal of Interdisciplinary Studies* 25, no. 1–2 (2013): 152, <https://doi.org/10.5840/jis2013251/27>.

⁹³ Douyon, *Neuroplasticity*, 80.

⁹⁴ Bingaman, “The Promise,” 552.

combined form of deep breathing, relaxation, and prayer. It starts with the client doing some deep breathing exercises and then the counselor leading the client into a time of prayer-based relaxation.⁹⁵ It is based on the time-honored Jesus prayer: “Lord Jesus Christ, son of God, have mercy on me, a sinner.”⁹⁶ McMinn provided the instructions for the prayer:

As you continue with slow, deep breaths from the diaphragm, now say these words—just to yourself, not out loud—Lord, have mercy . . . Lord, have mercy . . . Each time you breathe in, “Lord” . . . Each time you exhale, “have mercy” . . . Lord, have mercy . . . Lord have mercy . . . Just let yourself be calm in the presence of God . . . Lord have mercy.⁹⁷

This calming prayer-based rhythm can be incorporated into the client’s daily life with practice. Paul instructed the believers in Thessalonica to “pray continually” (1 Thess. 5:17). Could this prayer practice be what he suggested? Possibly. Paul was encouraging the Thessalonians to find a way to be continually aware of their relationship with God, and the Jesus prayer facilitates just that. It is a way of living, a way of breathing, that constantly reminds the person praying that they belong to God and are always in need of His mercy.⁹⁸ For pastoral counselors considering incorporating mindfulness-based therapeutic practices, the contemplative practice of “centering prayer” could be added to or even substituted for mindfulness breathing meditation.⁹⁹ This practice is a non-threatening method that can provide all of the benefits of Christian mindfulness under the cover of scriptural prayer.

⁹⁵ Mark R. McMinn and Clark D. Campbell, *Integrative Psychotherapy: Toward a Comprehensive Christian Approach* (Downers Grove, IL: IVP Academic, 2007), 233.

⁹⁶ Ibid.

⁹⁷ McMinn and Campbell, *Integrative Psychotherapy*, 233

⁹⁸ Ibid.

⁹⁹ Kirk A. Bingham, “Incorporating Contemplative Neuroscience and Mindfulness-Based Therapies into Pastoral Care and Counseling: A Critical Correlational Method,” *Pastoral Psychology* 65, no. 6 (December 2016): 770. <https://doi.org/10.1007/s11089-016-0719-z>.

Recognizing the compatibility between mindfulness and Christianity should provide a platform for Christian pastoral counselors and clinicians to remain true to their faith while offering clients a modern, evidence-based treatment that can significantly improve the quality of their life.¹⁰⁰ The use of mindfulness, predominantly Christian mindfulness, will be a new (and exciting) process for the counseling ministry at Victory Church. Incorporating Christian mindfulness into a counseling plan will require additional training beyond the scope of the thesis project. Christian mindfulness does not necessitate a clinical license; however, a mindfulness professional must train the pastoral counseling team. The pastoral counseling ministry of Victory Church will utilize this form of treatment when counselors have been adequately trained.

Eye Movement Desensitization and Reprocessing (EMDR)

EMDR is a psychotherapy treatment initially designed to alleviate the distress associated with traumatic memories and has been commonly used to help those with posttraumatic stress disorder (PTSD).¹⁰¹ Francine Shapiro's adaptive information processing model suggests that EMDR therapy facilitates the accessing and processing of traumatic memories and other adverse life experiences (such as ACEs) to bring them to an adaptive resolution. Reduced affective distress, a reformulation of negative beliefs, and lowered physiological arousal can result from successful treatment with EMDR therapy. Regarding EMDR, Shapiro, in *Getting Past Your Mind*, noted,

As we proceed with the EMDR procedure, the client will learn how to make sense of adverse reactions they may be having in a wide range of situations. The client will learn exercises and techniques to immediately identify unprocessed memories causing reactions and ways to deal directly with disturbing emotions, thoughts, and sensations. New knowledge about how the brain works are the foundation for these steps. The good

¹⁰⁰ Hoover, "Can Christians," 253.

¹⁰¹ Shapiro and Forrest, *EMDR: The Breakthrough Therapy*, 4.

news is that EMDR can free the client from bonds that may have held them back in relationships, work, and general happiness.¹⁰²

EMDR therapy targets unprocessed memories that contain negative emotions, sensations, and beliefs.¹⁰³ The treatment is accomplished by activating the brain's information processing system such that the old memories can be processed and eliminated; "what is useful is retained; what is useless is discarded."¹⁰⁴ In an EMDR treatment session, the clinician guides the client by accessing memories from the past that are troublesome and impacting their current lives. Through rapid eye movements, the clinician and client work together to process those painful memories and replace them with new education, skills, and perspectives that form the basis for new approaches to dealing with issues the client will encounter. The benefit of EMDR is that a client undergoing therapy for old, past problems can end up with an extensive list of positive changes that impact all areas of life.¹⁰⁵ These positive changes are brought about due to the memory networks at the basis of EMDR that have far-reaching connections in the brain. When clients can alter how they see themselves, the way they see others also changes, opening the door to positive changes in their relationships, job performance, and social abilities. These remarkable effects are directly linked to actual changes in the brain (as documented through MRI studies) that occur during EMDR therapy. That the brain can change and grow—neuroplasticity—is something that scientists have long believed. Neuroplasticity is the brain's ability to be influenced and change with each experience it encounters.¹⁰⁶ Knowing that the brain can change

¹⁰² Francine Shapiro, *Getting Past Your Past: Take Control of Your Life with Self-Help Techniques from EMDR Therapy* (New York: Rodale, 2012), 23.

¹⁰³ *Ibid.*, 6.

¹⁰⁴ *Ibid.*

¹⁰⁵ Shapiro, *Getting Past*, 28.

¹⁰⁶ Douyon, *Neuroplasticity*, 28.

opens up new possibilities for many conditions previously considered untreatable. EMDR has contributed to the development of these new possibilities.¹⁰⁷

There are, however, some concerns about EMDR, mostly related to its relative newness to the treatment scene and the lack of extended treatment history. It simply has not been around long enough for many clinicians to fully trust it as an effective treatment.¹⁰⁸ Other forms of treatment have been around longer and more thoroughly tested. The other concern about EMDR is that it is not precisely known how it works.¹⁰⁹ There is proof that EMDR works, but how it works in the brain is unknown.

EMDR is not a “cure-all” treatment, but it can help people regain control of their bodies and emotions by helping them process memories that can impede a healthy lifestyle. EMDR will also not remove a physical condition or eliminate bodily injury, toxin, or genetically caused brain defects. However, EMDR can help with many of the feelings a client has about themselves due to these illnesses or disabilities, especially the memories of cruel or careless remarks made by others.

EMDR is gaining popularity and becoming a widely accepted treatment to aid those suffering from ACEs.¹¹⁰ Clinical licensing and advanced training is required to administer EMDR. This treatment practice is not currently available at Victory Church. Until licensed clinical practitioners become a part of the ministry, the pastoral counselor must refer the client to a licensed clinician for this treatment to be administered. Recommending this treatment will

¹⁰⁷ Ibid., 29.

¹⁰⁸ Van Der Kolk, *The Body Keeps the Score*, 262.

¹⁰⁹ Ibid.

¹¹⁰ Heather D. Gingrich, “Trauma Focused Strategies: EMDR,” in *Counseling Techniques*, ed. John C. Thomas (Grand Rapids, MI: Zondervan, 2018), 484.

require the pastoral counselor to consult with a clinician and discuss the client's presenting problem with their consent.

STAIR Narrative Therapy

Many treatments have been developed to address exposure to trauma, most notably PTSD, which ACEs can cause. Though the treatments are excellent in their respective intents, the interventions may not be designed to target the commonly co-occurring emotional regulation difficulties and impaired interpersonal functioning that are frequently expressed following trauma exposures.¹¹¹ Skills training in affective and interpersonal regulation (STAIR) narrative therapy is a newcomer on the trauma spectrum treatment scene; it is described as an “innovative skills-focused intervention for trauma-related difficulties.”¹¹² STAIR narrative therapy addresses the emotional dysregulation aspect of trauma, while most, but not all, traditional PTSD-designed interventions focus on alleviating the fear-based symptoms of PTSD. There has been renewed interest in examining the role of emotional dysregulation and diminished social functioning in helping survivors of PTSD-type trauma and complex trauma, the type most associated with ACEs. STAIR narrative therapy seeks to attend to those issues.

STAIR narrative therapy is a skills-focused, two-phase intervention developed initially for child abuse survivors that aims to alleviate trauma-related distress and increase interpersonal and emotional proficiencies. STAIR narrative therapy is based on a sequential-phase treatment plan that expands on the traditional fear-based approaches of standard PTSD treatment. The

¹¹¹ Christina M. Hassija and Marlene Cloitre, “STAIR Narrative Therapy: A Skills Focused Approach to Trauma-Related Distress,” *Current Psychiatry Reviews* 11 (2015): 172.

¹¹² Hassija and Cloitre, “STAIR Narrative Therapy,” 172.

therapy incorporates interventions that address emotion dysregulation and social difficulties commonly observed among all trauma populations.¹¹³

STAIR narrative therapy is administered in two sequential phases: the skills-focused STAIR phase and the narrative therapy phase. The STAIR phase involves interventions that target emotional dysregulation and social impairment to improve functional capacity and quality of life in the present. These interventions can be employed in individual or group settings. The thrusts of these interventions, conducted through eight sessions, are to develop client skills intended to enhance emotional regulation abilities while improving interpersonal effectiveness.

There are six treatment goals in the STAIR phase:

1. Promoting emotional awareness through identifying and labeling feelings and triggers experienced in everyday life;
2. Teaching dynamic regulation strategies to regulate negative feelings;
3. Fostering the adaptive use of emotions and distress tolerance to achieve social goals;
4. Encouraging the identification and modification of underdeveloped interpersonal schemas;
5. Facilitating the identification of adaptive and achievable social goals;
6. Attaining a sense of emotional and social-self efficacy that facilitates living in the world.¹¹⁴

The second phase of the treatment plan, the narrative therapy phase, requires the client to create a series of narrative stories. This phase is designed to address the emotional processing of

¹¹³ Ibid., 173

¹¹⁴ Hassija and Cloitre, “STAIR Narrative Therapy,” 174.

past traumatic experiences. The trauma memory is organized within the narrative structure, and a starting, middle, and termination point are identified during the narrative work. This exercise promotes emotional processing and teaches clients how to modulate and control their trauma-related emotions. Clients write about their traumatic experiences and then share them in an “organized and emotionally engaged fashion.”¹¹⁵ The narrative sessions are conducted in an individual setting. Strengths learned during the STAIR phase are incorporated to highlight variances between past traumatic events and events in the present. Emotional regulation skills learned in the STAIR phase are also used to strengthen other personal emotional regulation capacities during the narrative therapy phase.

STAIR narrative therapy has acquired verifiable validation and is recognized as a psychotherapeutic intervention for PTSD, and other trauma-related psychological distresses, having notably been applied to childhood trauma and mass-violence populations.¹¹⁶ Therefore, STAIR narrative therapy is an acknowledged treatment for adult clients with ACE exposures. Advance training is, however, required. It does not appear to be a treatment option that the pastoral counseling ministry of Victory Church will consider absent any advanced training.

Self-Regulation Therapy

Self-regulation is the process of intentionally directing one’s actions, thoughts, and feelings toward a goal. A goal is a cognitive construct of a specific desired outcome, typically relatively long in duration and broad in scope.¹¹⁷ Self-regulation is the ability to observe one’s emotions, manage one’s reactions, and modify one’s feelings and behaviors to produce an

¹¹⁵ Ibid., 176.

¹¹⁶ Ibid., 177.

¹¹⁷ Elliot R. Berkman, *Handbook of Self-Regulation: Research, Theory, and Applications*, eds. Kathleen D. Vohs and Roy F. Baumeister, (New York: The Guilford Press, 2016), 440.

element of peace and control, allowing the individual to work through a stressful situation. Self-regulation is a mixture of learned behavioral skills, such as self-awareness, self-management, impulse control, emotional intelligence, and effective socializing. These skills are essential for facing everyday life challenges and working through the triggers frequently produced by PTSD and childhood trauma.

Self-regulation requires the coordinated activities of anatomically separate brain areas and a benign dominance of the brain's upper, more recently evolved regions over the lower ones. The oldest part of the brain—and the most essential for life—is the brain stem, where the primitive survival impulses of the brain arise, and essential autonomic functions are controlled.¹¹⁸ The brain stem controls hunger, thirst, heartbeat, breathing, and body temperature. These systems are autonomic, meaning that, though one can consciously impact their function, such as slowing the heart and expanding the lungs (pulling in more blood to oxygenate the blood) using deep, slow breathing, which can produce a calming effect, the organs cannot be consciously completely halted. Self-regulation invokes a quasi-control over the body's organs to redirect harmful energy and move from frantic to calm.

Like meditation (Christian mindfulness), self-regulation skills train attention and teach people how to redirect and sustain their attention in ways that can be employed before, during, and after challenging events.¹¹⁹ Self-regulation skills do not focus on insight or clinical interpretation; they rely on the individual's ability to direct their attention to healthy patterns that activate and calm the body. Meditators have demonstrated a profound ability to self-regulate, especially their emotions, and can engage in sustained cognitive tasks without being

¹¹⁸ Maté, *When the Body*, 206.

¹¹⁹ Laurie Leitch, "Action Steps Using ACEs and Trauma-Informed Care: A Resilience Model," *Health and Justice* 5, no. 5 (2017): 8.

distracted.¹²⁰ The practice of self-regulation utilizes the rhythm of the autonomic nervous system, specifically deep breathing, heart rate, muscle tension, and relaxation patterns, producing peace, calm, balance, and control. When a trigger event occurs, through self-regulation, the individual remains in control of their emotions and does not progress to a state of feeling out of control; balance is maintained. Their balance is maintained; they feel more in control and relaxed.

There are two primary objectives for developing self-regulation skills. The first objective is to generate practical proficiencies to manage or reduce states of distress and trigger activation. The learned skills can be immediately activated and employed. The skills can be initiated by the individual independently as required as situations are encountered, which is the desired outcome, or they can be used with the assistance of a counselor in a clinical setting. The second objective is to use neuroeducation (training the brain) to understand emotional symptoms and behaviors and to motivate the individual to exercise the skills to utilize neuroplasticity (the brain's ability to heal) to train greater internal resilience and reduce or eliminate the power of stressors that trigger reactivity. The idea is that the counselee will incorporate strengths and protective factors in their emotional regulation toolbox through self-regulation skills. These skills create a feeling of mastery and efficacy in their self-care, and the counselee begins to understand they have the power within them to face the challenges related to their past trauma. Leitch noted that “developing self-regulation skills that can be practiced independently by providers and clients alike can decrease reactivity and increase slow system processing and build a sense of mastery and control.”¹²¹

¹²⁰ Schultz and Carron, *Socratic Meditation*, 152.

¹²¹ Leitch, “Action Steps,” 9.

Self-regulation requires an individual to become intentional in thoughts, behaviors, and actions. The counselee that has developed self-regulation skills does not experience temptations or reactionary urges with the same frequency or intensity. People who self-regulate can monitor their behavior and learn why they are emotionally distressed by a situation or event. Their level of intensity and discomfort lessens, and they begin to experience more peace as the balance is restored in their lives. However, self-regulation requires practice and the opportunity to develop the skills to use when the trigger mechanisms are activated. The following are some common self-regulation techniques for adult survivors of ACEs.

- Christian mindfulness (see above): In his article “Clinical Use of Meditation as a Self-Regulation Strategy,” Deane Shapiro stated his belief that a “significant benefit can be gained from the proper use of meditation as a clinical self-regulation strategy for arousal reduction.”¹²² He further noted that while meditation appeared to be no more effective as a clinical treatment for arousal reduction than other self-regulation strategies, that was not a reason for or against its use as a treatment.¹²³ Mindfulness has become one of several treatment modalities used in emotional self-regulation. Also, because mindfulness may make people more inclined to regard their implicit responses as valid, conflicts between implicit and explicit responses may be more actively confronted and resolved during states of mindfulness, promoting greater coherence between the two reactions.¹²⁴
- Cognitive reframing/reappraisal: Cognitive reframing or reappraisal is the act of challenging existing thought patterns. Examining one’s thought patterns and breaking

¹²² Deane Shapiro, “Clinical Use of Meditation as Self-Regulation Strategy: Comments on Holmes’s Conclusions, Implications,” *American Psychologists* 40, no. 6 (June 1985): 721.

¹²³ Ibid.

¹²⁴ Sander L. Koole, Marieke Meijer, and Carina Remmers, “Religious Rituals as Tools for Adaptive Self-Regulation,” *Religion, Brain & Behavior* 7, no. 3 (August 2017): 251.

them down into segments, a process similar to a relentless root cause analysis, allows the client to interpret the stressful trigger and understand why it causes them to respond the way they do. The assessment can help the client identify if the thoughts are true or false, helpful or harmful. This clarity can lead to a change in emotions and behavior; the thought pattern loses its ability to control the counselee and hinders the employment of destructive activity.¹²⁵

- Self-care: For self-regulation to be effective, other bodily systems must be strengthened. A good diet, plenty of sleep and rest, exercise, and even work are essential for lifestyle balance. All of the body's systems work together, and a weakness in one can affect the others.¹²⁶
- Stress management: Managing stress is critical to maintaining physical, mental, and emotional health.
- Self-soothing and deep breathing: These essential mechanisms produce calm and restore balance, crucial elements of effective bodily control and relaxation.¹²⁷

Self-regulation therapy is well suited to assist clients with a history of ACEs trauma. This therapy strives to give the client more control over their trauma-triggered outcomes. Using skills learned in counseling, the client realizes they possess the power and ability to maintain control through their crisis. Self-regulation therapy opens the door to freedom the client always had but never recognized. Clients learn to use nonclinical, skills-based approaches that promote emotional regulation and resilience, which allow them to assess the state of their nervous systems and transition from a crisis state to a state of calm as their emotions remain in check.

¹²⁵ "Self-Regulation Therapy," therapist.com, accessed June 27, 2022.

¹²⁶ Ibid.

¹²⁷ Ibid.

Self-regulation therapy does not require a clinical license; however, a counselor wishing to utilize it in their practice should seek appropriate training from a professional or available continuing self-study training courses. Paul Moes noted that “the ability to develop self-regulated emotional responses can only occur in the interaction with a responsive caregiver”;¹²⁸ therefore, adequate training in this treatment modality is required. Self-regulation therapy is a therapeutic process that the pastoral counseling ministry of Victory Church will consider for future use.

Celebrate Recovery

CR is a Christ-centered recovery program established by Pastor John Baker at Saddleback Church in Lake Forest, California. Pastor Baker, noting a severe need, wrote Pastor Rick Warren a “short, concise” thirteen-page, single-spaced letter expressing his concerns for those struggling with all manner of addiction and outlining his vision for a Christ-centered recovery program that he called Celebrate Recovery.¹²⁹ Pastor Warren read the letter and told Pastor Baker to make it happen. The first meeting was held on November 21, 1991, and was attended by forty-three people. There are currently over 35,000 CR programs in churches worldwide, which continues to grow. CR brings the healing power of Jesus Christ to the hurting and broken through working CR Step Studies, *Life’s Healing Choices*, *The Journey Begins*, and *The Journey Continues*. To date, over five million individuals have completed a CR Step Study.¹³⁰ The doctoral candidate included in this number has completed five Step Study programs, leading four.

¹²⁸ Paul Moes, “Minding Emotions: The Embodied Nature of Emotional Self-Regulation,” *Perspectives on Science and Christian Faith* 62, no. 2 (June 2010): 77.

¹²⁹ Johnny Baker, *The Road to Freedom: Healing from Your Hurts, Hang-ups, and Habits* (Grand Rapids, MI: Zondervan, 2018), 10.

¹³⁰ “History of Celebrate Recovery,” Celebrate Recovery, accessed August 15, 2022, <https://www.celebraterecovery.com/about/history-of-cr>.

CR is a nondenominational, biblical, and balanced program for helping people overcome their hurts, habits, and hang-ups. It uses eight principles based on the Beatitudes from Christ's Sermon on the Mount and twelve biblical recovery steps. Through this program, people's lives have been restored, and they have developed stronger relationships with God and others. In a safe, supportive, and accepting atmosphere, thousands of people who struggle with life-controlling substances, behaviors, and hurts have been helped along their road to recovery and restoration.

CR programs are almost exclusively located in and sponsored by local churches. One of the requirements of CR is that ministry leaders and the leadership team will submit to the church's leadership in all matters relevant to the spiritual doctrine of the church. The spiritual doctrine of CR is based on the Bible, specifically, the teachings of Jesus in Matthew 5, on which the eight principles and twelve steps and their biblical comparisons are based. In essence, many CR programs operate much like a parachurch in that CR meetings strongly resemble a church service. For instance, CR meetings begin with a large-group open meeting, where there is prayer, praise and worship music (live or recorded), some announcements, and readings of the eight principles or the twelve steps (similar to those of Alcoholics Anonymous) with their biblical comparisons. The second half of the large-group meeting involves a lesson from the CR curriculum or testimony given by a man or woman with extended sobriety or victory in their area of struggle. After the large-group open meeting, the complete Serenity Prayer is recited, and the meeting transitions to the small, open-share groups. These small, open-share groups are gender-specific (men with men, women with women) and issue-specific, with groups focusing on struggles such as porn, alcohol, drugs, and codependency. The CR meeting concludes when the

small, open-share groups have finished. Some CR meetings then progress to “Solid Rock Café,” a time of reflection and connection, with refreshments served.

Brown, Tonigan, Pavlik, Kosten, and Volk interviewed over one hundred addiction support group participants in Houston, Texas, focusing their analysis on CR programs in the area. Their study evaluated an individual’s confidence in their ability to resist substance abuse employing their spirituality, duration of current sobriety, duration of CR participation, marital status, and age. Their logistic regression analysis demonstrated that “spirituality and longer duration of sobriety were both significantly associated with increased self-efficacy, providing evidence that spirituality warrants more study as a potential mechanism of behavior change, especially in a religious 12-Step program.”¹³¹ They also noted that an individual’s spirituality in a faith-based recovery program might increase due to their successful recovery through their increased confidence in their ability to resist substance abuse and a greater understanding of self-efficacy and other potential mechanisms of spiritual recovery, leading to improved outcomes. Their conclusions would not surprise longtime veterans of the CR program, endearingly called “forever family.”

CR works because it involves a network of support: sponsors, accountability partners, small group leaders, ministry leaders, and a church—an entire team of people that make themselves available to help the attendee/client. CR is one of the programs that pastoral counselors at Victory frequently refer their clients to for additional support. CR augments the work conducted in the counseling office. In CR, an attendee can get involved in a twelve-step

¹³¹ Anthony E. Brown et al., “Spirituality and Confidence to Resist Substance Abuse Use among Celebrate Recovery Participants,” *Journal of Religion and Health* 52, no. 1 (March 2013): 112, <https://doi.org/10.1007/s10943-011-9456-x>.

group that will, through the steps and an inventory, help them work through all manner of hurt, including those ACEs that are still impacting their lives.

Summary

Whether clinical or pastoral, there is no “one size fits all” form of counseling. Each client is different and must have a counseling plan tailored to their specific issues and belief systems. Counseling plans must also be flexible and able to be modified as the counseling progresses. Alternative forms of treatment, working dependently, are crafted to address the catacombs of the client’s mind and soul, heal the origins of their pain, and help them live more fruitful lives. All acceptable treatment protocols should be explored to find the optimal mix to help clients meet their goals. Those options listed above are part of a family of programs that collectively can produce the desired result: to free the client from the captivity of their pain.

How the Church Can Help Those with Mental Illness

There is a belief among many pastors, families, and individuals with mental illness that local churches are responsible for providing resources and support for individuals with mental illness and their families.¹³² There is a scriptural basis for helping those with mental illness and other disorders: “And let us consider one another in order to stir up love and good works, not forsaking the assembling of ourselves together, as is the manner of some, but exhorting one another, and so much more as you see the Day approaching.” (Heb. 10:24). The use of the term “*consider*” indicates that believers (churches) are to “notice, consider, pay attention to, look closely at.”¹³³ A Christian psychologist once said,

People will go to a pastor, religious leader, or someone in that tradition before they will walk into a therapist’s office. I have even sent some people. Like when a couple is in

¹³² Clinton and Pingleton, *The Struggle*, 8.

¹³³ George H. Guthrie, *The NIV Application Commentary: Hebrews*, ed. Terry Muck (Grand Rapids, MI: Zondervan, 1998), 345.

crisis, and one member of the couple will not come in for therapy. I have asked, “Is there a pastor or religious leader you would listen to, who could listen to you or meet with you together?” I definitely direct people toward the clergy when it is appropriate.¹³⁴

The church is the first place many people go when they are hurting or in crisis. Churches should have mechanisms in place to allow pastoral counseling ministries to become aware of the mental health needs of their congregants. Though many churches may agree with this sentiment in theory, it is not widely seen in practice. Many churches recognize that many of their congregants may have a mental illness, yet those same churches are not equipped to assist those that do adequately. They are either too small, lack sufficient pastoral or leadership support, or do not consider mental illness support a matter of concern.

Many churches in the central Connecticut area (the area served by Victory Church) do not offer pastoral counseling services to their members. The table below provides a picture of the lack of counseling services offered by the churches in the region.

Table 2. Central Connecticut churches providing counseling services

City/Town	Number of Churches	Churches Providing Counseling Services
Cheshire	13	0
Cromwell	3	0
Durham	3	0
Haddam	8	0
Hamden	8	1
Meriden	12	2
Middlefield	2	1
Middletown	14	1
North Haven	4	0
Portland	8	0
Wallingford	15	1
Waterbury	13	0
Total	103	6

¹³⁴ Amy Simpson, *Troubled Minds: Mental Illness and the Church's Mission* (Downers Grove, IL: IVP Books, 2013), 179.

As elucidated in the table, there are one-hundred and three churches in the communities that make up the Central Connecticut region. Only six of those churches provide counseling services to their members, Victory Church being one of those six churches. The members of those churches not offering counseling services are left to their means to find the care they need, often leading them to pursue secular treatments. A few of them have sought—and received--counseling support from Victory. Simpson noted that “because many church leaders believe their role in a mental health crisis is to refer people to appropriate professional care, they need to understand that the system they are sending people into can be nearly impossible to navigate, and those walking through it need pastoral care. The system will not provide what the church can and must provide.”¹³⁵ The church must play a role in the mental health care of its flock.

Victory Church, the subject church of this thesis project, offers an array of pastoral care and counseling services. Pastoral care ministries provide programs such as Financial Peace University (Dave Ramsey’s financial program), Divorce Care and Grief Share (nationally syndicated programs), Marriage and Blended Family Care, Dementia and Caregiver Support Care, and CR. In addition, Victory Church provides pastoral counseling in many forms, such as conventional counseling, marriage and premarriage counseling, addiction counseling, grief counseling, and crisis and intervention counseling. Ideally, pastoral counselors use their theological tradition and the psychological sciences to understand their clients’ dilemmas.¹³⁶ Pastoral care services are provided by experienced and trained pastoral and lay counselors.

The pastoral care and counseling ministry align with the church’s theological doctrine, philosophy, and vision for ministry. The ministry has a budget, and quarterly training sessions

¹³⁵ Ibid., 82.

¹³⁶ Ryan LaMothe, “Pastoral Counseling in the 21st Century: The Centrality of Community,” *The Journal of Pastoral Care & Counseling* 68, no. 2 (June 2014): 2.

are provided to the team. The Pastoral Care and Counseling training is not offered to the entire church body; it is only provided to individuals suggested by the pastors based on direct knowledge, evident fruits of the Spirit, or their spiritual gifting assessment.¹³⁷ Pastoral care ministry groups are open to members and nonmembers, while pastoral counseling services are mainly offered to church members, though nonmembers are sometimes accepted. The services are provided free of charge. The pastoral care ministries conduct multiple sessions each year that are consistently well-attended. The pastoral counseling ministry has a consistent demand for counseling. Victory Church is one of the few churches in the Central Connecticut area to offer such services, though other churches in the state have expressed an interest in the product of this thesis project.

The pastoral counseling ministry of Victory Church desires to provide the finest, most practical, and most complete pastoral counseling services possible. The desired practices do not reflect the current situation, and many of the methods noted in the body of this work are not utilized. There are holes in the process that need to be addressed. The most significant of these is the failure of the ministry to adequately address the needs of clients who may be affected by ACEs. This thesis project aims to develop a counseling system consisting of trained counselors and counseling tools that will enable the counselor and the client to work toward a solution that will improve the client's life. Training will allow the counselor to effectively assess and identify the possibility of ACEs in the client that may impact their health today. Utilizing new tools such as the ACE Questionnaire will reveal the existence of ACEs and assist the counselor in designing

¹³⁷ Michael Gembola, "An Interview with the Founders of Two Church-Based Counseling Ministries," *Journal of Biblical Counseling* 34, no. 2 (2020): 85.

a complete counseling plan. This plan will take the client on a journey of recovery that will promote healing, wellness, and a more productive and freer life.

Theological Foundations

For as long as man has walked the earth, he has been confronted with various problems. From the primary survival challenges to the ultimate quest for the meaning of life, man has endured, but not always, with a sound mind. As humans survived, they began to form communities that provided safety and a collective sense of belonging. Relationships were established, and offspring were produced that ensured longevity of the people and workers for the fields and hunting grounds. As the population grew, some people departed to form new communities, expanding man's reach to new territories. As man conquered the seas and developed new tools, their footprint evolved, and their lives no longer focused on the mere survival of the body but on finding meaning and purpose. They were searching for God.

The search for God filled man with an understanding of good and evil. Nowhere was this more evident than in Eve's encounter with the serpent in the garden. With one bite of an apple, Adam and Eve immediately knew they had done something wrong. God placed this knowledge of right versus wrong in their hearts as a guiding light for His people to live righteous lives. By taking the apple from the tree of knowledge, sin entered the world, and through sin, the hearts of man became subject to deception, wickedness, and temptation.

The temptation would lead man to a cycle of destruction, pain, separation from God, and sometimes even death. The minds of man were corrupted, and the war between God and Satan would impact man for the rest of history. Man needed help dealing with the ramifications of his actions so that peace could be restored to his soul. First Corinthians 10:13 says, "No temptation has overcome you except such as common to man; but God is faithful, who will not allow you to

be tempted beyond what you are able, but with the temptation will also make the way of escape, that you may be able to bear it.” God always provides a way out of temptation so believers can resist temptation and not fall into apostasy. God does not tempt anyone, “Let no one say when he is tempted, ‘I am tempted by God’; for God cannot be tempted by evil, nor does He Himself tempt anyone” (Jas. 1:13), but He is in control of Satan, who tempts believers to sin (Matt. 4:1; 6:13). Because of God’s great love for his children, He does not allow temptations to be so great that they overcome them. Instead, Christians sin because they do not search for a way out.¹³⁸ God always provides a way. Sometimes, a person needs help to process and understand what has happened and how it impacts their life. Enter counseling, in this case, pastoral counseling.

Biblical Foundations of Pastoral Counseling

It is essential to recognize that God is the great healer and that all things are possible through Him; pastoral counselors partner with the Holy Spirit to produce effective change and create opportunities for healing through the pastoral counseling process. There are three entities in pastoral counseling: the counselor, the client, and the Holy Spirit; He is ever-present in the process. The Holy Spirit guides the counselor through the counseling process. “I will instruct you and teach you in the way you should go; I will guide you with My eye” (Ps. 32:8). Here, it is noted that sinners do not possess understanding except when the gracious Lord grants it to the converted, for wisdom, knowledge, and experience implies doing the right thing and directing one’s prayers to the Lord’s commands.¹³⁹ It is good that the Holy Spirit is engaged in pastoral

¹³⁸ Richard L. Pratt Jr., *Holman New Testament Commentary*, vol. 7, *I & II Corinthians* (Nashville: Broadman & Holman Publishers, 2000), 166.

¹³⁹ Craig A. Blaising and Carmen S. Hardin, eds., *Ancient Christian Commentary on Scripture*, vol. 7, *Psalms 1–50* (Downers Grove, IL: InterVarsity Press, 2008), 241.

counseling because mindsets, belief systems, and the client's worldview must be overcome. Most times, it is only through the Holy Spirit that these hurdles are overcome.

How a person sees the world, how they interpret events, what they say, and what they experience are filtered through the lens of their worldview. One's worldview is based on the sum of life experiences, the good, bad, and ugly. One's core beliefs are buried under these experiences and the layers of their hurts, habits, hang-ups, misunderstandings, and denial. The pastoral counselor's ability to penetrate that worldview fortress can be challenging; a solid biblical and spiritual base is required.

Biblical counseling is built on a straightforward, enduring principle: the triune God has spoken through Scripture, and it is through Scripture that He has revealed everything needed to be known about Him, His people, and the world in which His people live.¹⁴⁰ Everything required for effective biblical counseling can be found in God's Holy Word. Now that may sound too simple indeed! After all, the Bible does not speak to cognitive behavioral therapy (CBT)—or does it? What is CBT other than encouraging the counselee to stop one behavior and start another? The Bible does reference CBT, or at least the attributes of CBT when Paul addresses the process of change by the renewing of the mind: “And do not be conformed to this world, but be transformed (changed) by the renewing of your mind.” (Rom. 12:2). The mind must be renewed. In Romans 12:1–2, Paul writes of an intelligent, intellectually competent change process. One must be so renewed in his understanding of God's thoughts and ways from his study of the Scriptures that he can determine what His new Master would have him do in various situations. This process is no magic makeover; it involves study, work, prayer, and activities that

¹⁴⁰ Ed Welch, “What is Biblical Counseling, Anyway?” *The Journal of Biblical Counseling* 16, no. 1 (Fall 1997): 3.

enable one to grow in the knowledge of the Lord's will. There will be a transformation of the individual that distances him from the ways and thinking of his former world.¹⁴¹ His mind is renewed, he thinks differently, and his behavior changes; that sounds like CBT in action.

Scripture, indeed, has all the answers.

The biblical counseling process is also built on trust in the counseling relationship. Trust takes time, starts small, and starts close in—one relationship, one counselor, one step at a time. If the client is to bear their souls and share their lives, complete with the horror, shame, and guilt, they must first feel (and understand) that they belong and will not be judged, rejected, or ridiculed.¹⁴² They must feel safe enough to approach the counseling session with their shields down. The safe zone is where the counselor plays a vital role as a church leader. The pastoral counselor(s) must be honest, vulnerable, and human, leaving visible all the scars of ministry that have been collected over time. The client needs to understand that their counselor has been “there.”

Counselors must become familiar with two related aspects of the client: faith identity and cultural identity.¹⁴³ The counselor needs to gain this understanding during the intake process to identify where the client is spiritually in the context of their generational and cultural framework and worldview. The client's spiritual history, faith preferences, and commitments should be a critical assessment priority.¹⁴⁴ The pastoral counselor must take care not to assume that since the

¹⁴¹ Jay E. Adams, *The Christian Counselor's Commentary: Romans, Philippians, I Thessalonians, and II Thessalonians* (Cordova, TN: Institute for Nouthetic Studies, 2020), 98.

¹⁴² Austin, *Hiding in the Pews*, 48.

¹⁴³ K. Elizabeth Oakes and Mary M. Raphel, “Spiritual Assessment in Counseling: Methods and Practice,” *Counseling and Values* 52 (April 2008): 248.

¹⁴⁴ Stephen P. Greggo and Karyn Lawrence, “Clinical Appraisal of Spirituality: In Search of Rapid Assessment Instruments (RAIs) for Christian Counseling,” *Journal of Psychology and Christianity* 13, no. 3 (2012): 254.

individual seeking counseling is a member of Victory Church that they are in complete alignment with the church's theological doctrine. However, if the client has proceeded through Victory Church's Growth Track membership development program, which includes a spiritual gifts assessment, the likelihood of spiritual compatibility is greater. As noted previously, there are three individuals in the counseling process: the client, the counselor, and the Holy Spirit. The client's ability to completely understand this is foundational to biblical counseling.

The Holy Bible plays a prominent role in pastoral counseling. Throughout the counseling process, God's Word produces hope and reliance on spiritual truths. Jay E. Adams, the father of nouthetic (biblically based) counseling, stated that "any problem we face-seemingly impregnable, seemingly insoluble, seemingly impossible—has a solution in Christ."¹⁴⁵ This thought appears to be shared by many today. In *The Value of Adapting Counseling to Client's Spirituality and Religion*, Evans and Nelson noted that, in a 2020 survey, almost half of the respondents indicated that religion was significant to their lives, and fifty-three percent believed religion could answer all or most of today's problems.¹⁴⁶ Jesus established the model for biblical counseling and used Scripture more thoroughly than anyone else in the Bible. According to Adams, Jesus' counsel "was perfect because it was wholly scriptural in the absolute sense of those words."¹⁴⁷ Adams further noted that the minister (the pastoral counselor) who engages in scriptural counseling, like Jesus, believes that the Bible must be used because the Holy Spirit inspired the Bible for that purpose (counsel).¹⁴⁸

¹⁴⁵ Jay E. Adams, *Christ and Your Problems* (Phillipsburg, NJ: R&R Publishing, 1971), 19.

¹⁴⁶ Amelia L. Evans and Jennifer Koenig-Nelson, "The Value of Adapting Counseling to Client's Spirituality and Religion: Evidenced-Based Relationship Factors," *Religions* 12, no. 11 (2021): 4. <https://doi.org/10.3390/rel12110951>.

¹⁴⁷ Jay E. Adams, "The Use of the Scriptures in Counseling Part 1: Christian Counseling Is Scriptural," *Bibliotheca Sacra* 131, no. 521 (Jan 1974): 18.

¹⁴⁸ *Ibid.*

Adams believed that no problem was faced by a man that was unique or beyond their ability to handle through Christ. The apostle Paul wrote, “No temptation has overtaken you except such as is common to man; but God is faithful, who will not allow you to be tempted beyond what you are able, but with the temptation will also make the way of escape, that you may be able to bear it” (1 Cor. 10:13). This verse presents the antidote to falling into sin through temptation, noting that a “trial” or a “temptation” is not itself a sin.¹⁴⁹ The devil uses temptation to entice and trap, but God uses temptation to purify (Jas. 1:12). The temptations that confront the Christian are those that all human beings face—they cannot be avoided. But God is right there, ever-present, to keep the temptation from overwhelming.¹⁵⁰ Scripture provides the living truth of God in ways that can help the client take His word to heart, give hope, and produce change.

Another scriptural passage strongly correlates to ACEs and the benefits of pastoral counseling. Recent studies have led researchers to surmise that parents who experienced traumatic or stressful events could pass the impact of those events to their children and their grandchildren, possibly up to three generations.¹⁵¹ These studies point to the effects trauma (of all types) and stress (caused by subject trauma) can have on multiple generations. In Numbers 14:18, it is written, “The Lord is longsuffering and abundant in mercy, forgiving iniquity and transgression; but He by no means clears the guilty, visiting the iniquity of the fathers on the children to the third and fourth generation.” Wolynn noted, “This passage of scripture appears to corroborate the claims of modern science—or vice versa—that the sins, iniquities, or

¹⁴⁹ W. Harold Mare, *The Expositor's Bible Commentary*, vol. 10, *1 and 2 Corinthians*, ed. Frank E. Gaebelinein (Grand Rapids, MI: Zondervan, 1976), 320.

¹⁵⁰ Ibid.

¹⁵¹ Mark Wolynn, *It Didn't Start with You: How Inherited Family Trauma Shapes Who We Are and How To End The Cycle* (New York: Penguin Books, 2017), 39.

consequences (depending on which translation you read) of the parents can affect the children; up to the third and fourth generations.”¹⁵² Sin has a tragic reproductive effect, especially within the narrow limits of a family circle. In years past, four generations may have sheltered under one roof. The family sin spread like an airborne virus until every family member suffered. Today, marriage breakdown is a painful experience for the couple and their parents and grandparents, to say nothing of the psychological damage to the divorcees’ children. Affected by emotional stress, such children frequently experience the later failure of their marriages.¹⁵³

The discovery of the generational effect of trauma is fascinating because the traumatic events related to ACEs could be strongly correlated to the trauma (perhaps associated with sin/iniquities) experienced up to three generations before the current recipient of the adverse experience. This information would be essential to the pastoral counselor treating a counselee with an ACE-related issue and should be assessed at intake. Scripture points to a potential cause for an ACE that strongly correlates to an action of God noted in His Word.

Pastoral counseling is centered on God’s Word, the Bible and joyfully helps God’s people become self-forgetting lovers of others.¹⁵⁴ How does this happen? It happens through the scriptural truth used in the counseling process, the truth that is the Word of God. Hurting people sometimes lose their faith as their trials test them. The counselor, working with and through the Holy Spirit, assists the client through a reconnection with God. A reconnection that affirms the truth of God in all things, including change and healing, is a goal of biblical counseling.

¹⁵² Ibid.

¹⁵³ Raymond Brown, *The Message of Numbers: Journey to the Promised Land*, eds. Alec Motyer and Derek Tidball (Downers Grove, IL: InterVarsity Press, 2002), 127.

¹⁵⁴ John Piper, “God’s Glory is the Goal of Biblical Counseling,” *The Journal of Biblical Counseling* 20, no. 2 (Winter 2002): 8.

Adverse Childhood Experiences in the Bible

ACEs are not new; they are not inventions of the '60s or the twenty-first century. It would be nice if these experiences were limited to a narrow period of humanity. As noted in Chapter 1, ACEs include many traumatic, stressful events. ACEs have been around since the dawn of man, and numerous examples exist in the Bible. Three examples will now be explored to demonstrate that the impact of ACEs in biblical times was just as devastating as today's impacts. The lives of Isaac's son Joseph, the Moabite woman Ruth, and King David will be explored, their ACE will be identified, and the current and future impacts of the ACE will be discussed. Joseph will be the first to be addressed.

Joseph, the Son of Jacob and Rachel

Joseph was the son of Isaac and Rachel (Gen. 35:24) and was one of the 12 sons of Jacob through four different women. Joseph, introduced in Genesis 35, is not mentioned again until Genesis 37:2, where his story begins. Scripture notes he is seventeen years of age and is feeding the flocks with his brothers.¹⁵⁵ As the story advances, it is noted that Israel (Jacob) loved Joseph “more than all his children . . . and made him a tunic of many colors.” (Gen. 37:3). This special attention was noted by his brothers, who were not pleased with this situation. Scripture states that Joseph's brothers “hated him and could not speak peaceably to him” (Gen. 37:4).

Joseph then has two dreams where his brothers bow to him, and, in his youthful exuberance, he untactfully shares these with his brothers and Jacob. His brothers' hatred for Joseph grows, and they plot to kill him. Reuben, one of Joseph's brothers, saves him from death,

¹⁵⁵ This is one of the few places where the Bible provides the age of a person at a certain event. The Bible rarely indicates a person's age when events occur. In Genesis 12:4, scripture notes that Abram is seventy-five years old. In Genesis 37:2, the Bible notes that Joseph was seventeen when his story begins. Note the significance of the ages of the two figures where this occurs. Abram was seventy-five and Joseph was seventeen; this must testify to God's mighty works in an advanced age, as with Abram, and a young age, as with Joseph.

but instead, the brothers throw Joseph into an empty pit, believing that the lack of water will cause his death. Instead, an Ishmaelite caravan passes by, and, seizing the opportunity, the brothers sell Joseph to them, at which point he is taken to Egypt. The brothers then kill a goat, shred Joseph's multicolored tunic, smear it with the goat's blood, and present the tarnished cloak to Jacob, who believes Joseph is dead.

Joseph was purchased by the Egyptian captain of the guard, where he performs well and quickly gains the trust of Potiphar and is soon placed as overseer in charge of his house. Regrettably, Joseph catches the eye of Potiphar's wife, and while on a trip, she repeatedly attempts to seduce him to no avail; Joseph does not want to dishonor Potiphar. Yet, trouble falls upon him, and he is wrongly accused of sexual assault and thrown into prison.

While in prison, Joseph befriends the baker and the butler, interprets their dreams (which ultimately come true), and eventually gains his freedom (though Joseph stays in prison longer than he should have due to the baker's forgetfulness regarding Joseph's interpretation of his dream). Joseph obtains his release from prison when he is called upon to interpret the Pharaoh's dream. Pharaoh elevates Joseph essentially to executive office status, placing him in control of Egypt. Joseph remains in this position for the rest of the story, managing Egypt through the predicted famine, reuniting with his brothers, and, ultimately, his father. Joseph demonstrated the love of God by extending his brothers grace, mercy, and forgiveness.

Joseph is described as having several ACEs. The first event is his brothers' scorn and hatred toward him. This treatment by his brothers is addressed in questions one and four in the ACE Questionnaire (See Appendix D). Joseph would have noticed this treatment, and the psychological stress created by these acts could have confused and saddened him, perhaps leading to several cognitive-behavioral issues. Perhaps his attempts to overcome the hatred led

him to boast about his dreams, aggrandizing and elevating his importance over his brothers to compensate for their treatment of him. The second event was twofold; first, he was dumped into a pit and left to die slowly, and when that was not working, he was sold into slavery by his very own brothers. His brothers abandoned Joseph, left him to die, then sold him into slavery. He was rejected and cast out of their lives. The ACE Questionnaire addresses this trauma in questions one, two, and four (See Appendix D). Finally, Joseph is accused of rape and unjustly thrown into prison, where he remained for over two years until the Pharaoh summoned him for a dream interpretation.

Joseph overcame the traumatic events of his youth. Scripture notes that “the Lord was with him” (Gen. 39:2, 21, 23) throughout this story. This key phrase indicates that God cared for, protected, and blessed Joseph despite his circumstances. Joseph acknowledged God’s presence in his life when he stated, “For God has made me forget all my toil and all my father’s house.” (Gen. 41:51). God can move in the afflicted. He can provide them with what they need to survive and thrive through their circumstances. What was meant for Joseph’s destruction—for evil—God could and did use for good and His glory.

Ruth, the Moabite Woman

In the story of Ruth, Elimelech moves his family from Bethlehem to Moab due to a famine in the land. While there, Elimelech dies, leaving Naomi alone with her two sons, Mahlon and Chilion. Mahlon and Chilion eventually marry Moabite women, Mahlon to Ruth and Chilion to Orpah, and they continue to live in Moab for about ten years. Then, Mahlon and Chilion die without having children, leaving Naomi with two daughters-in-law but no heir. Naomi returns to Judah and releases her daughters-in-law to return to their mothers’ houses in their home country.

Orpah ultimately returns to her home, but Ruth remains with Naomi and travels with her to Bethlehem.

Through a series of timely events, Ruth meets Boaz, who learns of her familial relationship with him and steps in to help her and Naomi. Naomi and Ruth collaborate to put Ruth in certain places and times where she would meet Boaz. Through these encounters, Boaz learns of the death of Ruth's husband, leaving her without an heir. Boaz acted appropriately by complying with the Levite obligation for the closest kin to marry Ruth. Even though Boaz was not the closest kin, he committed to honoring the Levite custom, married Ruth, and purchased land from Naomi. Boaz redeemed Ruth, and they conceived a son, Obed, who would become the father of Jesse, the father of David.

The ACE for Ruth was the trauma associated with her husband's untimely death. The death of a loved one is a traumatic event at any age and is one of the most common forms of trauma. Scripture conveys that Ruth and Mahlon were married for about ten years. Ruth's age is unknown, but even if she were in her late teens when she married, which seems likely due to custom, she would not have been a child when Mahlon died. ACEs are traumatic events experienced by children; Ruth was not a child when Mahlon died. Still, the untimely nature of his death was a traumatic experience that could have sent Ruth down a path of depression and abandonment. Ruth does not exhibit any of these behaviors in the Book of Ruth. What she demonstrates is love and loyalty to Naomi and Boaz. Perhaps through her choice to stay with Naomi, she worked through the pain of losing Mahlon, and maybe she felt close to him through his mother. Regardless, Ruth demonstrates the resilience needed to work through trauma, enjoy life, and find love on the other side, becoming the mother to a child in the line of David.

David

David, called “a man after His [God’s] own heart” (1 Sam. 13:14), presents an interesting ACE case. David’s life is filled with many elements that behavioral changes from pastoral counseling could have improved. Yet, David’s struggles are common to man, making them all the better for study and real-life application in the counseling office.

David was the youngest of his brothers. When David was a young adolescent, the prophet Samuel requested Jesse present his sons for inspection. Jesse, the father of several sons, proudly introduces his older sons to Samuel, starting with Eliab. Eliab must have been a fine specimen and must have presented a commanding presence that prompted Samuel to state, “Surely the Lord’s anointed is before Him” (1 Sam. 16:7). But the Lord speaks to Samuel, instructing him, “Do not look at his appearance or his physical stature, because I have refused him. For the Lord does not see as man sees, for man looks at the outward appearance, but the Lord looks at the heart” (1 Sam. 16:7). The progression of the presentation of the brothers continues until there are no more. Samuel asks if Jesse has presented all of his sons. Of course, Jesse notes that the youngest is not present; he is in the fields, keeping the sheep, tending his flock, perhaps symbolic of a divine king shepherding his flock.

David eventually arrives, and the Lord speaks to Samuel, telling him, “Arise, anoint him; for this is the one!” (1 Sam. 16:12). David is anointed, and the Spirit of the Lord comes upon him, yet nothing seems to change for him immediately. David was also “skillful in playing the harp, even before Saul, to soothe him” (1 Sam. 16:23). First Samuel 17:34–36 notes that David faced and killed fierce animals attacking the flock he shepherded, striking down a lion and bear with his bare hands (no weapon is mentioned). These narratives tell of the boy before his

confrontation with the Philistine Goliath, where he calmly faces an enemy of Israel and slays him with a single stone.

The rest of David's story is a mixture of elevation and deprivation. He ultimately becomes king, rules over the land, and is known as a warrior and a good and honest man. Yet, he has an issue with lust, rapes his best friend's wife, Bathsheba, arranges for the murder of this same best friend, who also happens to be one of his best officers and leaders, and then takes Bathsheba into his home and fathers their child, who ultimately dies. David's troubles do not end there. David, through multiple wives and relationships, produces many children. Several of these children experience traumatic events in their lives. Absalom and Tamar, conceived through Maacah, the daughter of the king of Geshur, and Amnon, conceived through Ahinoam, experienced the most notable trauma. David's son Amnon seduces Tamar and rapes her, leading Absalom to murder Amnon, who then flees to Geshur. David's house was a mess.

The ACEs applicable to the house of David are noted: (1) David had to kill a lion, a bear, and Goliath. All these were undoubtedly stressful events that may have resulted in elevated levels of the hormone cortisol in his body. Several other stressful events leading up to David's kingship would also impact those stress levels. (2) David's rape of Bathsheba and the betrayal and ultimate murder of Uriah were significant behavioral issues contributing to his state of mind. (3) Through the actions of Amnon, Tamar, and Absalom, David's children experienced rape, murder, separation, and loss. These three individuals were all impacted by the lust of Amnon.

Interestingly, several of the traumas were related to sexual sin. Scripture states in Numbers 14:18 that "He lays the sins of the parents upon their children; the entire family is affected—even children in the third and fourth generations." A critical consideration relating to the traumatic events is this: though Absalom, Amnon, and Tamar may have been born before

David's rape of Bathsheba, meaning that the impact of David's sin on his DNA may not have been passed down to them (that is David's sin may not have had a genetic effect on his children), David's children may have heard household personnel discussing the rumors of their father's actions. Hearing these discussions may have been the catalyst for Amnon's lascivious behavior, leading to the rape of Tamar and Amnon's death at the hands of his brother Absalom. As with ACEs, the effects of traumatic events are not limited to the one the ACE impacts the most; there is collateral damage.

The Role of the Trinity in Biblical Counseling

The role of the triune God is fundamental in every aspect of counseling and is a truth revealed through reflection and application. The existence of the Trinity is not a psychological insight or finding; it is a teaching that one eternal God exists in three eternal Persons—the Father, Son, and Holy Spirit (Matt. 28:19; Jn. 14:26, 15:26; 2 Cor. 13:14; 1 Pet. 1:2). Each Person of the Trinity has the total attributes of a deity. They are eternally equal, and their functions within the Godhead overlap and appear distinct according to their respective roles.¹⁵⁶

The Role of the Father in Biblical Counseling

God the Father is called many names in the Bible that help address man's needs relating to counseling. He is "Almighty" and omnipotent (all-powerful). This omnipotence guarantees His ability to intervene and heal. A few other names for God have counseling implications: He is the "Eternal God" (Deut 33:27), He has always existed, and He has seen and understands every condition known to man. He is the "my light and my salvation—whom shall I fear?" (Ps. 27:1); this verse is extremely helpful for clients dealing with fear. When fleeing Saul and other

¹⁵⁶ John MacArthur, "A Biblical Foundation for Counseling," LearnTheology.com, accessed November 11, 2001 <https://learntheology.com/a-biblical-foundation-for-counseling.html>.

enemies, David used powerful metaphors to describe God as he was delivered. David called God: “our fortress, rock, shield, the horn of salvation, stronghold, refuge, and Savior (2 Sam. 22:2); these are titles of safety and security.¹⁵⁷ That is how David described God as he was fleeing from Saul and his other enemies. He is the “living God” (Josh. 3:10) who provides comfort to the hurting. He was there yesterday and today and will be there tomorrow. He never changes. He is constant and consistent, which is something hurting individuals need to carry on.

God has provided every essential truth the believing Christian needs for a happy, fulfilling life in Jesus Christ.¹⁵⁸ “His divine power has given us everything we need for life and godliness through our knowledge of him who called us by his glory and goodness” (2 Pet. 1:3). God has given man everything needed for physical and spiritual life; every truth, essential principle, and necessary technique for solving problems has been provided. Peter elaborates when he writes, “[God] by which has been given to exceedingly great and precious promises, that through these you may be partakers of the divine nature, having escaped the corruption that is in the world through lust.” (2 Pet. 1:4). This statement encapsulates a primary goal of counseling: to escape the world’s corruption. Human beings are not merely to cope with it, survive or tolerate it, or do their best despite it; no, God’s people are told to escape the world’s corruption through obedience and compliance with the truths of God’s Holy Word.¹⁵⁹

The Role of the Son in Biblical Counseling

It is by examining Jesus that the Father can be understood. The coming of Jesus to the earth brings realism (he is the incarnation of God, he is real) to the Trinity for the counselor,

¹⁵⁷ J. Robert Vannoy, *Cornerstone Biblical Commentary: 1-2 Samuel*, ed. Philip W. Comfort (Carol Stream, IL: Tyndale House Publishers, 2009), 409.

¹⁵⁸ MacArthur, “A Biblical Foundation.”

¹⁵⁹ MacArthur, “A Biblical Foundation.”

counselee, and Holy Spirit, the three who are present in a counseling session. The appearance of Jesus not only fulfilled the promises of God but established the mechanism through which sins were forgiven, and man no longer needed to be separated from God. To the counselee struggling with their sinful state, this is good news! Christ, our High Priest, makes atonement for our sins through his death and resurrection on the cross. But there is much more than that: Christ was human in every sense of the word, yet He was still God. Because He was human, he lived as a human and experienced the human condition: all the joys, sorrows, pain, disappointments, embarrassment, shame, and even death, as humans do. He was real! Christ had a real community of nature with those he came to save.¹⁶⁰ Jesus became flesh and blood that he might destroy him who had the power of death, that is, the devil” (Heb. 2:14–18).¹⁶¹ Because he was a man who suffered through temptation, he can help those struggling with temptation. The living Christ is our source of help, deliverance, and holiness.¹⁶² He can now enter the counseling room as an authentic presence.

The Role of the Holy Spirit in Biblical Counseling

In John 14:16, Jesus calls the Holy Spirit “the Counselor.” It is so befitting that the Holy Spirit is the third component of the counseling trilogy, the counselor and the counselee being the other two. The Holy Spirit abides forever; he is always available. The Holy Spirit resides with the believer; He moves in and takes residence in our hearts, mind, and spirit. He makes God’s Word come alive in us. Once He gains access to us, He motivates us to comply with God’s will:

¹⁶⁰ Frank E. Gaebelin, *The Expositor’s Bible Commentary*, vol. 12, *Hebrews* (Grand Rapids, MI: Zondervan, 1981), 28.

¹⁶¹ Ibid.

¹⁶² Guthrie, *Hebrews*, 117.

“I will put my Spirit within you and cause you to walk in my statutes, and you will keep my judgments and do them” (Ezek. 36:27).

The presence of the Holy Spirit in the counseling session creates the opportunity for true transformation. The “Holy Spirit’s presence” is the mystery of how this happens—the presence of God in the form of the Holy Spirit working through the counselor and the client that heals.¹⁶³ Some counselors perceive the Holy Spirit as the mediator that transcends counseling techniques or theory.¹⁶⁴ A pastoral counselor should pray for the covering of the Holy Spirit over the counseling session and be delighted when His presence becomes evident through a discovery, a change, or the establishment of hope.

The Holy Spirit can change the very nature of the believing Christian, for “if anyone is in Christ, he is a new creation; old things have passed away, behold all things have become new” (2 Cor. 5:17). Paul assures us that we “are not in the flesh but in the Spirit, if indeed the Spirit of God dwells in you” (Rom. 8:9). This Scripture is a powerful statement about the omniscience of the Holy Spirit—His ever-presence in our life. This omniscience of God is a life-changing and liberating truth that should be emphasized in every counseling session. The implications are powerful. Because He lives in us—and is always there—we are no longer slaves to sin; we are not what we once were; we are changed! The counselee needs to hear and be assured of these words.

The Basics of Pastoral Counseling

In *The New Pastoral Counselor*, Clinton and Hawkins defined pastoral counseling as “a dynamic, collaborative process involving at least three persons—the counselor, the client, and

¹⁶³ Loren Townsend, *Introduction to Pastoral Counseling* (Nashville: Abingdon Press, 2009), 109.

¹⁶⁴ Ibid.

the triune God of the Bible—aimed at transformational change to produce higher levels of emotional, psychological, and spiritual health in persons seeking help.”¹⁶⁵ This tri-part relationship depends on the Word of God as the foundational truth on which the counseling is based. This foundational truth separates pastoral counseling from secular counseling. Kollar noted that the counselor and the counselee must completely agree with God’s intention (in the counseling process) if the counselee is to progress in working through their issues.¹⁶⁶ “Can two walk together unless they are agreed?” (Amos 3:3).

While developing a client’s relationship and walk with Christ is the primary goal of pastoral counseling, that does not mean that pastoral counseling avoids the issues a client may be experiencing. Hawkins noted that competent pastoral counseling must include both comfort and admonishment when appropriate.¹⁶⁷ The pastoral counselor walks with the client on his counseling journey and helps them find health and holiness even in difficult times.

Pastoral counseling is broad in scope; it is not limited to “light” counseling. The Scriptures cite two distinct approaches to counseling in Scripture. Paul writes,

Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort, who comforts us in all our tribulation, that we may be able to comfort those who are in any trouble, with the comfort with which we ourselves are comforted by God. For as the sufferings of Christ abound in us, so our consolation also abounds through Christ. Now, if we are afflicted, it is for your consolation and salvation, which is effective for enduring the same sufferings which we also suffer. Or, if we are comforted, it is for your consolation and salvation. And our hope for you is steadfast because we know that you are partakers of the sufferings, so also you will partake of the consolation. (2 Cor. 1:3–7).

It is interesting how Paul deals with his suffering in this Scripture. He sees it as not merely as personally beneficial to him, driving him to trust in God alone, but also benefitting those he is

¹⁶⁵ Clinton and Hawkins, *The New Christian Counselor*, 41.

¹⁶⁶ Charles A. Kollar, *Solution-Focused Pastoral Counseling* (Grand Rapids, MI: Zondervan, 2011), 20.

¹⁶⁷ *Ibid.*, 45.

ministering to: “God . . . comforts us . . . so that we can comfort.” Paul believes that to experience God’s comfort (i.e., help, consolation, and encouragement) while enduring affliction is to become indebted and equipped to communicate divine comfort and sympathy to others in anguish or distress.¹⁶⁸

Also significant is the following: “Now we exhort you, brethren, warn those who are unruly, comfort the fainthearted, uphold the weak, be patient with all. See that no one renders evil for evil to anyone, but always pursue what is good both for yourselves and for all” (1 Thess. 5:14–15). These Scriptures note a range of actions typically taken by the counselor, most notably: comforting those with broken hearts, helping the weak, encouraging those that are discouraged, exhorting those who lack motivation, guiding the lost, warning the rebellious, and calling out sin.¹⁶⁹ In the above Scripture, Paul addressed the Thessalonians, urging them to encourage the faint-hearted and dispirited among them and uphold the weak or those with little economic or social power.¹⁷⁰ To become strong in Christ, issues like these need to be identified, addressed and processed in a healing manner. Pastoral counseling is ideal for helping adults with significant health issues, or risky behaviors understand and process the genesis of their problems: often, their ACEs.

What makes a counselor a “Christian” or “pastoral” counselor? McMinn noted that a Christian counselor who is best prepared to help people is highly skilled in counseling theory, techniques, and theology and personally trained to reflect Christian character inside and outside

¹⁶⁸ Mare, *1 and 2 Corinthians*, 320.

¹⁶⁹ Ibid.

¹⁷⁰ Philip W. Comfort, *Cornerstone Biblical Commentary: 1 & 2 Thessalonians* (Carol Stream, IL: Tyndale House Publishers, 2008), 376.

the counseling office.¹⁷¹ This character cannot be acquired with graduate degrees or learned in a classroom or conference presentation; it comes from years of faithful training in the spiritual disciplines—prayer, studying Scripture, silence and solitude, fasting, worship, evangelism, serving, journaling, and stewardship. These are the spiritual disciplines, and they are necessary for spiritual growth, which one must undergo before ever setting foot into a counseling office.

A frequent question that surfaces is one of brokenness: does a counselor have to have “some” brokenness to be effective? Maybe, maybe not, but it certainly helps. In *Strategic Pastoral Counseling*, Benner reflected, “It is difficult to lead others to places where one has never been.”¹⁷² Similarly, Carl Jung is reputed to have said, “It is not what you do or what you know that makes the difference in counseling, but rather who you are.”¹⁷³ Counseling is about being—not merely being, but being with: being a person with another person. To be with someone in their struggles, walking with them through their valley of the shadow of death, captures the essence and heart of what counseling is all about.

Another essential for the pastoral counselor and the Christian, in general, is the development and practice of the spiritual disciplines. The spiritual disciplines are those practices found in Scripture that promote spiritual growth among believers in the gospel of Jesus Christ.¹⁷⁴ The spiritual disciplines are not just tools or processes that Christians utilize to increase their spirituality. The spiritual disciplines are the “solid food . . . for those that are full of age

¹⁷¹ Mark R. McMinn, *Psychology, Theology, and Spirituality in Christian Counseling* (Carol Stream, IL: Tyndale House Publishing, 2011), 14.

¹⁷² Benner, *Strategic Pastoral Counseling*, 27.

¹⁷³ Ibid.

¹⁷⁴ Donald Whitney, *Spiritual Disciplines for the Christian Life* (Colorado Springs, CO: NavPress, 2017), 4.

(mature)” (Heb. 5:14) who have grown beyond the milk of the basic teaching of the faith.¹⁷⁵ The spiritual disciplines are habits of devotion and experiential Christianity that God’s people have practiced since biblical times.¹⁷⁶ First, Timothy 4:7 justifies the spiritual disciplines: “exercise yourself toward godliness.” The spiritual disciplines should have a central role in Christian counseling.¹⁷⁷ If a Christian’s purpose is godliness, then Christians must discipline themselves for godliness. How is this godliness obtained? Through the spiritual disciplines. In *Spiritual Disciplines for the Christian Life*, Whitney stated, “Godliness is the goal of the Disciplines, and godliness is closeness to Christ and conformity to Christ that is both inward and outward, growing conformity to both the heart of Christ and the Life of Christ. Thus, Christlikeness is the goal.”¹⁷⁸

To summarize, the spiritual disciplines are those personal and interpersonal activities described in the Bible as the means believers in Jesus Christ are to use in the Spirit-filled, gospel-driven pursuit of godliness, closeness, and conformity to Christ.¹⁷⁹ The pastoral counselor should pursue the disciplines to become more like Christ personally and as a counselor. As the pastoral counselor becomes more like Christ, he will begin to counsel like Christ.

With the guidance of the Holy Spirit and the right people, we can survive our troubles and help other hurting individuals survive theirs. Hands-on pastoral counseling never means that the Director of Pastoral Counseling is the only counselor in the body of Christ or Victory Church. Training those with a calling in their lives to counsel is essential. Christ’s people need to

¹⁷⁵ Edward Hindson, George Ohlschlager, and Tim Clinton, “Roots of Spirituality,” in *Competent Christian Counseling*, eds. Tim Clinton and George Ohlschlager (New York: Waterbrook Press, 2020), 130.

¹⁷⁶ Whitney, *Spiritual Disciplines*, 4.

¹⁷⁷ Hindson, Ohlschlager, and Clinton, “Roots of Spirituality,” 130.

¹⁷⁸ Whitney, *Spiritual Disciplines*, 9.

¹⁷⁹ *Ibid.*, 4.

be trained in the elements of counseling and to walk in the image of the Wonderful Counselor!¹⁸⁰ Through our suffering, we can learn more about our faith. We can help guide others using a process that moves them through their brokenness and suffering to become wiser, humbler, and more understanding and caring toward others that are hurting.¹⁸¹ We can help others through their woes and help them develop their faith. We do this through the counseling relationship. A Christian counseling relationship is personal: both the counselor and client invest their energy and emotions in the relationship; both use words that emerge from their personal histories, their frames of reference, their ways of understanding the world, and their worldview. In prioritizing a client's worldview, values, and identities throughout the counseling process, the counselor builds the relationship with a focus on positive outcomes for the client.¹⁸² The tripartite relationship noted earlier is essential. The counselor prays outside the counseling session that their relationship might help the client, their brother or sister in Christ. They are in this together.¹⁸³ The relationship or the process cannot work any other way. That is the Victory Church pastoral counseling ministry's vision for caring for and assisting human souls!

Theoretical Foundations

Much has been accomplished since the publication of Dr. Felitti's ACE Study in 1998, though that study was not overwhelmingly received. The original ACE Study was conducted using Kaiser Permanente's health care database. This database contained health information from patients who had Kaiser Permanente health insurance plans and resided in California's San Diego County region. The baseline population means that those respondents included in the

¹⁸⁰ David Powlison, "The Pastor as Counselor," *The Journal of Biblical Counseling* 26, no. 1 (2012): 28.

¹⁸¹ Tim Clinton, *The Care and Counsel Bible* (Nashville: Thomas Nelson, 2001), x.

¹⁸² Evans and Koenig-Nelson, *The Value of Adapting*, 7.

¹⁸³ McMinn, *Psychology, Theology, and Spirituality*, 13.

study were typically white, middle class, and insured, which could distort the overall impact of the study.

There have been numerous studies conducted since the initial ACE study. The results of these studies align with the findings of Dr. Felitti's study; there is a strong link between traumatic events experienced as children and health in adulthood, especially when the health of the presenting adult is compromised. The subsequent studies considered other demographics, such as socioeconomic status (SES) and race.

One study demonstrated other childhood adversities besides those included in the original ACE study are significant predictors of physical and mental health problems.¹⁸⁴ The additional predictors are peer victimization, isolation, peer rejection, exposure to community violence, and low SES.¹⁸⁵ The new predictors do not detract from the overall findings of the initial and subsequent ACE studies relating to the developmental importance of those adversities. A 2013 study conducted by Dr. Clara Passmann Carr et al. confirmed the association between early-life stressors (such as emotional abuse, physical abuse, sexual abuse, emotional neglect, and unspecific neglect—the same categories contained in the ACE Questionnaire) and the development, persistence, and severity of adult psychopathology.¹⁸⁶ The article also associates specific ACEs with personality, anxiety, and behavioral disorders. The findings of the overwhelming majority of the studies conducted by researchers support the initial ACE Study findings by Dr. Felitti. However, some aspects of the ACE framework need to be further discussed.

¹⁸⁴ Finkelhor et al., "A Revised Inventory," 17.

¹⁸⁵ Ibid.

¹⁸⁶ Clara P. Carr et al., "The Role of Early Life Stress in Adult Psychiatric Disorders," *The Journal of Nervous and Mental Disease* 201, no. 12 (December 2013): 1016.

The ACE Questionnaire

The ACE Questionnaire was created by Dr. Felitti and included in his landmark study.

The questionnaire is widely used in its initial form and is discussed in the Literature Review section of this dissertation. The original questionnaire consisted of ten questions that focused on three categories of trauma: abuse (sexual, physical, emotional), neglect (physical and emotional), and household dysfunction (substance abuse at home, incarcerated parent, mental illness in the home, and the fourth, the mother being beaten; see Appendix D). Several studies have proposed modifying the original ACE Questionnaire by adding additional questions related to childhood trauma. One study recommended the following questions to be answered in the yes/no format:

1. Did other kids, including brothers or sisters, often or very often hit you, threaten you, pick on you, or insult you?
2. Did you often or very often feel lonely, rejected, or that nobody liked you?
3. Did you live for two or more years in a dangerous neighborhood where you saw people being assaulted?
4. Was there two or more years when your family was impoverished or on public assistance?¹⁸⁷

The four additional questions address the four domains of adversity identified above relating to victimization (bullying), isolation, acceptance, and low SES. Other studies have noted that additional questions should/could be added to benefit the counselor beginning the counseling process with a client. One finding, however, has remained constant: The ACE Questionnaire is an excellent screening tool that flags youth or adults who may need additional support to prevent subsequent health and behavioral problems.¹⁸⁸ The ACE screening aims to identify the likelihood

¹⁸⁷ Finkelhor et al., "A Revised Inventory," 18.

¹⁸⁸ Ibid., 17.

that a client may be experiencing toxic stress physiology and allows for systematic identification of risk factors associated with toxic stress.¹⁸⁹

ACE Studies Addressing Diversity

There has been one commonly identified weakness in the original ACE study. The original ACE study was conducted with a population from San Diego, California, residents who may not be representative of the entire nation or world. Additional studies have been undertaken to account for this weakness. One of the more notable studies was performed in 2015 by Dr. Peter F. Cronholm et al. in Philadelphia, Pennsylvania.¹⁹⁰ Dr. Cronholm's study was designed to look for "conventional" adverse events and "expanded ACEs," which would focus on community-level attributes, such as socioeconomically and racially diverse populations, and were similar to the additional questions noted above. Cronholm et al.'s goal was to understand better whether there are unmeasured ACEs that might differentially impact specific demographic groups. The study results revealed higher levels of adversity in minority and lower-income populations.¹⁹¹

Another study examined the impact of SES, specifically the ACE victim's family's poverty level, on the long-term effects of ACEs. Wade et al. learned that adult poverty and low SES, combined with ACE-related effects, may worsen adult health outcomes.¹⁹² There were increases in sexually transmitted infections, substance abuse issues, and mental illness. One proposed explanation for the impact of SES on those outcomes is that childhood trauma can

¹⁸⁹ Harris, "Screening," 1788.

¹⁹⁰ Peter R. Cronholm et al., "Adverse Childhood Experiences: Expanding the Concept of Adversity," *American Journal of Preventive Medicine* 49, no. 3 (September 2015): 355.

¹⁹¹ *Ibid.*, 357.

¹⁹² Roy Wade Jr. et al., "Household and Community-Level Adverse Childhood Experiences and Adult Health Outcomes in a Diverse Urban Population," *Child Abuse & Neglect* 52 (2016): 143.

cause neurodevelopmental changes that may lead to mental health conditions and impaired cognition and adaptive skills. Another factor may be that due to a lower SES, availability, and access to appropriate health care could contribute to this finding. The results of both studies suggest additional questions related to SES should be considered in the ACE Questionnaire assessment process.

Limitations of the ACE Questionnaire

Some believe that the ACE score (derived by administering the ACE Questionnaire) does not accurately measure childhood stress exposure.¹⁹³ A 2020 study by Dr. Robert Anda (one of the co-authors of the original ACE Study) et al. stated that the ACE Questionnaire is not a standardized test, such as blood pressure or laboratory tests. The lack of reference standards leads to the possibility of misreading or misinterpreting the ACE score, potentially leading to an incorrect diagnosis of a client.¹⁹⁴ Dr. Anda stated, “The ACE Score is not a standardized measure of childhood exposure to stress biology.”¹⁹⁵

There are other issues related to the use of the ACE Questionnaire. A study by T. K. Hunt et al. indicated that children are more likely to be victims of child maltreatment if they come from low-income or single-parent households.¹⁹⁶ Parents of those households characteristically have lower educational attainment and may have insufficient financial, emotional, or social resources to support their children adequately. The increased stress resulting from those

¹⁹³ Robert F. Anda, Laura E. Porter, and David W. Brown, “Inside the Adverse Childhood Experience Score: Strengths, Limitations, and Misapplications,” *American Journal of Preventive Medicine* 59, no. 2 (August 2020): 293.

¹⁹⁴ Ibid.

¹⁹⁵ Ibid.

¹⁹⁶ Tenah K. A. Hunt, Kristen S. Slack, and Lawrence M. Berger, “Adverse Childhood Experiences and Behavior Problems in Middle School,” *Child Abuse & Neglect* 67 (2017): 392.

socioeconomic disadvantages contributes to more punitive parenting behaviors. Though the ACE Questionnaire does not fully address socioeconomic factors, it remains a widely accepted tool.

A 2019 study by Thompson et al. noted that the American Academy of Pediatrics Bright Futures program endorses behavioral assessments at every well-child check and encourages routine screening for social/emotional, family, and community factors that impact a child's physical and emotional health, such as ACEs. However, no precise ACE surveillance or screening guidelines are provided, even though ACE screening is listed within the evaluation toolbox.¹⁹⁷ Thompson et al. believe there is a screening gap related to difficulty defining a manageable list of events to screen.¹⁹⁸

The ACEs list seems to grow since the original ten-question, four-category list of Doctors Felitti and Anda was created in the late 1990s. Doctors Thompson et al. note that many pediatricians choose not to routinely screen for ACEs in their primary care appointments. Pediatricians cite a lack of time, discomfort with the questions, and belief that social/emotional risk factors within the family unit may be outside the scope of the pediatric medical environment as reasons for the lack of screening.¹⁹⁹ Finally, routine ACEs screening appears to be difficult because the pediatricians are uncertain who to ask the questions to (the parent or the child) and whose ACEs are being screened, the parent or the child.²⁰⁰

In some circles, there is a belief that the ACE Questionnaire components were not chosen through a rigorous scientific review to establish the best predictors of health outcomes. This

¹⁹⁷ Lindsay A. Thompson et al., "Specific Adverse Childhood Experiences and Their Association with Other Adverse Childhood Experiences, Asthma and Emotional, Developmental and Behavioral Problems in Childhood," *Pediatric Research* 88, no. 1 (2020): 100.

¹⁹⁸ Ibid.

¹⁹⁹ Ibid.

²⁰⁰ Ibid.

belief may explain why many clinicians have made additions to the ACE Questionnaire in the assessments they utilize.²⁰¹ Some dissenters will not use the ACE Questionnaire to assess children and adults' mental and physical health. Their arguments are not without merit.

Still, the ACE Questionnaire has obtained favored status as a screening tool. The questionnaire provides a mechanism to access specific elements of a client's past and allows the counselor/clinician better to understand the client's history and current state. It is a tool that opens the door to further exploration into why the client is in the counseling office. The ACE Questionnaire is a part of the comprehensive intake assessment plan that provides insight into the client's history. It is effectively no different than a personal history or physical assessment performed by a medical office to obtain patient background information. The ACE Questionnaire's validity is also subject to the same contingency as any health history: the accuracy of the reporting by the client. Some adult participants may be more or less likely to report childhood adversity. For example, some may choose not to divulge personal information, such as sexual abuse, to avoid distress or embarrassment.²⁰² The data acquired by the ACE Score must be further explored and discussed with the client as part of the client's counseling plan.

This situation may be encountered in pastoral counseling at Victory Church, especially as the counseling ministry grows. The counseling ministry has a clinically trained child and adolescent counselor on the team who handles that clientele. At this time, child and juvenile clients are not provided the ACE Questionnaire unless the possibility of an ACE is noted in the intake assessment process or an ACE is discovered through the counseling process. At that point,

²⁰¹ David Finkelhor, "Screening for Adverse Childhood Experiences (ACEs): Cautions and Suggestions," *Child Abuse & Neglect* 85 (2018): 176.

²⁰² Aaron Reuben et al., "Lest We Forget: Comparing Retrospective and Prospective Assessments of Adverse Childhood Experiences In the Prediction of Adult Health," *The Journal of Child Psychology and Psychiatry* 57, no. 10 (2016): 1104.

a discussion between the Pastoral Counseling Director, the engaged counselor, and the child's parent(s) will be held, and a decision in the child's best interest will be made. This decision may lead to a referral or other agency involvement.

Purpose and Objectives of the Intervention

Any treatment recommended by the counselor would not be based entirely on the results of the ACE Questionnaire. The questionnaire's broad acceptance by multiple state healthcare agencies, the Centers for Disease Control and Prevention, and even the World Health Organization reflects healthcare providers' confidence in the tool. Dr. Anda's concerns primarily focus on the ACE Questionnaire's use in a community screening, service, or treatment program, not as a tool for counselors to use in their client assessment process.²⁰³ Accordingly, the ACE Questionnaire is under consideration for incorporation into the pastoral counseling process of Victory Church.

The problem is the pastoral counseling ministry of Victory Church is not prepared to address the needs of clients impacted by ACEs. ACEs can have lasting negative impacts on emotional, mental, physical, and spiritual health. The pastoral counseling ministry has noted an increase in clients presenting with behavioral issues, addictions, disorders, and depression during counseling who also suffer from significant health issues and at-risk behaviors. Further inquiry increasingly identifies childhood traumatic events in the lives of those clients. The doctoral candidate believes there is a connection between the client's current conditional state and the adverse experiences of their youth. This link has been well established through multiple research studies.

²⁰³ Anda et al., "Inside the Adverse," 294.

The solution to the problem, and the purpose of the thesis project, is threefold: (1) develop advanced training that educates the counselors so they can identify ACEs in the client's past, (2) train the counselors to properly assess the impact of those issues on the client's current condition, and (3) revise the current Victory Church pastoral counseling model that to include steps in the counseling that will help the counselor assist the client dealing with these issues.

The Setting for the Study: The People Involved

Established pastoral counseling programs should follow an operating model that guides the counselors through the counseling process. The counseling process should guide the counselor from client introduction to discharge, addressing the unique issues discovered along the path to healing. Most established programs have likely worked the kinks out of their process. Obtaining existing and tested counseling methods from the population of established pastoral counseling programs will begin with a search for those churches in several databases and search engines. It is essential to clearly define a pastoral counseling ministry, as there can be differences in how the ministries are managed, the composition of their counseling teams, the level of training provided, credentialing, and compensation.

The number of churches that offer pastoral counseling services is difficult to determine because of the lack of a clear definition of pastoral counseling services. For instance, if a pastor of a small church with less than one hundred members meets with a member to discuss a problem the member is having with pornography, is the pastor providing a pastoral counseling service? The answer is yes; he is. The pastor is coming alongside the hurting church member and providing compassion and the comforting Word of God to help the member through their difficult time. The pastor may suggest corrective actions that help the church member change their behavior. Does this single event qualify the church for inclusion in the study? The

appropriate response is no; it should not be included. Though the pastor may provide pastoral counseling to the member, “counseling” is a component of the pastor’s responsibilities. The counseling in this example is not a function of a formal pastoral counseling ministry or program, and such a church would not be included in the study.

This study seeks assistance from Christian churches that offer pastoral counseling services as a function of a defined, structured ministry setting. Such a structure would include a defined organizational framework, training programs, policies, procedures, paid staff, and lay volunteers. Training programs would be provided through either in-house or external trainers (e.g., conferences and workshops). The pastoral counseling process would be formal, with intake assessment documents, client notes and counseling records, process flowcharts, and a possible fee structure for services, including insurance payments. These would be excellent documents to receive, review, and include in the study. The pastoral counseling process would be a sophisticated operation that is more than just a quiet conversation between a pastor and a church member held in an office to discuss a church member’s problem, even though that is pastoral counseling.

Churches that have a formalized counseling operation that may utilize the following to conduct their counseling:

- clinically trained, state-licensed counselors,
- pastors with pastoral training and advanced education (e.g., Master of Divinity with a pastoral counseling cognate),
- pastors with pastoral experience but no formal training, and
- lay counselors with varying degrees of training, no training, or just a calling to counsel, and

- developed training programs that include ACE training.

A pastoral counseling program can cover many areas of counseling. While the content and nature of the counseling may vary by church, the following are the most common types of pastoral counseling provided:

- premarital, marital, and relationship counseling,
- crisis, grief counseling, suicide prevention, assessment, intervention, and recovery,
- addiction counseling,
- adolescent and children counseling and
- behavioral issues.

The type and nature of the counseling depend on the counselors' knowledge, skills, and abilities in providing the services of the pastoral counseling program. As noted earlier, the qualifications to counsel can vary extensively from one pastoral counseling program to another—there is no national accrediting or licensing agency to monitor pastoral counseling programs. Organizations such as the AACC, the National Association of Christian Counselors, the National Christian Counselors Association, and the American Counseling Association, to name a few, have educational programs designed to increase the knowledge base of their members. These associations are not licensing agencies but promote continuing education to improve the form and content of the counseling provided to clients, with the client's health and safety in mind.

Some counselors, therapists, and psychologists may take state or national examinations and become licensed clinicians. Though certification is not required to practice pastoral counseling, thorough adherence to sound practices and a code of ethics is foundational to a credible counseling program, pastoral counseling included. Reviewing counseling-related information that applies in form and function to Victory Church will be essential to the

secondary goal of modifying the counseling process of the church. Selecting the churches to be included in the study will be the first primary task to accomplish.

CHAPTER 3: WHAT WAS OF MIND BECOMES REALITY: THE PROJECT COMES TO LIFE

This chapter provides an overview of the procedures used to conduct this research. There are weaknesses in the current counseling process of the pastoral counseling ministry at Victory Church that impact the counselor's ability to effectively help the client suffering from ACEs. To remediate this weakness, a program that addresses ACEs must be designed to provide training for pastoral counselors to conduct the counseling needed by the client. Therefore, this research study aims to develop a new ACE training program for Victory Church. After completing and applying the training module by the counselors, the counseling process will be revised to address the needs of the client suffering from their ACEs. The completion of the training workshop will address the counseling issue; the study's two problems are linked and dependent upon each other for successful completion.

The Current Counseling Process of Victory Church

The current counseling process is a multiphase progression that addresses the needs of those seeking help through complex or confusing times. Most of those seeking assistance through the pastoral counseling ministry of Victory Church are members of the church, Christians in varying degrees of spiritual development. For the sake of simplicity, those seeking counseling shall be called "clients" for the remainder of this study.

The counseling provided is primarily nouthetic in its foundation; that is, it is scripturally based. Kollar noted that in Christianity, the only means to lasting change is a process that transforms the client from the inside out. This transformation begins with submitting to God, receiving the gift of eternal life through Jesus Christ, experiencing the conviction (not condemnation) of the Holy Spirit in revealing sin and undergoing the revealing process of

sanctification.²⁰⁴ This collection of thought seems to be the basis of Christian counseling; indeed, any counseling that calls itself “pastoral” would uphold these tenets. While most of the clients seeking help from the pastoral counseling ministry profess to be Christians, there are significant differences in individuals’ levels of spiritual development—even between couples seeking help. It is not unusual for a pastoral counselor to learn that a client who professes to be “strong” in their faith is not always as strong as they assert. The counselor must address this discovery early in the counseling. The client sometimes does not complete all of the questions on an intake form; this is a frequent discovery for the counselor in the first session. There are several reasons for omissions. Sometimes, the client is uncertain about the meaning of the question or does not fully understand the question and opts to leave the question unanswered to be addressed in person. Sometimes, the client chooses not to respond to the question for personal reasons. And sometimes, the questions are just too painful to answer. A lack of responses is not held against the client. The client’s intake unresponsiveness is addressed during the first session.

In *The Pastor as Counselor*, Powlison noted that “God chooses to go after one of the most difficult of all matters: how will you love kith and kin in their shortcomings? Love of neighbor is illustrated by an example of candid, verbal problem-solving, in contrast with the judgmentalism, avoidance, bitterness, and aggression that comes so easily.”²⁰⁵ Love for neighbor is expressed through dealing with these challenging situations with the client. Whenever the client’s problems involve interpersonal conflict, the counselor has the opportunity to help the client learn constructive, verbal love.²⁰⁶ At Victory Church, personal pastoring—and pastoral

²⁰⁴ Kollar, *Solution-Focused Pastoral Counseling*, 234.

²⁰⁵ Powlison, “The Pastor as Counselor,” 25.

²⁰⁶ Powlison, “The Pastor as Counselor,” 25.

counseling—depends on God and the ability of the pastor or counselor to live out the very image of God amid the difficulties of helping the broken people seeking counseling services.

The issues a client brings to counseling can be vast in their complexity and the depth of the pain and suffering they create. The pastoral counselor must have the skills and abilities to determine how these issues can be addressed. One question that will quickly need to be addressed relates to qualification; the pastoral counselor should ask him or herself, “Am I qualified to address the client’s need? Do I have the tools in my toolbox to assist the client adequately?” Pastoral counseling is not medical doctoring; it is pastoring and discipling.²⁰⁷ Counseling, in reality, is the “bedside manner” part of doctoring because the counselor conveys the influence human beings can have on one another’s thoughts, values, moods, experiences, choices, and relationships through the counseling process. Pastoral counseling is not so much a technical activity requiring technical expertise; instead, it is a relational and pastoral practice that engages in the care and cure of the human soul.²⁰⁸

One of the critical considerations that must be addressed early in the counseling process relates to the counselor’s treatment methods and their relevance to a client’s spiritual and mental healing. The pastoral counselor must determine how theological doctrine, in conjunction with theories and practices of psychology, can or will be incorporated into a counseling model that can be utilized for a client. This integration does not mean a “polluting” of the spiritual aspect of pastoral counseling; rather, psychology augments and supports or assists the client in obtaining a healthier perspective on their issue without compromising the biblical basis of pastoral counseling. The biblical aspect of pastoral counseling remains the core of the counseling; the

²⁰⁷ Ibid., 26.

²⁰⁸ Ibid.

integration of clinical or nonclinical aspects of psychology enhances the counseling experience for the client. In *Competent Christian Counseling*, Clinton and Ohlschlager noted that there has been a progressive shift in the field of Christian counseling. They conveyed that they uncovered at least ten distinctive counseling theories across the nearly fifty thousand members of the AACC, suggesting that a broader diverse approach to Christian counseling has evolved.²⁰⁹ Though the modalities of pastoral counseling have progressed to the point where psychology methods can be integrated with purely biblical counseling, the pastoral counselor must continually evaluate those methods against biblical truth for acceptance.

One of Victory Church's guiding assumptions for pastoral counseling is that God is sovereign and is already active in the client before the counseling even commences. Though the client may present with a complex issue, that issue may not always require a complex solution. God is already on the scene and active in the hearts, minds, and spirits of those who know and love Him.²¹⁰ Scripture notes that all people are created in God's image and that we are all sinners and have sinned. We proclaim, "for all have sinned and fall short of the glory of God"; we all fall short and cannot save ourselves because, as sinners, we can never meet God's requirements; our only hope is faith in Christ Jesus! We are "justified freely by His grace through the redemption that is in Christ Jesus" (Rom. 3:23–26). Because Christ died on the cross for all humankind, He paid the price to ransom sinners, and by paying the penalty of their (our) sin through His death, Jesus can free people from sin and transfer His righteousness to those who believe in Him. On this basis, believers in Jesus Christ can approach God's throne with praise! God is truly at work.

²⁰⁹ Tim Clinton and George Ohlschlager, *Competent Christian Counseling*, vol. 1, *Foundations and Practice of Compassionate Soul Care* (Colorado Springs, CO: WaterBrook Press, 2002), 69-93.

²¹⁰ Kollar, *Solution-Focused Pastoral Counseling*, 62.

The pastoral counseling process of Victory Church in place at the commencement of this thesis project is presented below. There is an expectation that this model will be revised due to the thesis research. In the spirit of full disclosure, it is essential to note that one significant adjustment has already been adopted due to the research effort to date. The ACE Score Questionnaire (Appendix D) has been added to the Victory Church intake forms issued to potential clients contacting the church for counseling help. The ACE Questionnaire has proved to be a valuable tool for assessment, and its utility has increased due to the ACE Training Workshop.

The Victory Church Counseling Process – Pre-DMin

The Victory Church pastoral counseling ministry counseling process is exhibited in the flowchart below.

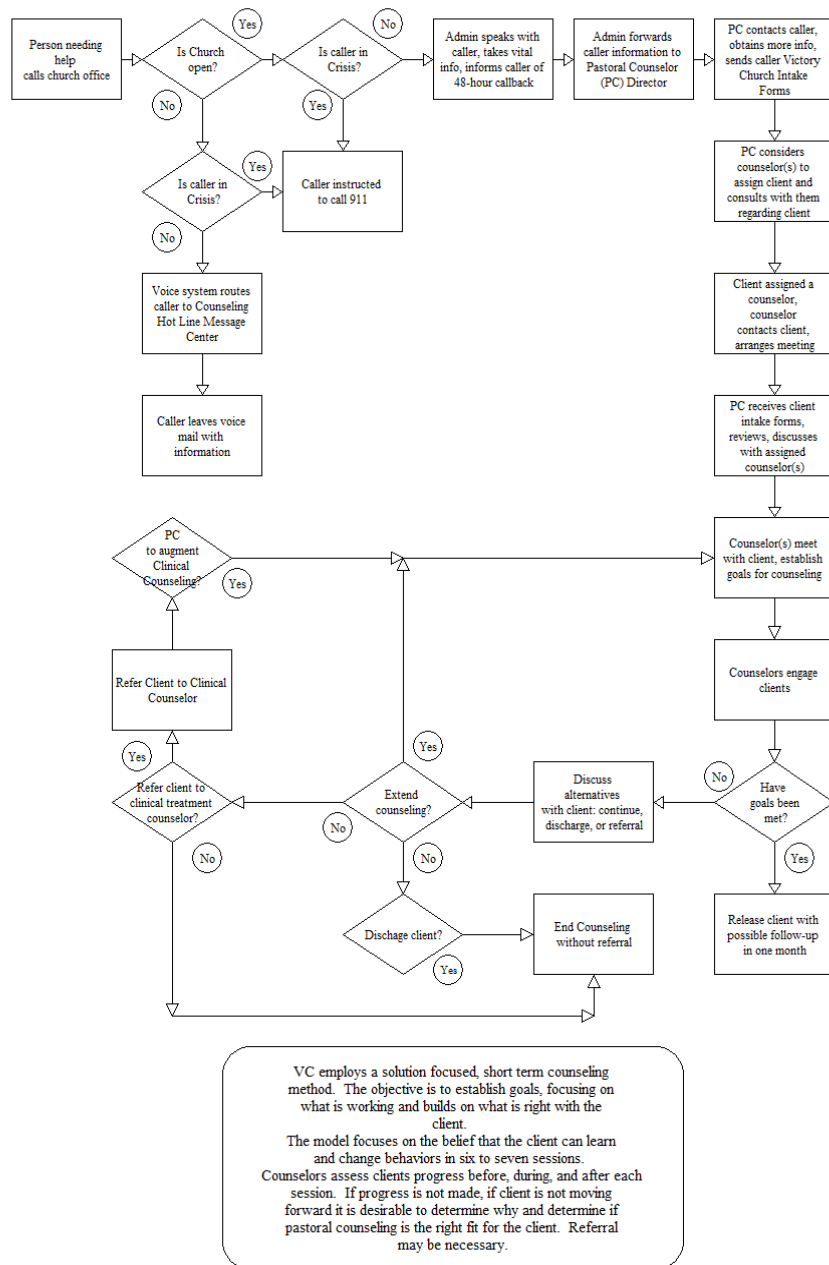


Figure 1. Victory Church pastoral counseling process pre-DMin

A person seeking counseling assistance usually contacts the church office for help. If they call during regular operating hours, they speak to an administrative assistant who fields their call, takes the relevant information, and informs them that a pastoral counselor will contact them within forty-eight hours. If the person seeking counseling is in a crisis state, crisis counseling modalities are initiated to address the immediacy of the person's situation.

If the call is made when the church is closed, the caller is transferred to the counseling hotline, where they leave a voice recording of their situation. The counseling hotline notifies the caller that their call will be addressed the next day the office is opened. If the caller is experiencing a crisis, they are instructed to hang up and dial 911.

The counseling hotline message center is accessed whenever there is a message notification in the call center. An administrative assistant retrieves the message, captures the caller's information, and forwards the information to the pastoral counseling director (PCD). The PCD then contacts the potential client to discuss their needs in more detail. The PCD notes issues specific to the client and forwards the Victory Church counseling intake documents to the client with a commitment to contact the client within forty-eight hours for their counseling assignment.

The PCD then considers the optimal counselor(s) to assign to the client. The assignment is based on the client's needs and the counseling skills and strengths of the potential counselor(s) related to those needs. The PCD discusses the client with the potential counselor(s) and assigns the client to the counselor(s), providing the necessary contact information to make the initial appointment. In the meantime, the client submits the PCD at the Victory Church counseling intake documents to the church office. The PCD reviews the documentation and then forwards the documents to the assigned counselor(s), along with some additional discussion or comments.

The assigned counselor(s) review the records and then contact the client to set up the initial engagement.

The assigned counselor(s) conduct the initial session. In this session, the client and counselor(s) engage in a dialogue to learn about each other and the presenting issues and establish goals for the counseling process. This session is a time of listening, asking questions, clarifying previous comments, and providing feedback.²¹¹ This session is also a time for the counselor to explain how pastoral counseling works, how the Holy Spirit is involved in the process, and how pastoral counseling differs from clinical counseling. The prophet Amos wrote, “Can two walk together unless they are agreed?” (Amos 3:3). Kollar noted that the counselor and the counselee (client) must be in agreement with God’s intention if the counselee is to make any progress.²¹² Establishing forward-looking goals is an essential component of pastoral and solution-focused counseling, and the goals must be well-defined. Setting goals is crucial in the first session and impacts all subsequent counseling sessions’ progress (and success).

Each subsequent counseling session measures the client’s progress toward their goals. The counselor should ask: Is the client making progress? What is working (or not)? What has changed (or not) as the client and the counselor work toward the solution? Problems are discussed, always with an eye on the goal, and the client and counselor(s) continue to explore where the client wants to go. Homework (if any) is discussed respective to lessons learned and real-life application of the homework objectives. Completing the homework is also an indicator of the commitment level of the client. Failure to meet or even try to complete the homework

²¹¹ Kollar, *Solution-Focused Pastoral Counseling*, 91.

²¹² Ibid., 20.

must be evaluated as the client's lack of commitment to the counseling process. These would be subjects discussed at every session.

Around the sixth session, the counselor(s) and the client should understand where the client is concerning their goals. Has progress been made? Has anything changed? Has the client demonstrated improvement in their life? Have they changed, or do they have a better outlook on things? Have new coping mechanisms been developed? In other words, is the client in a better place than when they started counseling? These questions are considered by both the client and the counselor(s) to determine the next steps. Satisfaction with the previous questions would terminate the formal counseling process. Dissatisfaction would lead to an additional discussion about why the goals have not been achieved; however, this should not surprise either party. At this point, the counselor must determine the next course: termination of the counseling with a referral to a clinical counselor, continuing the counseling for a "few" more sessions, or termination of counseling without a referral. Counselor documentation for any decision must include detailed comments.

Knowing when to continue the counseling or make a referral is essential for the pastoral counselor.²¹³ The pastoral counselor must recognize when it is best to refer a client or couple to another counselor for more extensive care. Here are some of the guidelines the Victory Church pastoral counseling ministry follows that indicate a referral or conclusion of the counseling may be in order:

²¹³ Scott Floyd, *Crisis Counseling: A Guide for Pastors and Professionals* (Grand Rapids, MI: Kregel Publications, 2008), 171–72.

- When the counselor's time is limited: If a counseling relationship is extending beyond the solution-focused, short-term pastoral counseling (SFSTPC) time constraints when improvement/goals are not obtained;
- When the counseling is complicated: If the counselor senses that the care required by the client is beyond their training, experience, and competency;
- When there is no change: If the lack of progression is ongoing, it may be time to seek professional care (often a driving factor); and
- When the client experiences or indicates self-harm thoughts: If suicidal thoughts are expressed, immediate steps should be taken to refer the client for professional care.

It is possible that due to the uniqueness of church-provided pastoral counseling, the former client and the counselor(s) may randomly meet through the course of regular church events. It is even possible that the client and the counselor(s) may elect to continue to meet outside of the counseling process for a “wisdom” meeting. These impromptu meetings are not considered formal counseling sessions and are not covered by any ethical or operating guidelines of the pastoral counseling ministry of Victory Church.

The counseling process is not overly complicated, and the results of the counseling are helping people. Some would question why there is a need to change what is working. The bottom line is that, though the current process is working, the doctoral candidate believes that the process could be working *better*. As noted several times to this point of the thesis project, the doctoral candidate is not convinced that the counseling provided to the client, while adequate, fully addresses the client's needs, especially when dealing with the long-term impact of ACEs. This weakness is where the process can get complicated due to the SFSTPC model the church

attempts to employ. The discovery of an underlying ACE linked to a current health issue the client may be experiencing could require more counseling sessions than the SFSTPC entails. How many more sessions may be needed is not known, and it could still be possible to limit the counseling to the six or seven sessions typically associated with SFSTPC. It is worth noting that it is not the number of counseling sessions but the progress the client makes in their healing that is most important.

The Victory Church pastoral counseling process is working. But the process could work better. Identifying disclosed (and undisclosed) issues in the client's history is essential in developing the counseling plan for any client. The client intake documents that delve into the client's past can provide some insight, but the questions on an intake document can be intimidating. The questions could further limit the complete disclosure of past issues, especially if they could lead to embarrassment or shame, such as a problem with pornography. That is why the ACE Questionnaire can be vital in the intake process and why the document was incorporated into the intake process during this thesis study. It is not that the ACE Questionnaire intends to trick the client into answering a question they might not ordinarily answer, but the questionnaire results should lead the counselor to ask those questions. This new tool is where the training from the ACE workshop and the results of the data collected from other pastoral counseling programs may provide the information needed to improve the efficacy of the pastoral counseling process of Victory Church.

Intervention Design

The intervention design will include a training workshop on ACEs and a national survey on pastoral counseling information distributed to Christian churches. Each component will be conducted simultaneously and is not dependent on the other for completion; however, the

components are dependent upon each other for the successful completion of the thesis study. The ACE Training program was delivered in a workshop that was held in May 2022. The ACE Training program has been incorporated as a part of the Victory Church Pastoral Care and Counseling ministry quarterly training program. The two-year training program now has five developed training modules for the pastoral and lay counselors of the ministry. There are other training modules in development, and all training modules are byproducts of the doctoral candidate's work in the DMin program.

Counseling information obtained through the national survey will improve the pastoral counseling process employed by Victory Church noted above. Qualitative data were acquired for this study. The research methods are designed to collect information from other established pastoral counseling programs provided by Christian churches across the United States and from published resources from the Literature Review. The counseling data were collected through an email survey. After the data were collected and analyzed, a new counseling process was created to address ACEs and their impact on the adult client.

The ACE Training Workshop

The ACEs training module was presented to the pastoral counseling ministry using Microsoft PowerPoint. Surveys on the training effectiveness were issued to the workshop participants before and after the workshop to assess the trainees' knowledge and understanding of ACEs. The purpose of the surveys was to obtain measurable data that would demonstrate the effectiveness of the training. The training is designed to introduce, increase, and enhance the counselors' understanding of ACEs and build their confidence in working with a client with ACE-related issues. As a result of the training, the counselors will be able to counsel confidently, knowing they are prepared to help clients suffering from ACEs. The improved skills of the

counselors address a part of the problem statement relating to the effectiveness of counselor training.

The pastoral counseling process was modified to identify and address existing ACE-related weaknesses, an objective of the ACE training workshop. The most significant addition to the counseling process was the inclusion of the ACE Questionnaire in the client intake assessment. The ACE Questionnaire indicates the presence of any ACEs in the client's history. Having this information upfront greatly assists the counselor in approaching the client. Detailed information regarding the steps of the study is available in Appendix H, Research Project Overview and Design.

The National Survey Study Church Selection

The population of churches with an existing formalized pastoral counseling program was identified in several ways. The first was a general internet search. Google or Bing were the search engines used to conduct the search. Using search terms such as “church pastoral counseling” provided links to multiple church pastoral counseling programs. Ideally, this strategy should have provided contact information for the pastoral counseling programs through their respective church websites. That method was time-consuming, slow, tedious, and deliberate and was only used to plug any gaps in data collection; it was not the primary mechanism for identifying churches for inclusion in the study.

There are other ways the information that was needed was obtained and was more time effective. A postal code data element was employed in search directories such as *usachurches.org* and *Christian Counseling Directory*; this proved helpful and was used to locate pastoral counseling programs in specific areas by state and city.

A sample of the usachurches.org search trail is provided below and can be found by accessing usachurches.org at the following link: <https://www.usachurches.org/>. This link will take the reader to the usachurches.org homepage, which will list all fifty states in the United States. From the homepage, click on the state containing churches to be reviewed; in this case, select “Connecticut.” The selection of the larger cities in Connecticut is offered, and selecting one of these locations will access towns on a more detailed list. In this example, select the “Browse more Connecticut churches by city” link. Selecting this link will provide an alphabetical listing of Connecticut. In this exercise, the city of Middlefield is the target, so that it will be selected for more information regarding churches in Middlefield. Selecting “Middlefield” will provide a listing of a single church registered on the usachurches.org website, Victory Church. Choosing “Victory Church” will give detailed information on Victory Church, the subject of this thesis project. The direct link to Victory Church on the usachurches.org website is <https://www.usachurches.org/church/victorychurchmiddlefield.htm>.

Once a church is identified on the website, it is possible to access the target church’s information. This screen informs the viewer of the services offered by the target church. In the case of this study, services that included “counseling” were of interest. With many churches, it was possible to select “counseling” and access the church’s main page or their counseling services page, which would frequently provide the types of counseling conducted and contact names and phone numbers. Victory Church does not have that information published to usachurches.org yet but plans to provide that information in the future.

As noted earlier, the website Christian Counseling Directory also provided information on locating pastoral counseling churches/organizations that were believed to possess helpful information for the study. The screenshots below give an example of the information available

on the website. This useful website is relevant in locating and identifying Christian counselors if a referral is needed.

Christian
COUNSELOR DIRECTORY
TELEHEALTH FRIENDLY NETWORK

Sign In

HOME FIND THERAPISTS FIND CHURCHES ADD PRACTICE ADD CHURCH JOBS BLOG CONTACT

FIND CHURCHES NEAR YOU





Enter your United States or Canadian postal code or select a state or province to find Christian churches near you!

Postal Code: 06410
State: Connecticut

SEARCH CHURCHES ADD YOUR CHURCH

Christian Churches Near You

1-7 of 7 Records Show 20 Items

	Victory Church Middlefield, Connecticut 06455-1097 Victory Church is a non-denominational Christian Church located in central Connecticut. We offer Pastoral Counseling services to church members and non-members on a case-by-case basis. Counseling services include... More »	10 Miles Away	VIEW PROFILE SEND MESSAGE
	Vertical Church West Haven, Connecticut 06516 God's presence is the essential and defining component of our services. Without it, we are nothing; within it, we find everything. His presence is what heals us, comforts us, guides us and breathes new life into... More »	17 Miles Away	VIEW PROFILE SEND MESSAGE
	Kingdom Life Milford, Connecticut 06461 Kingdom Life Christian Church is a Christ-centered, Bible-believing, Spirit-filled church which is founded on the belief that God's Kingdom must be demonstrated "on earth as it is in heaven." Our congregation... More »	19 Miles Away	VIEW PROFILE SEND MESSAGE
	Covenant Church of Easton Easton, Connecticut 06012 No matter who you are or where you are in life's journey, we invite you to join us as we seek God together. We welcome you with your gifts, your pain,	28 Miles Away	VIEW PROFILE SEND MESSAGE

Victory Church

191 Meriden Rd
Middlefield, Connecticut, US
06455-1097

WEBSITE (800) 346-6771 MESSAGE DIRECTIONS

About

Victory Church is a non-denominational Christian Church located in central Connecticut. We offer Pastoral Counseling services to church members and non-members on a case-by-case basis. Counseling services include Marriage, Individual, Addiction, Grief, Crisis, Family, and Child and Adolescent Counseling. We also offer Pastoral Care ministries: Financial Peace University, Marriage and Blended Families, Divorce Care, Grief Share, and Celebrate Recovery.

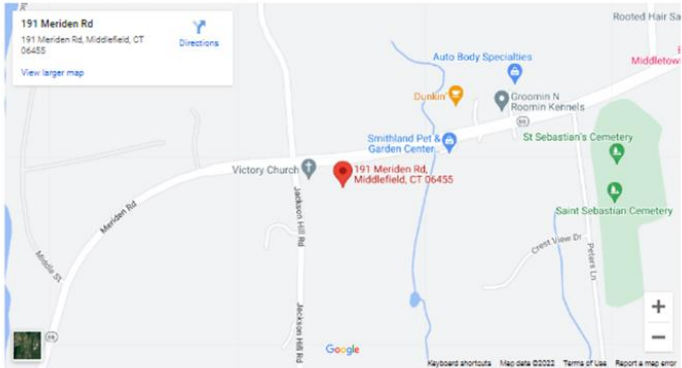


Figure 2. Christian Counseling Directory Search sample

This tool narrows the search for a church to a specific location but provides numerous results. It took time to enter search terms and filter through the results provided. The website offered additional sources of information to produce a relevant search. The website also provided data to replace some search elements deemed irrelevant or unable to be used. This website is beneficial for locating counselors for referrals in a geographical area.

The most effective way participants were recruited for this study was through the utilization of pastoral counselor databases maintained by the National Christian counseling organizations mentioned earlier. These databases contain contact information for those churches that have established pastoral counseling programs. Once a local directory within the database is accessed, data such as email addresses, phone numbers, and locations can be exported to an Excel spreadsheet. This method allows the creation of mass-distribution emails through the internet email program Mailchimp. Once the email program was loaded, an explanation of the research, a request for participation, and sender contact information was inserted. A hyperlink to the questionnaire was included in the email for ease of use for the recipient.

The survey was the primary method through which counseling data were collected. A small test of the survey process was conducted with ten Connecticut Christian churches known to have formal pastoral counseling programs. The ministries selected for the sample questionnaire had a two-week window to respond to the questionnaire. Collected sample responses were evaluated to determine the success of the questionnaire or identify weaknesses relating to the questions and their ease of understanding. The researcher reviewed the results to determine if the survey questionnaire compelled the responder to comply and submit the information needed to complete the study. Additionally, the researcher considered whether a “cold-call” email was an

effective method to launch a research survey. Once modifications were made to correct deficiencies noted in the sample, the survey was released to the main body.

A sample size of approximately 100 churches was targeted to provide the information needed to complete the study. According to QuestionPro.com, “Email survey response rates fluctuate between 25% to 33% depending on the brand value in the respondent’s mind and the length of questions and the information expected to be provided.”²¹⁴ Responses from twenty-five to thirty-three churches were expected to provide acceptable data to accomplish the task. The researcher selected sample churches by creating a spreadsheet that lists each church contact. A number value was assigned to each line item of the spreadsheet, and the random number function of Microsoft Excel was used to select a church for inclusion in the sample. The chosen line items were extracted from the database and saved to a different tab in the Excel workbook. The chosen churches’ contact information was loaded into the email generator, and the email letters were prepared.

The Email Letters

The email that was distributed contained several elements. The first was a participant recruitment letter that introduced the doctoral candidate and shared brief information about the purpose of the study (See APPENDIX A). Next, an informed consent letter identified the benefits and precautions taken to ensure the confidentiality of the survey participant (See APPENDIX B). The informed consent also invited the recipient to participate in the study by responding to the questionnaire. Next, the email shared the doctoral candidate’s hopes for a successful research study, expressed gratitude for the recipient’s assistance, and explained why

²¹⁴ “What is a Good Survey Response Rate?,” QuestionPro, accessed November 25, 2021 <https://www.questionpro.com/blog/good-survey-response-rate>.

their input was requested, encouraged, and appreciated. The following section contains information relating to confidentiality and anonymity. The email's final section provided instructions for submitting the church's response, including the doctoral candidate's contact information, concluding with another expression of appreciation. A hyperlink in the email led the reader to the questionnaire, located in a Google document.

The Church Questionnaire

The Pastoral Counseling Questionnaire used for the study consisted of nineteen open-response, multiple-response, and yes/no questions. The questionnaire is included as APPENDIX C. The questionnaire was designed to lead the respondent to participate in the study. The first group of survey questions confirmed the existence of a formal pastoral counseling program likely to have the elements needed for the study. Once the responder acknowledged the presence of a proper program, targeted questions addressed procedural issues, fee structures, training programs, and governance protocols. Additional questions addressed the nature of ACEs and ACEs-related training programs. The final question asked if the respondent would be willing to provide copies of documents that could be examined and considered for incorporation into the new pastoral counseling process and ACE training program desired by Victory Church.

Candidate contact information will be provided should the responder desire to discuss the nature of the questionnaire, share concerns, or enter into other agreements related to the study of the field of pastoral counseling. Follow-up emails will be released later to thank the participants for participating in the research.

Ideal Data to be Collected

The goal of the survey was to collect data related to ACEs, data that guide the pastoral counseling process, or, ideally, both. The researcher also expected to receive training

programs/modules, counseling policies, process flowcharts, procedure manuals, intake assessment forms, and client questionnaires. Documentation may include the ACE Questionnaire, which is included in this study.

Data from the literature review included narratives on ACEs that could form the basis for the training program, counseling systems, processes, or models. Depending on the literature, it would not be unreasonable to expect to encounter examples of counseling documents such as those noted above. Such material may exist in the literature, though none has been identified at the time of this writing. However, important information regarding ACEs was captured and utilized while creating the ACEs training module.

Data Analysis

The data were analyzed as they were collected. As the data were received, they were reviewed to determine whether they applied to the training module, counseling process, or both. Data were inspected, categorized, and documented. The following questions were asked:

- Are the data relevant?
 - Does the respondent's information address the project's problem, purpose, and thesis statements?
 - Do the data answer the questionnaire question meaningfully?
 - Do the data relate to a counseling process that, in whole or part, addresses ACEs, ACEs-related impacts, or both?
- Do the data relate to the counseling process or the training module? (Category)
- Are the data in the form of a flowchart, narrative, policy, or presentation? (Format)
- Is the information clear, free from ambiguity, and applicable to the problem? (Clarity)

Each response may contain a segmental application (training or counseling); the data may include some helpful and not-so-helpful information. All data received were indexed and stored in a working library that will be retained for review and future use. Data from multiple sources were combined and used to construct the revised pastoral counseling model.

Data were also collected from published studies, books, or other documents that meet the standards for research acceptance. Resources reviewed and incorporated into the study outcomes were appropriately referenced and included in the literature review. While appropriate counseling steps may be discovered in the literature review, it is most likely the training module that will benefit the most from the study.

The Training Workshop and Revised Counseling Process

The ACE training workshop was designed and presented to the pastoral counseling team of Victory Church (See APPENDIX E). The workshop was a formal, structured training held on Saturday, May 7, 2022. The workshop lasted approximately five hours, with two scheduled fifteen-minute breaks. The presentation recording may be accessed by scanning the QR code in APPENDIX E.

A preworkshop questionnaire was included in each participant's training binder. The questionnaire assessed the participants' knowledge and understanding of ACEs and ACE-related counseling and their expectation of whether the training would help them in their counseling. The questionnaire consisted of three types of survey questions; Likert scale, dual-response, and open-ended questions (See APPENDIX F for the preworkshop survey, APPENDIX G for the postworkshop survey). The training module utilized a Microsoft PowerPoint presentation, which was projected on a large screen that forms the backdrop of the church sanctuary stage. The session was recorded for future training purposes, and those attending signed an informed

consent document attesting to their understanding that the recording was taking place. The church has live-streaming abilities for their scheduled church services, but the ACE training workshop was not broadcast live.

Each participant was provided a three-inch binder containing a printed copy of the training for notetaking and study of the material postworkshop. The workshop was interactive; the doctoral candidate presented the information to the audience, and questions were addressed during the presentation instead of at the end. Short break-out sessions were conducted for small-group discussion during the program. The workshop, like other pastoral counseling training workshops that have been conducted, involved much interaction between the audience and presenter.

At the end of the workshop, participants will access the Post-Training Questionnaire located in their provided training binder. The questionnaire will address the participant's new understanding and knowledge of ACEs and how the counseling ministry will address these issues in the future. Results will be analyzed and provide accurate, actionable data to assess the trainee's improvements in their ability to help the client. Advances in the counselor's ability to counsel the client with ACE-related issues will address the primary problem and purpose of the thesis project.

The ACE training contributed to the change in the pastoral counseling process at Victory Church. The most significant revision in the counseling process was the incorporation of the ACE Questionnaire, which strongly indicates the client's presence of any preexisting ACE issues. Once the ACEs have been identified, the counselor can better understand and counsel the client based on the ACE training.

The addition of the ACE Questionnaire in the intake process was tested through use in actual counseling sessions. After several clients were processed through the revised counseling methods, the director of the pastoral counseling ministry consulted with the counselors using the questionnaire to determine its utility in their counseling. The primary emphasis of the discussion was how the counselor felt their counseling was improved based on the ACE training they received. Did they believe the training made a difference in how they understood and addressed the client? The answer was “yes” the counselors believed the knowledge acquired from the ACE Questionnaire provided upfront insight they did not have before. Did they feel competent to work with clients based on their skills? The answer was “yes” the counselors felt more confident in their understanding of the impact of an ACE event in their client’s lives and their ability to understand the client from a total-care perspective. The feedback from the counselors provided actionable evidence of the effectiveness of the training and the counselor’s ability and confidence to help the client suffering from ACE-related issues. The ACEs-related revisions to the counseling process satisfy this action research study’s secondary problem and purpose.

Ethical Considerations

A proposal for this research was submitted to the Liberty University Institutional Review Board. When the representatives of the targeted churches received their email notifications soliciting their response to the study questionnaire, they were asked to indicate whether they wished to participate in the study and if they would allow their supplied documents to be used in the study. They were also informed of the limits of confidentiality (APPENDIX B). Any solicited church that provided information but did not indicate consent was contacted via follow-up email or phone to obtain authorization. Response to the questionnaire did not imply consent to

use documents. Documentation was not included in the study if permission could not be obtained.

It is not necessary to divulge any names in the published results of the study. If it had proved vital to do so, the participants would have been notified and provided a draft copy of the survey for their approval. All data received from participating churches are stored in a password-protected computer. Paper shredding will destroy any data reproduced after the study is concluded.

Implementation of the Intervention Design

The intervention design comprised two components. The first was an ACE training workshop that covered a working definition of ACEs, the history and development of ACEs, the impact of ACEs on the human body, and available treatment options for the client with a history of ACEs. The second was acquiring data from Christian churches nationwide that offer pastoral counseling services to their members. The data were requested through an email survey.

The ACE Training Workshop

The first component of the intervention was the development and presentation of an ACEs workshop to the Victory Church pastoral counselors and the counseling ministry. The workshop was delivered through a three-section Microsoft PowerPoint presentation and lasted approximately three hours. The recorded three-hour workshop and PowerPoint presentation can be accessed through the QR code in APPENDIX E.

Section One of the ACE workshop presentation established a working definition of ACEs for the pastoral counseling team, including a clear picture of how a traumatic event is classified as an ACE. This section presented the history of ACE research, beginning with Dr. Felitti's historic ACE Study. The impact of an ACE on a child was covered, along with projected adult

outcomes of those events. The ACE Questionnaire was addressed during the presentation, and participants were provided a questionnaire to take while the session was held. The participants' results were not discussed, but the doctoral candidate shared his test score with the class: he scored a nine. The test opened participants' eyes and led to a deeper discussion on the impact of ACEs. This discussion was an important part of the presentation, as the ACE Questionnaire forms an essential part of the revised pastoral counseling process. The first segment concluded with comments that created a segue to the next section. A link to the recording of the ACE workshop presentation is included in APPENDIX E.

Section Two of the ACE workshop presentation examined the effect of ACEs on the human body, most notably as it relates to serious medical issues such as heart disease, stroke, immune deficiencies, and other life-threatening problems. The long-term effect of cortisol and toxic stress on the human body's organs and systems was discussed. This section also included a review of ACEs' impact on a child's brain development and the long-term effects of ACEs.

Section Three presented some treatment options to assist the client with ACE-related issues. The treatment options explored were those most likely utilized by the pastoral counseling ministry of Victory Church. The treatment methods examined did not make up an all-inclusive list. Some treatment methods are more clinical and beyond the scope of integrative pastoral counseling treatment that may be applied by the pastoral counseling ministry of Victory Church. There may also be other methods that could be used by the pastoral counseling ministry of Victory Church that are not yet known by the ministry. As the ministry continues to develop, it is believed that those unknown methods will eventually be discovered.

The objectives of the workshop presentation were to (1) provide the attendee's information that will be useful in their future counseling sessions, (2) help them better

understand how to identify any ACE(s) in the client's past, and (3) enable them to provide effective counseling in the client's present situation that may have been rooted through that/those ACE(s).

Two surveys were administered to measure the effectiveness of the training workshop. The first survey, a preworkshop survey (APPENDIX F), was included in the attendee's workbook and administered before the workshop's beginning. The second survey, a postworkshop survey (APPENDIX G), was issued at the conclusion of the workshop. Assistants collected both surveys after the seminar ended. The doctoral candidate then examined the surveys and noted the results. The results are presented in Chapter Four.

More training sessions will be provided to the pastoral counseling ministry every quarter. The next session, to be held in August, will be titled "How to Conduct a Pastoral Counseling Session." Additional training will be provided on crisis and suicide counseling, marriage and premarital counseling, and post-abortive grief, among other topics.

Search for Christian Churches with a Pastoral Counseling Ministry

The ability to seek and collect information from more established pastoral counseling programs is vital to the future development of the pastoral counseling ministry of Victory Church. Other Christian churches may have the experience that would be of significant interest to Victory Church. It is a common practice in the business community, especially in process improvement initiatives (like Six Sigma), for a company to visit an industry-leading company to learn what they can from them. This exercise hopes to accomplish the same objective.

The pastoral counseling ministry of Victory Church is on sound footing. The ministry provides solid counseling to those seeking help. The ministry continues to grow in counselor size and ability. A higher caliber of pastoral counselors has been obtained through organic recruiting

efforts from the congregation. There is now a clinical child and adolescent counselor on the team.

Furthermore, counselor training activities, such as the newly implemented quarterly training practice, provide developmental opportunities and promote consistent counseling practices across the ministry. The quarterly training sessions will continue to provide developmental opportunities for those wishing to continue serving in or joining the ministry. However, the doctoral candidate believes the church's counseling services could be improved. Accordingly, the doctoral candidate developed a questionnaire to provide the desired information to help Victory Church's pastoral counseling ministry become more effective in its counseling services.

The desired information was obtained through an email distributed via the Mailchimp platform. The email contained an introduction letter (APPENDIX A), an informed consent letter (APPENDIX B), and the Pastoral Counseling Questionnaire (APPENDIX C). The emails were distributed to a list developed by the doctoral candidate.

There were three separate email distributions. The first was a ten-church sample survey distributed to a small selection of Christian churches that are members of a committee of pastoral counselors from Central Connecticut. The second survey was a twenty-four-pastor survey sent to the eighteen churches located in Connecticut. The third survey was a national distribution (United States) and targeted Christian churches that provide counseling services to their members.

The Local Survey

The doctoral candidate knew the local survey's targeted counselors, possessed the contact information for each of the eighteen-church counseling ministries and compiled a list of these

ministries for distribution of the survey. A Microsoft Excel random number generation function was used to identify ten churches from the list randomly. The ten selected churches were sent the first survey emails via the Mailchimp platform. The surveys used in the sample exercise were the same surveys used for the national release.

The first set of emails was released on April 15, 2022. The survey was sent to ten targeted pastoral counselors in the central Connecticut area. Three targets opened the email, and two were “bounced” due to incorrect email addresses. The remaining five were not opened. No recipient accessed the survey, and no responses were received from this attempt.

Due to a poor response to the initial ten-church survey, a second survey was sent to twenty-four pastoral counselors from the eighteen churches utilized in the sample survey via the Mailchimp platform on April 22, 2022. The Mailchimp platform provided documentation that all 24 released emails were received and opened by the recipients; however, none responded to the survey request.

In a “hail Mary” attempt, a second set of emails from the first distribution) was sent to nine pastoral counseling ministries in the central Connecticut region. Two emails were opened, five bounced due to unrecognized email addresses, and two were not opened. No recipient accessed the survey link embedded in the email.

A third attempt was made targeting eight selected pastoral counselors personally known by the doctoral candidate. The results were similar; two emails were opened, but no one accessed the survey through the embedded link.

A final attempt was made with five members of the pastoral counseling committee individually contacted by email. Three of those contacted responded to the survey. The results of those responses are included in the data analysis in Chapter Four.

The National Survey

The national email list was created through a manual search for email addresses and contact information through the websites of Christian churches that provide counseling services to their members. The primary database utilized for the investigation was the usachurches.org website. This website offered several search categories: church size (mega, large, medium, and small), U.S. state, and city. The process of finding and selecting the target churches was manual. For example, a state (e.g., Connecticut) would be chosen, and a size (mega or large) would be selected. This selection would produce a list of churches several pages long. Each church listed on the webpage was singularly selected, bringing the researcher to that website. The researcher reviewed information about the church, including the services offered to members, the community, etc. If a church did not list counseling/counseling services/pastoral counseling/pastoral care as a provided service, that church was not considered for inclusion in the survey. If a church was not considered for inclusion, the researcher returned to the search results to repeat the process.

If a church's services included the counseling references noted above, the researcher clicked the provided link to the selected church's website.²¹⁵ Then, the researcher navigated the website to access content related to the church's counseling offerings. Most of the churches offering counseling services provided a contact email address or phone number for their services, making it easier to capture the relevant information and copy and paste it into a Microsoft Excel spreadsheet. If no specific counseling contact information was provided, the researcher sought a general contact email, which would be used. Without an available contact email, the church would not be selected, and the search process would repeat.

²¹⁵ The subscribing church provided usachurches.org the link to use in their listing.

The manual search generated a list of 119 churches that offered counseling/counseling services/pastoral counseling/pastoral care services to their members. One hundred of the 119 churches were selected for the survey email distribution. The decision to use 100 churches was based on the poor results from the local survey, which produced zero responses (see Chapter 4). The selected churches were from forty-two states and comprised mega, large, and medium-sized churches. The churches selected for the study were Baptist, Catholic, Christian, Congregational, Methodist, and Presbyterian. There were intercity, suburb, and rural churches included in the mix. The churches selected for inclusion in the study could not be considered a randomly generated sample. Therefore, the standard mathematical models used to analyze data did not apply to this study.

The first survey was released to the one hundred targeted churches on May 3, 2022. The results of the first release were not encouraging. Ninety-four were received, one bounced, five were not received, but forty-five were opened. Two recipients clicked on the survey link but did not complete it.

A second national survey was released to the targeted churches on June 1, 2022. One hundred emails were sent, ninety-four were received, seven were not, and forty-three were opened. Fourteen recipients accessed the survey. There were six responses to this attempt.

A third and final release was made on June 14, 2022. The results were similar; ninety-four were received, six were not, and 37 were opened. No recipient accessed the survey.

The AACC provided additional survey assistance, distributed an email to their biblical counseling group, and provided a Google link to the survey. The AACC provided the following statement to the doctoral candidate:

“The American Association of Christian Counselors made this research study available to its members by including it in its monthly newsletter and by emailing the Biblical

Counseling and Spiritual Formation division of AACC to make the opportunity available to participate in the study.”²¹⁶

Dr. Michael Williams also distributed a survey link through his *Pastoral Counseling* podcast network.

Overall, eleven responses to the survey were received. It was later determined that a minimum of eight responses would be sufficient to decide on relevant outcomes due to the nature of the study. Specific comments on the results of the surveys will be provided in Chapter 4.

²¹⁶ Kyle Sutton, Senior Director of Membership & Academic Affairs, American Association of Christian Counselors.

CHAPTER 4: SIFTING THROUGH THE WHEAT AND THE CHAFF

The qualitative data gathered for this project provided an excellent foundation for developing the desired ACEs training program and revised model for the pastoral counseling ministry of Victory Church. The data collected from the survey and the literature review provided the material needed to thoroughly study the pastoral counseling models of those churches that responded to the survey.

The ACE training module was developed utilizing content from the literature review, which provided a wealth of data addressing the magnitude of ACEs. Presentation data were collected from numerous books, most notably *The Deepest Well* by Dr. Nadine Burke Harris, and journal articles, especially Dr. Vincent Felitti's landmark ACE article, which is considered the ACE movement's genesis. Though broad in scope, the ACE training presentation was tailored to meet the needs of the pastoral counseling ministry of Victory Church. A copy of the ACE presentation was provided to each attendee of the training session. It has become a part of the quarterly training curriculum for the pastoral counseling ministry of Victory Church. There are currently eight training modules that will be provided over two years. The ACE training module will be offered again in 2024 or earlier if needed.

The pastoral counseling models of other churches were compared and contrasted with the Victory Church pastoral counseling model using the data gathered through the survey. The collected models were studied, and common attributes were noted. Key differences between these models and Victory Church's were reviewed for potential adoption by Victory. The counseling model was modified to address the current model's weaknesses by infusing ACE-related counseling steps into the process.

The ACE Training Workshop

The doctoral candidate presented the ACE training workshop on May 7, 2022, to the pastoral counselors of Victory Church. Thirty attendees signed the attendee sheet, but some late arrivals did not sign in. As noted earlier, the training session was recorded for later viewing (to view the workshop, please see the link provided in APPENDIX E).

The workshop started with some appropriate greetings and prayers. The first item covered was the preworkshop survey (See APPENDIX F), which was included in the attendees' training notebook. The attendees were requested to complete and retain the survey until the end of the training session when it would be collected. The purpose of the survey was to determine the attendees' understanding and knowledge of ACEs, their confidence in their abilities to help the client with ACEs, and their knowledge of the ACE Questionnaire (See APPENDIX D). The workshop administered pre- and postworkshop surveys to provide actionable, empirical evidence to support the increased competency of the counselors to address ACEs due to the training. Developing a counselor's ability to address ACE issues in counseling clients effectively was one of the primary objectives of this thesis project. With the preworkshop survey completed, the presentation began.

The first section of the workshop presentation, titled "Adverse Childhood Experiences," provided an in-depth review of the development of the ACE classification. The story of the development of the ACE concept through Dr. Felitti's ACE study was explored. The slides included detailed examples of traumatic events classified as ACEs. Such traumas include physical abuse and neglect, sexual and emotional abuse, loss of a family member due to death, divorce, or abandonment, and other traumas that are now widely known to be ACEs.

One of Dr. Felitti's developments during the ACE Study was the ACE Questionnaire (See APPENDIX D). This ten-question test identifies the existence of an ACE or ACEs in a client's past and is founded on the ten ACE categories. The questionnaire is now widely used in counseling models as a tool that can assist the counselor in understanding if there are ACEs embedded in a client's issues.²¹⁷ A copy of the ACE Questionnaire was provided to each attendee to complete during the workshop. A few minutes were provided for them to complete the questionnaire. The attendees were not required to share their results with one another or the presenter. Still, many later stated they were surprised by their results and were even more shocked when a subsequent slide identified possible mental and physical health outcomes based on a client's ACE score. For instance, someone with an ACE Score of four is five times more likely to suffer from depression, seven times more likely to be an alcoholic, ten times more likely to use illicit drugs, and twelve times more likely to have attempted suicide.²¹⁸

²¹⁷ Finkelhor et al., "A Revised Inventory," 17.

²¹⁸ Carrie De Jong Counseling, "The ACE Study," Carrie De Jong.com, https://images.search.yahoo.com/search/images;_ylt=AwrFGPr6TcRindckGUuJzbf;_ylu=c2xrA3RleHQEaXODQWxzblRveQRzZWMDcmVsBHBvcwMy?fr2=p:s,v:i&fr=mcafee&type=E211US105G0&p=adverse+childhood+experiences+study#id=39&iurl=https%3A%2F%2Fpinimg.com%2F736x%2F2a%2F52%2F3a%2F2a523a4610021e0606aa99d6545ab960.jpg&action=click (accessed April 12, 2022).

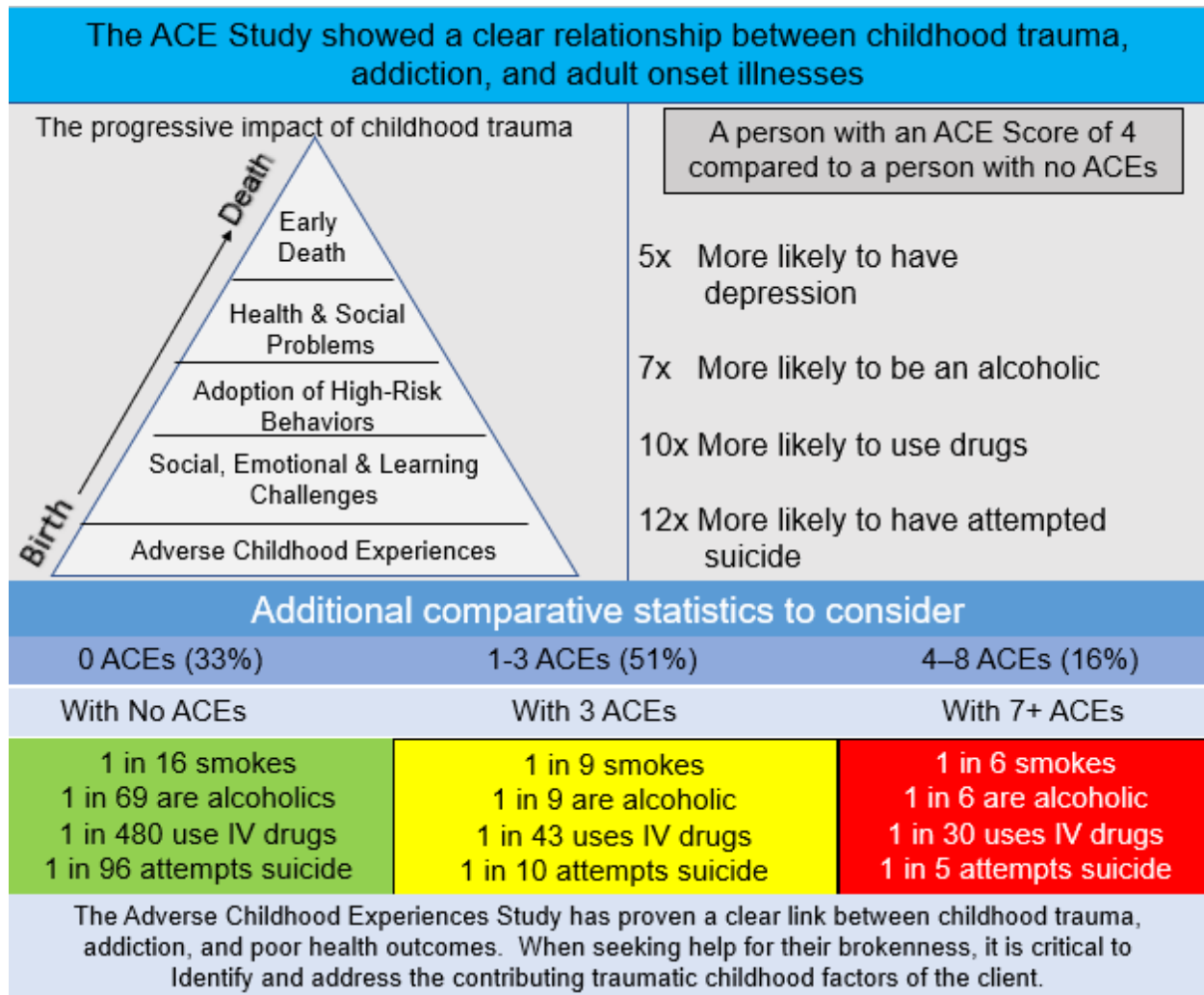


Figure 3. Impact of ACEs on health

Source: Data adapted from carriedejong.com, “The ACE Study Infographic,” accessed March 1, 2021,

<https://static1.squarespace.com/static/578427b6b8a79b20f43439d5/t/62cccba7f377e70097887a5a/1657588647677/ACE+Study+Infographic.pdf>. Used with permission from Carrie DeJong.

The ACE Questionnaire exercise was very revealing. The attendees’ ACE scores elevated their understanding of ACEs and the benefit of using the tool in counseling, which will significantly change the counseling process.

The second section of the workshop presentation, titled “The Impact of ACEs on Adult Physical Health,” introduced and explored the impact of ACEs on a client’s health, especially their adult health. As noted in the Literature Review section, there is a strong correlation between

ACEs and poor health outcomes in adults. This section explores the ACEs' impact on brain development, heart disease, the immune and digestive systems, diabetes, and numerous other ailments and illnesses. That ACEs could impact the health of an adult was disturbing for some in the audience. As noted earlier, it makes sense that ACEs could be the genesis of a client's drug and alcohol use or other substance addictions; that seemed to be a common understanding. However, it was a shock to many that adults could experience other severe medical issues as an effect of their ACEs. In this section, there was increased interaction between the doctoral candidate and the audience. There was a noticeable hunger for more information. The presentation did not disappoint.

This section also addressed the impact of the body's fight, flight or freeze system and the hormone cortisol and its long-term effect on the human body, including how it impacts the DNA (through telomeres erosion).²¹⁹ The impact on DNA was another eye-opening topic that extended coverage and discussion. Though many were aware of the effects of cortisol on the human body, they were unaware of the cumulative impact of cortisol released from the time of the incurred ACE to the adult years. The workshop presentation continues to provide impactful insight into the pastoral counseling conducted since the workshop.

The third section of the presentation, titled "Treatment Options for the Client with ACEs," introduced some of the treatment options that are or will be considered for use by the pastoral counseling ministry of Victory Church. While numerous other clinical treatment methods may apply to treating a client with ACE-related issues, those methods are considered beyond the scope (and ability) of the pastoral counseling ministry of Victory Church. The treatment methods covered in this presentation section were:

²¹⁹ Harris, *The Deepest Well*, 88.

- Pastoral (nouthetic) counseling
- Solution-focused pastoral counseling
- Christian mindfulness
- STAIR narrative therapy
- EMDR
- Specialized counseling and pastoral care programs (Celebrate Recovery)
- Self-regulation strategies
- Clinical counseling (through referral)

The pastoral counseling ministry of Victory Church is founded in Scripture; all counseling begins and ends with Scripture, prayer, biblical insight, and direction. The counseling incorporates tools and techniques associated with the SFSTPC model noted by Kollar in his book *Solution-Focused Pastoral Counseling*. Concepts referenced by Kollar, such as scaling questions, reporting exceptions, compliments, breaking, and the miracle question, have become practical tools in Victory's counseling toolbox.²²⁰ Other treatment options are not yet utilized, such as EMDR, Christian mindfulness, and STAIR narrative therapy, and these will require specialized training to be employed by the ministry.

These treatment methods were introduced and discussed for future consideration and advancement of the pastoral counseling ministry. Expanded forms of treatment will be possible as the church continues to grow, especially with the incorporation of licensed clinicians into the pastoral counseling team. Additionally, some treatment options (Christian mindfulness, EMDR, STAIR narrative, and self-regulation therapies) do not require clinical licensure. Advanced,

²²⁰ Kollar, *Solution-Focused Pastoral Counseling*, 181.

appropriate training will be needed and a necessary investment for the future development of the ministry.

The pastoral counseling ministry of Victory Church will always be based on biblical counseling. It will always be based on God's Word, Scripture, and what God wants to do through the counseling process. That aspect will never change. As pastoral counseling ministry counselors develop, evolve, and become more competent, they can provide more highly developed care. Still, that care will always be in alignment with biblical truth. Prayer and God's Word will always be instrumental and the basis on which all counseling methodologies will be employed. Victory Church counselors are biblical counselors first, but Benner noted that "pastoral counseling can be both distinctively pastoral and psychologically informed."²²¹ The careful integration of Christian principles and appropriate insights from modern clinical psychology can protect the integrity of the pastoral role and the unique resources of a pastoral counseling ministry.²²² It is possible to do both, to offer both, within the framework of a documented process that provides the utmost care in conjunction with God and clinical psychology.

The Preworkshop Survey

The preworkshop survey contained six questions: five yes/no questions and one Likert scale question (see APPENDIX F). The survey was included in the training notebook provided to attendees when they arrived at the church for the workshop. The attendees were requested to retrieve the preworkshop survey from their binder and answer the questions as the workshop commenced. Thirty attendees signed the check-in sheet, and several more showed up a few

²²¹ Benner, *Strategic Pastoral Counseling*, 14.

²²² Ibid.

minutes late; however, only twenty-seven preworkshop surveys were collected after the workshop. The survey results provided significant insight relating to where the attendees were in their understanding of ACEs. Here are the results:

Question	Yes	No	1	2	3	4	5	No response
Have you ever heard of adverse childhood experiences?	19	8						
If yes, what is your current knowledge of ACEs?			7	4	5	6	0	5
Do you believe the ACEs workshop training will provide you with a greater understanding of ACEs?	27	0						
Do you believe the workshop training will equip you to address ACEs in your counseling?	27	0						
Do you believe you understand the significance of ACEs in the counselee that presents with an ACE issue?	22	5						
Have you ever heard of the ACE Score Questionnaire?	9	18						

Table 3. Preworkshop survey results

As elucidated on the chart, it is clear that the counseling team's understanding of the world of ACEs is a little deficient. Notably, 70% of the attendees had never heard of ACEs, yet only 41% considered their current knowledge of ACEs below the median (answers of 1 or 2). This result is impacted by the "No response" selection made by 20% (five) attendees. No explanations were provided for the lack of responses by those attendees that opted to do so. It is interesting also to note that precisely eleven respondents felt their current knowledge of ACEs was below average. Eleven respondents believed their current understanding of ACEs was slightly above average. No respondent considered themselves an "expert" in their existing knowledge of ACEs.

Questions three and four measured the attendees' confidence that their understanding of ACEs would improve due to the workshop. All twenty-seven respondents answered that they would be better equipped to address ACEs in their counseling, and their knowledge of ACEs'

impact on a client would be improved due to the workshop. These two questions were correlated with questions from the postworkshop survey to confirm their responses to these questions.

The results of question five are confusing. Eighty-one percent (twenty-two) of respondents indicated that they believe they understand the significance of ACEs in the counselee that presents with an ACE issue. The response does not seem to reflect the answers to questions one and two, which asked the attendees if they had ever heard of ACEs and how they rated their respective current knowledge of ACEs. If 70% (nineteen) of the attendees responded that they had never heard of ACEs, it seems illogical that 81% (twenty-two) would believe that they understand the significance of ACEs in the client. Notably, 41% (eleven) of attendees considered their current knowledge of ACEs to be average to above average (a Likert response of 3 or 4).

The sixth and final question is related to the ACE Questionnaire. This question asked the attendee if they had ever heard of the questionnaire. Sixty-seven percent (eighteen) responded that they had not heard of the ACE questionnaire, while 33% (nine) answered that they had heard of the questionnaire.

Since the training session, the ACE Questionnaire has become one of the documents included in the Victory Church Counseling intake forms. Counselor exposure to this questionnaire has increased since the workshop and their actual review of client-completed questionnaires upon intake.

The results of the preworkshop survey are not entirely conclusive. It is acceptable that 70% (nineteen) of the workshop attendees that completed the survey noted that they had never heard of ACEs. It is even acceptable that 67% of the respondents had never heard of the ACE Questionnaire, as these results are comparable with question one's results. The responses to

questions three and four were also within expectations regarding the attendees' expected improvement in their ability to address ACE issues in a client.

The responses to questions two and five do not logically fit the reactions to the other questions. Though they are not entirely contradictory, they do not correlate well with the responses to questions one, three, four, and six. For question number two, there were an equal number of responses on each side of the Likert scale; that is, there were eleven responses to rankings one and two, indicating little or no current knowledge, and there were eleven responses to rankings three and four, suggesting some or strong expertise. This interpretation, of course, would depend on how the reader interpreted the rankings of two, three, or four. Only rankings one and five were clearly defined, one as "none" and five as "expert." The attendee needed to interpret the rankings, and interpretations could vary significantly by individual.

Assumptions could be made in the interpretation of the "3" ranking. The responses may have differed if the attendee considered the "3" selection to mean "middle of the road," "neutral," or something entirely different. The intended meanings, based on the parameters defined on the Likert scale noted above the selection offerings, were as follows:

- 1 = No knowledge
- 2 = Very little knowledge
- 3 = Some knowledge
- 4 = Some advanced knowledge
- 5 = Advanced knowledge, expert level

While the definitions of the Likert scale rankings are understandable, as presented above, their clarity results from hindsight. When these definitions are compared to those shown in the preworkshop survey, the potential for ambiguity and misinterpretation is obvious. It is easy to

understand why five attendees opted not to respond to the question; they most likely did not know where they fit on the scale.

To best determine how this question should be addressed, those responses of rankings without ambiguity were identified. Therefore, this would be the Likert scale rankings (1) “None” and (5) “Expert.” Accordingly, there were no “Expert” selections and seven “None” selections. This logic provides a result more aligned with the other results. Still, it leaves fifteen (56%) responses without a home; fifteen responses deserve consideration and inclusion in the study. It could be stated that fifteen responses were between “a little understanding” and “some advanced knowledge.”

The range of responses was broad for such a small sample size. No absolute conclusions can be drawn. However, the preworkshop survey indicates a need for training and that understanding ACEs was lacking. Also, all attendees believed they would be better prepared to assist the client with an ACEs-related issue due to the training.

The Postworkshop Survey

The postworkshop survey was administered to the attendees after completing the training. There were twenty-eight surveys collected. As noted earlier, there were 30 attendees with their names on the sign-in sheet, and a few individuals arrived after the training had started. No personal identifiers were on the surveys; this was an intentional decision to protect anonymity. Each survey was marked with an assigned number to aid in analyzing survey results. There were 28 registered attendees, and each survey was marked with a number from 1–28 based on the attendance number. The survey consisted of seven Likert-scale questions, four yes/no questions, and three short-answer questions. A copy of the post-survey workshop is provided in

APPENDIX G.

As with the preworkshop survey, the postworkshop survey was included in the attendee's training notebook. At the conclusion of the training, the attendees were requested to retrieve, complete, and turn in both surveys to the assistants stationed around the church sanctuary where the training was held. The collected surveys were documented and reviewed over the next few weeks. The data for questions one through seven are noted below:

Table 4. Postworkshop survey results, yes/no, and Likert questions

Question	1		2		3		4		5		No response	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
1							4	14	22	79	2	7
6	1	4					3	11	24	86		

Table 5. Postworkshop survey results, yes/no questions

Question	Yes		No		No response	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
2	28	100	0	0	0	0
3	27	96	0	0	1	4
4	27	96	0	0	1	4
7	26	93	1	4	1	4

Table 6. Postworkshop survey results, question five

Question	Definitely		Mostly		Some		None		N/A	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
5a	22	79	5	18	1	4				
5b	25	89	1	4	1	4			1	4
5c	21	75	5	18	2	7				
5d	19	68	8	29	1	4				
5e	24	86	3	11	1	4				

Similar to the first survey results, the attendee responses for the postworkshop survey were promising. High marks were noted in the overall assessment of the training, where 93% (twenty-six) of attendees rated the training as "excellent" or "very good" (Likert rankings of 4 or 5). Of most importance to the thesis project was that 100% of the attendees believed they

possessed a greater understanding of ACEs due to the training; all twenty-eight attendees answered question two in the affirmative. In contrast, on question two of the preworkshop survey, 60% of respondents indicated their knowledge of ACEs was limited or nonexistent. Questions two, three, and four were linked and related to the attendees' understanding of ACEs. The majority (96%) of the attendees believed they were better equipped to deal with ACEs in a counseling setting and thought they better understood the significance of ACEs in a client with an ACE history. These are remarkable results, but more importantly, they demonstrate significant improvement in the attendees' ability to provide adequate care to the client with an ACEs history.

Question five was a five-part question and addressed the effectiveness of the training in increasing the confidence of the attendee when counseling a client with a history of ACEs. When asked if the workshop would be helpful in their counseling, 89% (twenty-five) of the survey respondents indicated that it would. When asked if their skills had improved as a result of the training, 93% (twenty-six) of the survey respondents showed that their skills had definitely (21) or mostly (5) improved. Finally, when asked if the attendees' counseling confidence had improved due to the workshop, 98% of the survey respondents indicated they felt more confident in their counseling abilities. The results speak to the effectiveness of the training and support the position that the workshop attendees increased their knowledge of ACEs and became more confident in their ability to assist a client with a history of ACEs.

The last three questions, numbers eight, nine, and ten, were open-response questions. These questions were intentionally designed to elicit a personal response from the attendee, hoping their comments would provide information that may offer additional opportunities for improvement in the ministry. Selected comments from each question are shared below.

Question eight: “Which workshop topics did you find most helpful or informative?”

- “Specific treatment methods to assist ACES clients here at Victory.”
- “Research information was helpful to truly understand the impact (the unseen sometimes unnoticed) impact of ACEs.”
- “The cortisol piece was most helpful. I knew about the ACEs, no [sic] much about the physical piece of it.”
- “The ACEs assessment. How the brain and body react to ACEs, treatment for ACEs.”
- “Unveiling the connection between ACEs and even a variety of physical and emotional symptoms. All three sessions built upon each other and flowed well. The third session on tools was helpful to see the healing and recovery potential in God.”

Question nine: How do you think the workshop could have been more effective?

- “I thought it was very organized, informative, and educational.”
- “Maybe with a little quiz or questionnaire at the end of each section to see what we got/retained from each section.”
- “Maybe add a new interactive phase?”
- “Would like to hear about more case studies like Evan, Alice, etc.”
- “It was just right. It created triggers (in me) but left me with better understanding.”
- “Maybe going into more depth about treatment.”

Question ten: “Comments and suggestions (including activities or initiatives you think would be helpful for the future.”

- “Have interacting workshops! (a chance for all of us to break out into groups).”
- “Further training on techniques, enagement [sic], integration of spiritual and clinical.”
- “Roleplaying.”

- “Explore more counseling techniques.”
- “Case study examination and discussion in small groups.”
- “Would be nice to know about levels of counseling and requirements for each level.”
- “The ACEs Training Manual that we received is packed with [sic] wealth of information. Powerful information within our reach; very grateful to be a part of this training.”

The comments for questions nine and ten are helpful for the future development of this workshop. As noted earlier, this workshop presentation on ACEs will become a component of the quarterly training program for the pastoral counseling ministry of Victory Church and will be provided again in 2024. The comments provided by the attendees offer some insight into elements they would be interested in participating in as part of the training. Though the workshop was highly interactive, several attendees desired to see more interactive activities to heighten the learning experience. Based on their responses, attendees would like to see more:

- Interaction in the form of role-playing scenarios,
- more question-and-answer sessions (which were a part of the workshop),
- case study discussions (similar to the study of Evan at the beginning of the presentation),
and
- discussion on treatment methods available for those suffering from the impact of their ACEs.

These are all great ideas and demonstrate the thought processes of the attendees regarding their desire to seek ways to understand this vital issue better. Incorporating these training methods into the presentation/workshop will be challenging for several reasons (e.g., time constraints due to the workshop's length, attendees' willingness to participate in role-playing scenarios, and, of course, the doctoral candidate's creative ability to develop such activities).

Still, this workshop was executed flawlessly and limited to the counselors of the counseling ministry of Victory Church. Other churches with counseling ministries have expressed an interest in attending the Victory Church counseling training. Their interest could create possibilities for longer workshops that contain many of the suggestions noted by the attendees.

Though the comments were very flattering, the most important takeaway from the survey is that the workshop successfully achieved its goal. The primary purpose of this DMin action research project was to train the pastoral counselors of Victory Church to help clients suffering from the impact of ACEs. Due to the ACEs training workshop, Victory Church counselors are better prepared to address the needs of the clients presenting with a history of ACEs. The counselors feel more confident in recognizing and providing adequate care for those clients.

The National Questionnaire Survey

The purpose of the nineteen-question nationwide questionnaire was to obtain information on pastoral counseling models, processes, and policies from established Christian counseling ministries. The objective of the survey was to learn what other pastoral counseling ministries were doing and was intended to improve the pastoral counseling ministry of Victory Church. A secondary goal was to identify the pitfalls and mistakes those established ministries may have experienced in their development. The exercise seemed both a logical and sensible endeavor; to learn from others, identify their strengths, and incorporate those that would improve the Victory Church pastoral counseling ministry. That was the thought behind the exercise.

The results of the national questionnaire survey did not meet expectations. As reflected in Chapter 3, the exercise did not produce the desired results. In the end, only twelve responses were received. However, the responses received were deemed worthy of consideration for inclusion in the study.

As noted earlier, five tranches of surveys were sent to specific targets via Mailchimp. The initial release was to ten churches in the Central Connecticut region. The ten churches are part of a pastoral counseling committee that met regularly before the COVID-19 pandemic to discuss issues related to pastoral care and counseling ministries. The COVID-19 pandemic seriously impacted the committee's ability to meet, and there have been no meetings since the pandemic as of the writing of this thesis study. Regardless, most of the local Connecticut churches providing counseling services operated their ministries during the pandemic with applicable safety protocols in force. However, slight service reductions may have occurred as each ministry proceeded at its discretion. The lack of responses from the member churches of this committee was disappointing. However, four of the twelve responses (33%) were from the Connecticut churches participating in the Pastoral Counseling Committee.

The survey responses were collected through Google Forms. The Google platform tallied responses as surveys were received. The doctoral candidate was notified via email when a response was received.

Access to the response could be achieved via the provided link, revealing the screen displayed in Figure 4 when retrieved.

Pastoral Counseling Questionnaire

Questions Responses 12 Settings

PASTORAL COUNSELING QUESTIONNAIRE

JOSEPH (RANDY) TAPP | LIBERTY UNIVERSITY

You are invited to participate in a research study!

To participate, you must be a Pastoral Counselor associated with a Christian Church that incorporates a Pastoral Counseling Ministry as part of the pastoral care provided to church members and/or the community at large.

Thank you for your participation!

Email *

Valid email

This form is collecting emails. [Change settings](#)

Send

Figure 4. Invitation to Participate in Research Survey

The access screen notes two things: the first is the “You are invited to participate in a research study!” line, which is the text the recipient receives when the email is opened. A participant would provide the requested email information and proceed directly to the questionnaire. The second item noted on the access screen, visible only to the doctoral candidate, is the Responses heading, which indicates the number of responses to the questionnaire that have been received. Selecting Responses directed the doctoral candidate to a screen displaying the number of survey responses and the respondents’ email addresses. It is possible to view the survey results as a summary (cumulative response results for the entire survey) or by the individual response of each survey participant. The following section will focus on the cumulative results of the study.

The National Survey Results

This section will examine the survey results and provide commentary on how the results impact the thesis study regarding the pastoral counseling ministry of Victory Church.

Question One

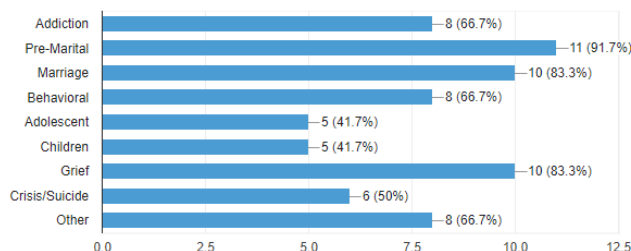
Question one asks the obvious: Does the responding church have a pastoral counseling ministry? Nine (75%) of the respondents replied in the affirmative, while three (25%) noted they did not. Though three responding churches did not have a pastoral counseling ministry, they provided counseling services to their members and continued to complete the rest of the survey. This absence of a formal ministry is not overly concerning. When searching for churches that would qualify for the survey, the point of emphasis was whether the church provided counseling services to their members, not whether the counseling services were under blanket coverage or

defined as a ministry. The fact that three of the twelve respondents did not have a formal pastoral counseling ministry does not disqualify these churches from participating in the survey.

Question Two

What type of counseling issues does your Pastoral Counseling address? Select all that apply:

12 responses



Question Two asked the survey respondent to identify the type of counseling the church provides. The questionnaire provided a list of areas of service frequently provided by counseling/pastoral counseling ministries, and each respondent was asked to identify those areas relevant to their counseling services. The list of the areas in the question reflects the counseling Victory Church typically provides. The top three types of counseling conducted by Victory Church are marriage (also called couples counseling), behavioral (which some would classify as addiction), and grief. These results closely approximate the survey responses, which revealed the top three types of counseling offered were premarital (91%), marriage and grief (both at 83%), and addiction/behavioral (67%). These results indicate the similarity between the pastoral counseling ministries of Victory Church and the responding churches. This similarity provides the doctoral candidate with comfort in that the Victory Church pastoral ministry aligns with the industry (per se).

Questions Three and Four

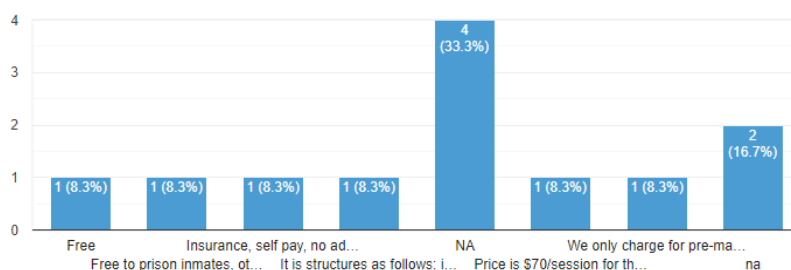
Questions three and four are linked. The questions ask if the responding church charges for their counseling services (question three) and, if so, what the fee structure is (question four).

Five (42%) responding churches do not charge for their counseling services, while seven (58%) do. Victory Church does not charge for its counseling services at the current time. However, the long-term vision for the pastoral counseling ministry of Victory Church includes a counseling entity separate from the church that would be fee-based. The information obtained in this survey provides insight into a potential future fee structure.

If yes, how are the fees structured? (Type NA if your answer was no.)

 Copy

12 responses



The responses to question four provided a plethora of information. Though five churches do not charge a fee for their services, the seven that did had fee structures that were unique in their application. For instance:

- One church only charges for premarital counseling;
- One church's fee structure is based on a combination of insurance, self-pay, and "in-house" scholarships to offset copays;
- One church charges one fee for an individual/family that makes less than \$50,000/year and another for an individual/family that makes more than \$50,000/year;
- One church provides free counseling to prison inmates but charges others based on their ability to pay;
- One church charges fees by type of counseling based on ability to pay but charges those in premarital counseling the costs of their externally provided assessments (Prepare-Enrich/SYMBIS).

These fee structures provide insight into how to cover the operating costs of a counseling ministry. But it also brings up an interesting debate over the utility of charging for services and the commitment of the one(s) being counseled.

There is a belief shared by many in the counseling field that some counselees do not take pastoral counseling seriously. Since they are not paying for the services, it is believed that some may not be fully committed to following the counselor's suggestions or being open and honest about their issues. Tudor, in his article "Value for Money? Issues of Fees in Counseling and Psychotherapy," noted that "fees should constitute a sacrifice on the part of the client in order to secure their motivation, presumably on the basis of 'no pay, no gain.'"²²³ Waehler, Hardin, and Rogers noted that fees ranked as only the thirteenth and fifteenth factors of importance out of twenty factors considered by clients when choosing a professional.²²⁴ They also noted the results of their study showed that fees had no impact on a client's willingness to seek help or the number of sessions they attended and had a positive effect on the evaluation of the counselor. Further, the authors surmised that actual clients might be more motivated than potential clients and that fees would be less likely to adversely impact their relationship with the counselor.²²⁵ The responses to this question will be considered regarding charging fees for counseling services. As the pastoral counseling ministry of Victory Church continues to grow and evolve into a more professional ministry, opportunities for generating revenue to cover counseling center-related costs must be considered.

²²³ Keith Tudor, "Value for Money? Issues of Fees in Counseling and Psychotherapy," *British Journal of Guidance & Counseling* 26, no. 4 (1998): 483.

²²⁴ Charles A. Waehler, Susan I. Hardin, and James R. Rogers, "College Students' Perceptions of the Relationship between Fee and Counseling," *Journal of Counseling and Development* 73 (September–October 1994): 88.

²²⁵ *Ibid.*, 92.

Questions Five through Eight

Questions five, six, seven, and eight are also linked and could be considered operational. They address counselor credibility, professional licensure, policies, and procedures. Question five asked if the counselors of the target churches are licensed.

Nine of the twelve respondents noted that their counselors were not licensed, while three churches responded that their counselors were licensed. However, the presence of licensed counselors at these churches ranged from 100% (all counselors) to a mix of licensed and nonlicensed counselors. A response of “yes” to this question indicated that was at least one licensed counselor in the counselor mix. For those churches responding that their counselors were not licensed, the counselors mainly consisted of a pastor, pastoral assistant, or trained lay counselor. These churches noted that it would be necessary to refer clients to licensed clinical counselors if the client's needs exceeded their capabilities.

Question six asked the churches to comment on their counseling mix. By counseling mix, the questionnaire was intended to inquire about the composition of the counseling team. The mixture could include pastors, assistants, lay counselors, staff counselors, or others. The responses to this question are noted below:

- “Me”
- “I don’t understand this question - mix of what?”
- “Pastor – me”
- “We have two licensed counselors and two non-licensed counselors.”
- “100% licensed.”
- “Not sure what this is asking.”
- “Biblical, Prison”

- “I am the only pastoral/ministry care staff member; our pastors provide some counseling also.”
- “Two people on staff, one pastor and one director. Also, utilize two lay people who have been formally trained. Most counseling that requires long-term commitment will go to outside resources at our recommendation.”
- “I do pastoral counseling, and a colleague does mental health counseling.”
- “? We have three pastors who work with people to listen and pray. We refer out after 3 (or fewer) sessions when we think professional help is needed.”
- “staff pastors”

The responses provide insight into the composition of the responding churches’ counseling ministries. Nine of the twelve responses provided adequate descriptions of their counseling ministry teams. Three respondents indicated that they were uncertain of the intent of the question. The doctoral candidate acknowledges that perhaps the question could have been better phrased. However, the objective of the question was met by the nine responses that provided good information regarding their counseling team’s composition of pastors, trained, licensed, or lay counselors. At least seven of the responses indicated that a pastor (or pastors) were the key providers of counseling services for their respective churches. There are similarities between these churches’ counseling ministries and the pastoral counseling ministry of Victory Church.

The current composition of the Victory Church counseling ministry is as follows:

- five pastors (two senior pastors and three associate pastors) who provide the majority of the counseling,
- thirty trained (or in training) lay counselors, and
- one licensed social worker/child and adolescent counselor.

It is difficult to take the results of this survey question and generalize them to the whole church counseling ministry population. However, many of the individual websites of those churches selected for the survey note that their counselor composition was a mixture of pastoral, lay and licensed counselors. Again, for comparative purposes only, the pastoral counseling ministry of Victory Church appears to align with the counselor composition of most churches that provide counseling services.

Questions seven and eight addressed the issue of policies and procedures. Five respondents indicated that their counseling ministry was covered by policies that guided counseling conduct, practices, and the overall counseling operating environment. Seven of the respondents noted they did not have such policies. The pastoral counseling ministry of Victory Church has operating guidelines for the counseling ministry. The policies cover the entire scope of the counseling process, from initial contact by the client to termination of counseling services. The policies note the type of counseling services Victory Church provides, expectations regarding counselor conduct, and client compliance with the counselor's suggestions. The policy covers all kinds of counseling conducted by the church. However, there is a separate policy for conducting premarital counseling. Finally, the Victory Church Pastoral Counseling Policy and the respective Code of Ethics also cover the counselor's pastoral (and professional) behavior, especially regarding counseling members of the opposite sex. Most notably:

Victory Church's policy is that no counseling sessions may be conducted between opposite-sex participants, i.e., a male counselor may not conduct a pastoral counseling session with a female counselee without the presence of another female, preferably a church staff member.

Victory Church uses its policies to establish a professional and safe environment where counseling may be practiced. The guidelines, along with the Holy Bible, are the guiding principles of the counseling ministry.

Question eight asked if the survey respondent would be willing to share their policies with the doctoral candidate. Seven respondents indicated they would not share their policies, four said they would (though only two provided copies of their documents), and one suggested they were unsure if they would (which they ultimately did not). The doctoral candidate appreciates the documents provided by the survey respondents, has reviewed them and has found them to be similar to the guidelines employed by Victory Church in that they contain comparable elements. Despite the small sample, Victory Church's pastoral counseling policies appear to be congruent with those churches providing pastoral counseling services.

Questions Nine, Ten, and Eleven

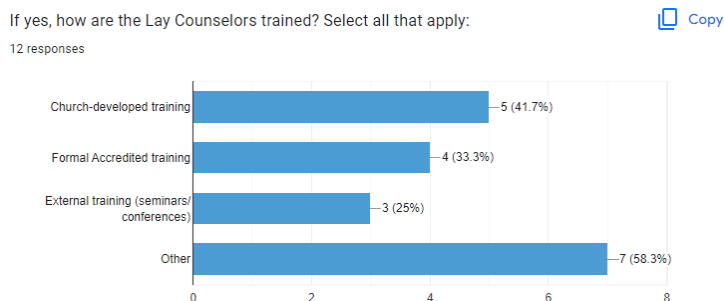
The following three questions (nine, ten, and eleven) address the issue of lay counselor training. Seven respondents indicated that they utilized lay counselors in their counseling services, while five indicated they did not. These results do not entirely line up with the responses to question six, but they may be due to the confusion some respondents noted when responding to that question. Thirty (83%) of the counselors at Victory Church are lay counselors, while five (14%) are pastoral counselors, and there is one (3%) licensed counselor. Currently, the pastors conduct most of the counseling, approximately 75%, while the lay and licensed counselors conduct 25% of the counseling. However, this result is slightly skewed in some cases, such as in marriage counseling, where the leaders of the marriage ministry are very active in counseling.

The need for training and development is strongly noted. As more lay counselors are trained, they can assume a more significant role in counseling. The ACEs training received through this thesis project was an important exercise already producing counselor confidence and

client improvements with their issues. Continued training in all aspects of counseling will play a pivotal role in lay counselor development.

Questions Ten and Eleven address the issues of lay counselor training. The responses to question ten show that six of the respondent churches' lay counselors are trained, and one is not. Five responding churches indicated the questions did not apply to them and responded as "not applicable." This response makes sense in that in Question Nine, five churches noted that they do not utilize lay counselors. Therefore, five of the twelve churches responding to the survey question ten do not use lay counselors; thus, any training targeting lay counselors would not apply to them. It can be supposed that there are six churches where lay counselors are trained. The type of training they receive will be covered in question eleven.

Question eleven addresses lay counselor training.



The results of this survey question provide insight into the nature of lay counselor training. The most commonly identified type of training was "church-developed training." Church-developed training is developed and provided by the lay counselor's home church. Church-developed training describes the majority of training that Victory Church provides to its ministry counselors. The Director of the Pastoral Counseling Ministry of Victory Church (the doctoral candidate) has developed four training modules (and has four more in development) to

provide to the counselors of the counseling ministry quarterly. Three training sessions have been conducted in the last ten months. They are:

- What is Pastoral Counseling (November 2021),
- Adverse Childhood Experiences (May 2022), and
- The Pastoral Counseling Session (August 2022).

Future scheduled training sessions are Crisis Counseling and Suicide Prevention, which will be conducted in November 2022, and Premarital Counseling in February 2023.

The second type of training utilized is formal accredited training. This type of training is frequently used for professional development and certification/licensure training, commonly through continuing education units acknowledged by accrediting agencies. Licensed counselors must obtain a certain number of continuing education units to maintain their license over a specified time frame. Accredited training is available through many venues and can be obtained by attending conferences or seminars, taking collegiate classes, or completing online applications. Church counseling ministries may (or may not) cover the costs of such training. Victory Church covers the costs of some of their pastoral counseling team's training materials/options.

The third type of training utilized is externally provided training. This training could be acquired through conferences, seminars, online education, or training sponsored by other church counseling ministries. Training of this type is essential and usually cost-effective and convenient. Victory Church is considering opening its counselor training sessions to other churches in Central Connecticut.

The most notable category for lay counselor training was the "other" category, with seven responses. It was noted that many individual respondents selected "other," and a different

individual identified a training option when completing this question. The “other” selection is most likely due to the failure to list all training options in the body of the question. When individual responses to the question were reviewed, there were no comments relating to other training methods provided in the responses.

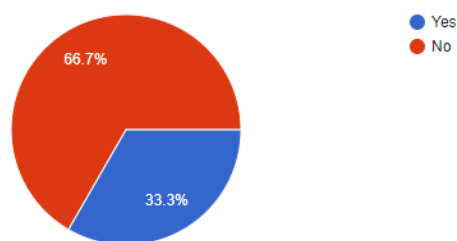
Victory Church utilizes many methods to train its counseling ministry counselors, whether pastoral, lay, or licensed. As noted earlier, the most frequent form of training is the quarterly training sessions; however, the church also provides for its counselors to attend externally offered training and accredited training. Victory Church believes it is essential for its ministry directors (including most ministries) to stay current with the latest initiatives and trends to fulfill ministry needs in a way that aligns with the church’s mission and vision.

Questions Twelve through Sixteen

The following five questions, starting with question twelve, address the focus of the thesis project: ACEs.

Does your Pastoral Counseling Ministry address Adverse Childhood Experiences (ACEs)?

12 responses



Question twelve asked the survey recipients if their church counseling ministries addressed ACEs. The responses to the question were somewhat surprising. Eight responding churches indicated they do not address ACEs in their counseling. The survey question did not ask why they did not address ACEs, but the responses to question fourteen provide insight into the reason.

Looking more profoundly into the nature of the question raises the point that the question may not be optimally designed. For instance, given that an ACE may be buried deep within the client's subconscious, such an event's details may not be disclosed through routine questioning and discussion. Depending on the client's presenting problem, it is possible to infer that their current struggle may be linked to a historical event, such as an ACE. However, the link between past and present may not be obtained unless the counselor asks specific questions that target an ACE issue. So, looking at the question, unless a counselor suspects or knows of an ACE in the client's life, how would the counselor know if they had or had not addressed an ACE issue? When the counselor discovers an ACE event during the counseling, those who respond negatively will likely curtail the counseling and refer the client to a higher level of care. Question fourteen may provide additional insight, but a look at question thirteen is needed.

Question thirteen inquired about the use of the ACE Questionnaire. The answers to this question were shocking to the doctoral candidate. None of the responding church counseling ministries use the ACE Questionnaire in their counseling intake or screening process. The importance of the ACE Questionnaire cannot be overstated. Though the questionnaire does not provide all of the answers the client or counselor may be looking for, it does provide insight into the client's past with an eye on the present. Positive responses on the questionnaire should lead to more questions for the client; further assessment needs to be performed. The tool does not lead to the end of the discussion; instead, it leads to a journey with the client down a path that may lead to answers regarding a current predicament. Many counseling experts have expressed concern about screening for trauma, such as an ACE, in a client. However, research indicates that it is not only acceptable to conduct an ACE Questionnaire, but it is vital to do a thorough

trauma screening with every client.²²⁶ The pastoral counseling ministry of Victory Church uses the ACE Questionnaire in its intake process and has been pleased with its results. It is used judiciously with the client's care and concern in mind. It has proven to be the tool that it is, a doorway into the past to help the client in the present.

Question fourteen addresses the change in counseling methods when an ACE is discovered. A fascinating question! Half of the twelve respondents indicated that their counseling approach changed upon disclosure of an ACE issue. In contrast, the other half responded that their counseling approach did not change due to the discovery of an ACE issue. The respondents were also asked how their counseling approach was modified when an ACE was disclosed. Their responses are provided below:

- “Directed to more specialized counselors in [sic] necessary.”
- “ACEs are understood in the context of biblical structures and structural family therapy systems. Exploration of behavioral concerns is addressed in context with counseling sought.”
- “ACEs are not always immediately evident, but folks are questioned early on in contacts. Prison ministry operates far differently than general public methods.”
- “It depends on the issue. If it is a sexual trauma or another type of physical trauma, or cult abuse, I will refer the client to a clinical counselor. If the trauma comes from religious abuse, I will work with the client unless they prefer to see another for the trauma.”
- “Get outside help.”

²²⁶ Patrick Tennant, “How to Administer a Trauma Screening Using the ACEs Questionnaire,” Texas Institute for Child & Family Wellbeing, Steve Hicks School of Social Work, The University of Texas at Austin accessed August 8, 2022, <https://txicfw.socialwork.utexas.edu/trauma-screening-aces-questionnaire>.

- “Send to a specialist.”

The reasons for deviation were interesting, understandable, and undoubtedly responsible. It is noted in the Victory Church Pastoral Counseling Ministry Code of Ethics, which is modeled after the Ethics Code of the AACC, which states, “Counselors will only provide counseling services for which they are qualified. Assessments/evaluations and diagnoses will only be for those problems or issues within their realm of expertise.” Victory Church’s Counseling Code of Ethics states that when counselors encounter an issue beyond their ability to address, a referral is not only the proper course of action but is an ethical requirement.

The responses that addressed more specific actions were intriguing. Two responses addressed the ACE issue from a biblical standpoint; if the trauma has its genesis from a church issue, then the pastoral counselor would attempt to address the problem from a scriptural point of view; otherwise, a referral would be in order. The comment regarding the prison ministry is interesting primarily due to the limitations and uniqueness of the counseling environment.

As noted earlier, the pastoral counseling ministry of Victory Church utilizes the ACE Questionnaire in its counseling intake/assessment process. Mitchell and O’Connor stated that the ACE Questionnaire/Screening tool could be administered before the visit via email, the internet, or a kiosk in the waiting room, as with other check-in documents.²²⁷ Victory Church provides the client with the questionnaire as part of their intake process. The questionnaire is returned with the other intake forms as a hard or electronic copy. This practice is working well and has not been challenged to this date.

²²⁷ Ariane Marie-Mitchell and Thomas G. O’Connor, “Adverse Childhood Experiences: Translating Knowledge into Identification of Children at Risk for Poor Outcomes,” *Academic Pediatrics* 13, no. 1 (January–February 2013): 18.

The questionnaire results provide the counselor insight into the client's past that can be useful in screening and counseling. As the counseling process develops, after the counselor joins and connects with the client, a discussion is held where information is shared. The counselor attentively listens for keywords that can help them understand where the client is, what is working in his life, and what is not. Through these discussions, an ACE may be discovered.

Interestingly, the discovered ACE may not relate to the client's ACE score; the identified ACE may not have been noted on the ACE Questionnaire. This discrepancy is noted and leads to an alternate line of questioning. This discussion evolves through the counseling process, as the client and counselor work together towards a solution that the client is seeking for their issue. If the ACE-related problem is more than the counselor can handle to the maximum employment of their abilities, it is appropriate for a referral to be made, at least for the issue at hand. If problems are also occurring, perhaps of a biblical/spiritual/pastoral nature, the counselor may continue to meet with the client to help them on their spiritual journey. They are, after all, pastoral counselors. The responses above make sense, are acceptable, and are in line with the practices of the pastoral counseling ministry of Victory Church.

Question fifteen asks if the survey respondents' church counseling ministry has an ACE training program for their pastoral counseling ministry. The responses to this question were surprising. None of the church counseling ministries of the survey respondents has a training program that addresses ACEs. The question was another yes/no question and did not provide the respondent with the ability to state why they did not have such a training program. When a known respondent was questioned about this during a telephone call, the response was, "We just did not think that we needed one. But then, we don't have any training programs for our care

ministries.”²²⁸ Why other survey churches did not have a counseling training program that addresses ACEs is unknown. One can only shake their head and wonder.

Question sixteen is based on the response to question fifteen. Since none of the survey respondents had an ACE training program, there would be no training modules to share with the doctoral candidate. All respondents selected “N/A.”

Questions Seventeen through Nineteen

Questions seventeen and eighteen relate to counseling process models the survey churches may use. This question provided surprising results. Only one of the survey respondents indicated that they had a process map or flowchart describing their counseling process. Eleven survey respondents did not have such a model or chart. The responses were both confusing and somewhat disturbing to the doctoral candidate. The question posed to the reader is one of the following:

- Are process maps or flowcharts necessary in a pastoral counseling ministry? or,
- Are process maps or flowcharts too complicated, cumbersome, or constantly subject to change to be effectively used by the ministry? or finally,
- Is the Victory Church pastoral counseling ministry’s use of such illustrative and management tools ahead of its time?

Any or all of the above may be true. Are these implements needed? Are they a waste of time; do they impede the counseling process? The answer to those questions is not known. The reason for the absence of such tools in other ministries may be as simple as each counseling entity functioning based on its definition of how to run its respective ministry best. Victory Church is considered a large church by usachurches.org because it averages between 301 and

²²⁸ Telephone call between the doctoral candidate and a local (Central Connecticut) church, August 2, 2022.

2,000 weekly attendance. The pastoral counseling ministry of Victory Church has a process/flowchart map of how the counseling is performed (See Figure 1). Each person that counsels knows and adheres to the process. Is this militaristic? No, the flowchart is simply a blueprint that ensures that all the counseling bases are covered and that the client is provided with the best counseling possible. So, whether or not any pastoral counseling entity employs a process map does not matter. Victory Church does what it needs to do to ensure the utmost in its pastoral counseling services provided to its clients.

Question Eighteen is irrelevant due to the responses from question Seventeen. There were no process maps/flowcharts to share. The question only had merit if there had been positive responses to question seventeen.

Question nineteen asks the survey respondent if they would like a copy of the thesis project when it is published. Nine survey respondents affirmed they would like to receive a copy of the thesis project when it is published. Their request will be granted upon publication.

National Survey Conclusion

The nineteen-question national survey was designed to capture responses the pastoral counseling ministry of Victory Church could use to help grow the ministry. The expectation was that at least 25% of the survey recipients would complete the survey, providing approximately thirty responses to examine. The hope was that the survey responses would be filled with shared policies, process maps, training programs, and counselor insight and wisdom as the respondents shared their successes, challenges, and pitfalls. Regrettably, none of these desires reached the fullness of their intent. Over three months, from April to July 2022, eight responses were finally received. It took an administrative decision to determine that those eight responses would be sufficient to proceed with the study. Over the last month of the survey, four more responses were

received, for a total of twelve responses out of 143 emails sent to church counseling ministry contacts.

It turns out that twelve was enough. Analysis of the twelve survey responses revealed a remarkable finding. The survey results showed that the pastoral counseling ministry of Victory Church is in good shape. Many of the ministry attributes are comparable to those of the church ministries that replied to the survey. The policies provided by the respondents closely reflect the Victory Church counseling policies. The areas of brokenness where counseling services are needed are similar. The composition of counselors at Victory Church is equal to some respondents' churches and more than others, with a remarkable balance of pastoral, lay, and clinical counselors on the team.

When it comes to training, the pastoral counseling ministry of Victory Church is ahead of many of the churches of survey respondents, especially with in-house counseling training. The two-year quarterly training program ensures that the counselors of the ministry will be refreshed and up to date with the latest developments, treatment methods, and counseling issues. Nowhere is this more evident than with ACEs. The counseling ministry of Victory Church has positioned itself as a leader in providing ACEs training for its counselors. The ACEs training ensures the counselors are equipped to address ACE-related issues when they surface in the counseling session. This training was invaluable and is already paying dividends in the counseling conducted since the training. Counselors feel more knowledgeable about the issues and more confident in their abilities to handle ACEs when they are discovered. As further training sessions are held, the counseling ministry will continue to improve, grow, and attract more qualified candidates to join the team, specifically licensed clinicians that will play a pivotal role in taking the pastoral counseling ministry to the next level. Though the response rate was lower than

desired, the responses received provided the information needed to develop the confidence that the pastoral counseling ministry of Victory Church is well-positioned to address the needs of the hurting through counseling in the future.

CHAPTER 5: WHAT IT ALL MEANS

Introduction

ACEs have been around since the dawn of man. As soon as man learned to hurt other men, the cycle started. As man evolved and migrated, people kept hurting people, regardless of age, as colonialization occurred. It would be nice to say that as times changed, the violence perpetrated on people diminished. But it did not! Today, man's violence seems to be getting worse. Recently, the violent acts imposed on children have become more noticeable on the news, in social media forums, and especially in counseling rooms. It is similar to adults—the appalling acts imposed on individuals as children surface in adulthood. ACEs are painful gifts that keep on giving. Like a surgical scar, sub-tissue healing may occur, but the scar will never completely disappear.

The pastoral counseling ministry of Victory Church, a thriving church in Central Connecticut, is growing. The ministry has a strong presence in the church and the Central Connecticut area. The need for pastoral counseling services is increasing, especially for clients with a history of ACEs.

This action research study had two goals to address two essential components of a solid counseling process. The first goal was to develop a training module that would be used to train the counseling team to increase their awareness and knowledge of ACEs. The training was designed to inform and educate the counseling team so they would be better prepared to recognize and address an ACE in their clients' lives. Over a three-hour training session, the subject of ACEs was taught via a Microsoft PowerPoint presentation that included interactive discussion. The workshop covered the initial discovery and labeling of an ACE, the impact of ACEs on children and adults, the impact of stress—including a discussion on the long-term

effects of cortisol—the total scope of the impact of ACEs on the developing brain, and some treatment methods appropriate for present and future use. The workshop was attended by most of the counselors of the pastoral counseling ministry, and the pre-and post-workshop surveys indicate that the workshop’s objectives were met. The collected survey data revealed that the counselors’ understanding of ACEs increased, and they are now even more confident in their ACE counseling abilities.

The second goal of the thesis project was to revise and incorporate steps in the pastoral counseling process to identify and address ACEs in the client seeking counseling. Revisions to the current cycle were based on information obtained through:

- The literature review process,
- The national pastoral counseling survey process, and
- Re-examination of the current process.

As noted in Chapter 3, the national survey results were disappointing because solicitation failed to acquire the expected responses (and prayed for). However, the answers that were received confirmed that the pastoral counseling process of Victory Church is comparable to the counseling processes of the respondent churches and, in some cases, contains more advanced components. The pre-DMin counseling process’s primary features are consistent with the model presented in Chapter 3. The two most significant changes made in the Victory Church counseling process are the incorporation of the ACE Questionnaire into the intake process and including more of Jesus in the counseling process.

The remainder of this chapter will expand on the specific results of the research work related to each goal of the thesis project. The questions “Where do we go from here?” and “What does all of this mean?” will be answered. The research conducted for this thesis project has

produced changes in the counseling process and the competency levels of the pastoral counseling team. These changes are impacting and will continue to impact the effectiveness of the Victory Church pastoral counseling ministry for future generations of the ministry. This positive outlook would not have been possible without the work accomplished in this action research project.

Adverse Childhood Experiences Training Workshop

The ACE training workshop was nothing less than a success. Most of the pastoral counseling and pastoral care teams attended the workshop and contributed during the interactive portions of the session. The critical elements of the workshop were discussed in Chapter 4; therefore, the implications for the future will be the focus of this section.

During the workshop, the attendees' observable hunger for information on the subject matter stood out to the doctoral candidate. The anticipatory build-up of excitement was notable. Many arrived early and were in their seats, ready before the presentation started. The environment for the workshop provided an optimal training experience.

There were considerable gains from the workshop. First, the workshop provided opportunities for the pastoral counseling team to come together, share refreshments and conversations, and learn from each other. There were numerous interactions with the instructor during the workshop. The comments from the attendees presented an opportunity for them to learn from others' experiences in dealing with clients with ACE histories. The few counselors that shared their experiences with ACE clients brought the workshop presentation to life. Their sharing increased the reality of ACEs' impact on the client and their pain and suffering. The depth of the interaction was an unanticipated but highly influential part of the workshop.

The second benefit of the workshop was developing an ACE training program. As noted earlier, the pastoral counseling ministry of Victory Church has instituted quarterly training for

their counseling team. The Adverse Childhood Experiences training program is now a module of the counselor training program at Victory Church. The training module will be presented in a workshop format every two years. It will be revised to reflect changing trends, current information, and application for Victory Church.

The third benefit of the training workshop was the data from the pre-and postworkshop surveys, primarily the postworkshop survey. As noted in Chapter 4, the attendees graded the workshop very highly, as 93% (twenty-six of twenty-eight) of the attendees gave the seminar an “excellent rating.” While the plaudits were rewarding, the real benefit of the postworkshop survey was the attendees’ recommendations for things they would like to see in future workshops.

The postworkshop survey asked the attendees what would make the workshop more effective. The most suggested addition was role-playing scenarios demonstrating a counseling session with a client with ACEs. Role-playing scenarios would elicit comments, questions, answers, human responses/interactions, and discussion with the audience. The role-playing exercise would demonstrate counseling techniques that could be employed in talks with the client. Role-playing exercises are a great way to bring a presentation to life and produce memorable moments for the attendees. Many training courses offered by the AACC and Light University frequently utilize role-playing, and role-playing is a highly effective training tool for those organizations. Role-playing exercises would require a significant effort to produce. However, the exercise would most likely improve attendee engagement and enhance the learning experience. A role-playing exercise will be considered for future incorporation into the next ACEs workshop training in 2023 but will also be considered for all future workshops on other topics.

The use of more case studies was also mentioned as a suggestion for the workshop. Interest in the introductory examples of Evan and Alice was noted, as they emphasized the stealthy nature of ACEs' impact. As the presentation began with the Evan case, the sanctuary was eerily quiet as each attendee was mesmerized by the telling of Evan's situation, one of a seemingly healthy 43-year-old individual that suffered a stroke that was later determined to have its physiological genesis with an ACE event. One of the things that made that situation realistic was the unremarkable nature of the incident; strokes are commonplace, and very few people would associate a cardiovascular event in a 43-year-old male with something that happened many years earlier when that man was a child. One of the purposes of case studies is to present real-life experiences that people can relate to, especially in a targeted audience desiring to learn more about the subject matter. Such were the cases with Evan and Alice, whose drastic weight loss and subsequent gains were related to her childhood sexual abuse, a widespread ACE event; their stories were real and relatable to the audience; they all knew someone like them. Adding more case studies would be beneficial but would also impact the length of the workshop. When considering the additive components requested through the survey, expanding the workshop from a half-day format to a full-day format must be considered. The workshop is that important.

Finally, there were also requests for mini quizzes and time allocated for break-out group discussions. These training components are worthy of consideration; perhaps their inclusion in training could be beneficial and add relatable value. Their impact on their effectiveness will be considered in future training considerations. They will be reviewed for potential inclusion as the ACEs workshop is revised based on the post-survey considerations.

The final reward of the workshop is that the pastoral counseling ministry of Victory Church is better positioned to provide counseling assistance to clients suffering from the impact

of ACEs. As a result of the training, the pastoral and lay counselors are more confident in their ability to recognize and be sensitive to the presence of an ACE in the client's history. This confidence is evident in the comments the counselors have provided regarding counseling situations they have faced since the training. The counselors believe that due to the ACEs training, they have a better understanding of ACEs and their impact not only on children but adults as well, and that, through this obtained knowledge, they have been able to reach clients better and provide service to them. The improvement in their confidence satisfies the first objective of the thesis project.

Improvement in the Counseling Process

Victory Church's counseling process has changed. The literature review of numerous published works in counseling made it clear that there is no "one size fits all" model for counseling. That should not be surprising. Counseling is not a process like constructing a plastic model of an airplane where one glues Part Number One to Part Number Two and then moves on to the next assembly. As Crabb notes in *Effective Biblical Counseling*, counseling is not an "ask this, then do that" approach.²²⁹ Counseling is built on relationships. Relationship interactions vary based on the temperaments, problems, and personalities of the people involved and can assist the counseling relationship or bring it to a stop.

Some counseling sessions may be highly professional, while others may be like a fireside chat. Some will apply direct, strategic moments of teaching, while others may take a journey to explore. It will be necessary with some clients to assign some behavioral-issue homework assignments, while encouraging attitudinal behavioral changes may be sufficient with others. No

²²⁹ Larry Crabb, *Effective Biblical Counseling: A Model for Helping Caring Christians Become Capable Counselors* (Grand Rapids, MI: Zondervan, 1977), 145.

standard start-to-finish model or process map covers the breadth of pastoral counseling. While there is not a standard “one size fits all” model for counseling, especially pastoral counseling, some thematic elements of counseling are consistently applied to most counseling sessions.

An Emphasis on the Biblical Nature of Counseling

In pastoral counseling, these thematic elements should be considered within the context of establishing a goal for the counseling. The primary goal of Christian (biblical, pastoral) counseling is to promote “Christian maturity, to help people enter into a richer experience of worship and more effective life of service.”²³⁰ Biblical counseling is not person-centered or problem-centered but Christ-centered.²³¹ Counseling is more than just fixing someone’s problems; it is an excellent opportunity to lead someone to Christ, so they become devoted disciples.

Prayer has always been a significant component of pastoral counseling at Victory. The counseling session begins with prayer, is woven into the session, and concludes with prayer. The doctoral candidate even prays for the Holy Spirit’s guidance and illumination during the counseling. Willard, in Tan’s *Counseling and Psychotherapy*, noted, “Many psychologists are learning how to use techniques of prayer and various kinds of ministry to have a much greater effect that they could have if all they had to go on were just the things they learned in their clinical training.”²³² Suppose clinical psychologists are beginning to pay more attention to the benefit of the healing power of prayer. In that case, the pastoral counselor must be even more

²³⁰ Crabb, *Effective Biblical Counseling*, 31.

²³¹ Brad Bigney and Steve Viars, “A Church of Biblical Counseling,” in *Biblical Counseling and the Church: God’s Care through God’s People*, eds. Bob Kelleman and Kevin Carson (Grand Rapids, MI: Zondervan, 2015), 27.

²³² Dallas Willard, “Spirituality: Going Beyond the Limits,” *Christian Counseling Today*, 4 (1), (1996), 16-20. Quoted in Siang-Yan Tan, *Counseling and Psychotherapy* (Grand Rapids, MI: Baker Academic, 2011), 372.

entrenched in prayer warfare with the client. Jesus has the ability to break through the natural into the spiritual, and the power of prayer harnesses this power. Shame on the biblical counselor if that power is not exercised.

The counselor's relationship with Jesus Christ keeps the counseling process from becoming desultory labor filled with accountability and keeps the counselor from just listening to the client with compassion but never really helping them to move forward. The love of Christ and spiritual maturity allows people to go places and do things they never thought possible. Therefore, the counseling process should be focused on the Person of Jesus Christ instead of a systematic approach or model of change.²³³ Change in the client may be necessary for their transformation, but Jesus helps the client through the process. Pastoral counseling at Victory Church has intensified its biblical approach by incorporating more of Jesus in its counseling process.

The ACE Questionnaire Intake Document

The schematic of the counseling process of Victory Church still looks much like the process map in Figure 1. From a technical perspective, the most significant change is the addition of the ACE Questionnaire into the counseling intake process. Since the ACE Questionnaire was added, all new clients have completed the document and submitted it along with the rest of the intake documents. The questionnaire has done what it was designed to do: identify the existence of ACEs in the client's history.

The questionnaire has become an integral part of the intake assessment for several reasons. First, the ACE Questionnaire reveals the number of ACEs in the client's past; this is obvious. The impact of ACEs has been discussed in earlier sections. Though a client's ACE

²³³ Tan, *Counseling and Psychotherapy*, 372.

score may not explain why they are seeking counseling, it can increase the realm of possibilities encountered in the counseling process; there are many paths the counselor and client can explore. The scores can be revealing and help clarify a client's current state. Secondly, the presence of ACEs in the client's life indicates that there could be numerous struggles, not all entirely physical or emotional. McCormick et al. noted that an individual's beliefs and values systems, their spirituality, could be compromised by their inability to reconcile or resolve a conflict attributable to their ACEs.²³⁴ The client's belief in God, purpose, or meaning may also contribute to their current state. Findings from McCormick's study highlight the potential importance of assessing ACEs and current religious struggles, especially ultimate meaning struggles, of clients presenting with elevated symptoms of depression or PTSD, byproducts of ACEs.²³⁵

The ACE Questionnaire provides insight but not complete answers, and it would be irresponsible for the counselor to base their counseling solely on an ACE score. The ACE Questionnaire is but one step of the process; there is much more to do before the meat of the counseling can get underway. The counselor and client pray, the client, discusses their current status, and the counselor listens attentively toward past issues. A counselor's awareness of an ACE issue in the past can undoubtedly lead to a direct line of questioning asked sensitively, and that line of questioning may yield some fruit. However, awareness of a client's past ACE issue may also allow for assessment of where the client is currently and how they live in light of that past issue. Considering these factors, a comprehensive assessment of trauma history may elucidate a client's distress, which will contribute to developing a tailored counseling plan.

²³⁴ Wesley H. McCormick et al., "Adverse Childhood Experiences, Religious/Spiritual Struggles, and Mental Health Symptoms: Examination of Mediation Models," *Mental Health, Religion & Culture* 20, no. 10 (2017): 1043.

²³⁵ Ibid., 1051.

A Therapeutic Relationship

A primary goal of counseling at Victory Church is to create a therapeutic relationship that provides safety, encouragement, and hope.²³⁶ Hope is founded on a trusting relationship with Jesus Christ. The client is always notified that counseling at Victory is pastoral and biblical, and the foundational elements of the counseling are based on biblical principles. Jesus, through the Holy Spirit, is instrumental in the counseling at Victory. Jesus was all about relationships. Relationships are also a foundational element in counseling; in the case of counseling, the relationship is both personal and therapeutic. The counselor's relationship with the client is professional, pastoral, warm, kind, gentle, firm, and rigid, as necessary. Through the counselor's relationship with the client, the truth can be exposed and shared so that healing can commence.

A family of counseling and care services

The therapeutic relationship extends beyond the walls of the counseling room, which is another crucial expansion of the counseling experience at Victory Church. At Victory Church, multiple pastoral care ministries augment the work performed in the counseling room. There is a familiar saying that "it takes a community to raise a child," and this concept is legitimate in the pastoral care of the counseling client. As reflected in Table 1, several pastoral care ministries augment the work started in the counseling room and work hand-in-hand with pastoral counseling. It is not uncommon for a client to be engaged in the counseling process and one or more additional pastoral care ministries. For instance, a couple in counseling may also be encouraged to participate in one of the marriage ministry's Love Like You Mean It eight-week programs. This dual approach to counseling allows the couple to work through a marriage-oriented program concomitantly with their marriage counseling. Likewise, an individual seeking

²³⁶ Clinton and Hawkins, *The New Christian Counselor*, 314.

grief counseling will be encouraged to join the GriefShare group, opening a window of opportunity for additional care and support during their mourning and recovery.

The other pastoral care ministries are designed to work independently of pastoral counseling, but they are all intricately connected. Nowhere is this more evident than with the CR program, where a client can receive counseling, a recovery program, and pastoral care support for the issue they are going through. It takes a community to raise a child, or in this case, a disciple. In this case, the community is a conglomeration of pastoral care ministries consisting of a church of believers loving Christ, loving each other, and loving the broken and downtrodden. The captives are set free through these ministries' diligent and loving work.

Other Process Changes

Vetting Process

While the Victory Church pastoral counseling ministry is fortunate to have quality counselors, a more formal vetting process will be instituted in 2023. Victory Church is growing, and as noted earlier, the three- and ten-year plans are based on significant increases in membership. As membership increases, so will the need for counseling services—not all who join will be well. Therefore, a more formalized vetting process will be necessary to ensure qualified counselors are brought on board. The Director of Pastoral Counseling will seek assistance from professional counseling organizations, fellow counselors that have documented hiring practices, industry resources, and prayer to accomplish this objective.

Peer Support

Another component of the pastoral counseling process will be accountability and support from counseling and care ministry peers in the local area. Specifically, this support will come from established pastoral care and counseling ministries that belong to the consortium of

Christian churches of which the doctoral candidate is a member. Before the pandemic, this committee met regularly to discuss counseling and care issues within their respective churches and ministries. The meetings were highly effective, and all who attended benefitted from the shared wisdom. Though the process is not new, it seems new because of the committee's inability to meet for the last two years. There is a thirst for connectivity shared by all, and it will be good to meet again.

Case Management System

As a result of this thesis project, a more robust case management system will be implemented in 2023. The current tools are either manual or do not make optimal use of technology, so client confidentiality is considered less than optimal. Several systems are currently in review; they are subject to some requirements and fiscal constraints. However, due to the projected increase in members over the three- and ten-year plans, a system that can grow as the church grows has an advantage over one that does not.

Communications Systems

An administrative service is a final implementation that will impact the pastoral counseling ministry of Victory Church. The current communications systems are standard in their application but not very sophisticated. There are a few areas of concern that have now been addressed. The problems were related to the efficiency of interoffice communications regarding how the pastoral and lay counselors and pastoral care ministry leaders were notified of upcoming events (such as the quarterly pastoral counseling training) and other communication notices they should receive. Primary forms of communication were email, Googleworkspace, GroupMe, and voicemail. These systems are unfamiliar to many, and some are not user-friendly to many skill sets.

This problem entails not only the facilitation of correct, prompt, and timely communications but also the protection of the counselors' private information, such as personal telephone numbers. As noted in the pre-DMin counseling process depicted in Figure 1, the current approach relies on a voicemail system to capture incoming calls when the phones are not answered, whether during the busyness of the day or non-operating hours. Victory Church is installing the Text In Church and Talk In Church communication platforms to address this issue.

Text In Church (TIC) is known in the corporate world as a customer relationship management system; such a system helps manage relationships and interactions with clients and potential clients. It is a way to communicate with people without revealing personal information and offers privacy protection to team members. TIC allows the church to create an automated response and follow-up process for the counseling and care ministries. Specifically, TIC can help potential clients in the following ways:

- An intake form can be created and sent to those who request counseling without additional staffing;
- The intake forms can be sent automatically via text or email by using a designated keyword and autoresponders; and
- A counselor can be assigned immediately based on the keyword or action items set in the mapping process.

For example, if a text is received including the word *marriage* and marriage has been designated as a keyword, TIC would trigger a marriage intake form, and a predetermined counselor would be notified by their method of choice. If Mark and Kate are preassigned as marriage counselors, they will get a text or email notification saying that a client has requested information on marriage counseling. The message would ask that Mark and Katie follow up with the client

within a specified timeframe using the method selected by the client (phone call, text, or email). Using the TIC platform, the client's name, phone number, email, preferred communication method, time, date, etc., are automatically generated in the correspondence to Mark and Kate. For existing clients, TIC can send reminder notifications and notes of encouragement between scheduled sessions.

When TIC is coupled with Talk In Church (TALK), the result is a dynamic communications system that enhances the entire experience for the client, the counseling, and pastoral care teams. With the addition of the TALK feature, using the TIC app, counselors will be able to call clients utilizing the church's assigned counseling line rather than a home phone or a personal cell phone that displays a private number. This feature eliminates obvious security concerns.

Additionally, TIC includes a 24/7 digital receptionist. Clients call the designated counseling assistance number and are connected to a digital phone system that allows them to choose a counseling category, select a counselor, and leave a message in a secure, private voicemail box. Finally, TIC provides unlimited users, which will be helpful as the church continues to grow. Up to seven people can use the system (on the "phone") simultaneously, and the app provides unlimited voicemail boxes. With TIC, there is no longer a need for expensive phone systems since it is an app, personal cell phones can be used as business phones without compromising confidential data, and calls can be taken from any location. TIC is an ideal system for churches utilizing volunteer staff.

These communication platforms are exciting additions to the church's plans, and all ministries of the church will be able to use them. The addition of these systems may not seem like a big deal. Still, they provide ways to ensure that all pastoral and lay counselors and pastoral

care ministry leaders are included in all distributed messages. This feature will reduce the possibility of accidental omission of a counselor from an invitation to a meeting or training, as was the case with the last quarterly training when several counselors were not notified of the activity.

What This All Means for the Pastoral Counseling Ministry of Victory Church

The problem statement for this thesis project was that the pastoral counseling ministry of Victory Church is not adequately prepared to address the needs of clients impacted by ACEs. The purpose of this DMin action research project was to train the pastoral counselors of Victory Church to help clients suffering from the impact of ACEs. A secondary goal was to develop a pastoral counseling model that incorporates the training that was conducted as a result of the primary objective. Finally, the thesis statement of this project was, “If counselors receive thesis-developed training that incorporates treatment for those suffering from ACEs, clients should experience physical and emotional healing.” When the body of this thesis project work is examined, it appears that both purposes have been adequately achieved.

The thesis project significantly impacted the pastoral counseling ministry of Victory Church. First, a training module was developed addressing the topic of ACEs. This module was presented to all pastoral and lay counselors of the pastoral counseling team and the pastoral care ministry leaders who also provide counseling services. As confirmed by the pre- and postworkshop surveys, over 95% of those attending the workshop experienced an increased awareness of ACEs and felt more confident in assessing ACEs in their counseling. Their confidence has also been noted in their counseling since the workshop. The pastoral, lay, and care counselors are now helping clients suffering from the impact of ACEs. The doctoral

candidate believes the ACEs training addressed the study's problem statement effectively. The counseling ministry can directly address the effects of ACEs on the clients they serve.

The study's second objective was to “develop a pastoral counseling model that incorporates the training that will be conducted as a result of the primary objective.” The development of a specific, detailed, step-by-step model was not achieved. Nor was it practical to do so. There is no “one size fits all” approach to counseling. Instead, an effective counseling process consists of many static and variable inputs (that have already been covered). These inputs are fluid and subject to change as the counseling moves forward. Therefore, no “new” process was created. However, modifications to the counseling environment have resulted in a more robust counseling process at Victory Church. Adopting the ACE Questionnaire into the intake process has significantly impacted the assessment process and has changed the counselor's approach to the client.

The additional elements, the renewed focus on more biblical applications, the family of pastoral care options, the client relationship management systems, and administrative management processes are impacting the total scope of the counseling experience at Victory Church. That a new counseling model was not created is not a disappointment because a simple model does not compare to the total impact this thesis project has had on the comprehensive approach to counseling. All this means is that the clients receiving counseling services from the pastoral counseling ministry of Victory Church are now receiving physical and emotional healing. The thesis statement is satisfied.

Where Do We Go from Here?

Meeting this action research project's problem, purpose, and thesis statements are tremendously gratifying. However, concluding this project now opens the door for another. In

clinical or pastoral counseling, there is always more to be examined. There is no time to rest on one's laurels. Counseling is an evolving process, subject to constant changes in application and theories. One cannot sit still and believe they are doing the best for their clients.

Further research is needed. The theological perspective must always be considered! Christian therapy should focus on religious and spiritual healing interventions, including inner-healing prayer and its effectiveness and acceptance.²³⁷ McMinn noted that "historical and systematic theology, biblical understanding, and Christian tradition are valued and considered essential components of counseling."²³⁸ While all manner of training is critical and may take place in the classroom, through the reading of journals or spiritual classics, or in certificate programs, training for spiritual sensitivity must also continue in the private lives of those who counsel. The spiritual disciplines play an integral role in the counselor's development. They help us understand God's grace and our fallenness; they provide opportunities to collect pieces of wisdom from our all-loving and omniscient God.²³⁹ The spiritual disciplines should be a cornerstone of all counseling. They should not be dusty.

How clinical psychotherapies and biblical applications can work together for the client's good must be further examined. This integration will become more apparent as more clinical counselors assimilate into pastoral counseling systems, bringing together the collective mechanisms of their skill sets, talent, and spirituality in a beautiful union. As the pastoral counseling ministry of Victory Church grows, new counselors with clinical backgrounds may join the ministry. That is part of the vision for the ministry.

²³⁷ Tan, *Counseling and Psychotherapy*, 372.

²³⁸ McMinn, *Psychology, Theology, and Spirituality*, 328.

²³⁹ Ibid.

The Christian counselor must always watch the horizon for signs of change. They must always keep abreast of current literature for skills, techniques, and applications to be learned. However, they must also continue to build their spirituality. It will be an exciting time for the counselor and client as the Holy Spirit continues to call those with a heart to help the broken.

The words of Jesus will close this thesis project: “The Spirit of the LORD is upon Me, Because He has anointed Me to preach the gospel to the poor; He has sent Me to heal the brokenhearted, to proclaim liberty to the captives and recovery of sight to the blind, to set at liberty those who are oppressed” (Luke 4:18).

APPENDIX A

PARTICIPANT RECRUITMENT LETTER

February XX, 2022

Dear [Recipient]:

As a doctoral candidate in the School of Divinity at Liberty University, I am conducting research as part of the requirements for a Doctor of Ministry in Pastoral Counseling degree. My study aims to train the pastoral counselors of Victory Church to help clients suffering from the impact of Adverse Childhood Experiences (ACEs) and to develop a counseling model that incorporates the ACEs training that will be conducted on an annual basis. Victory Church is a mid-sized Christian Church located in central Connecticut. I am writing to invite eligible participants to join my study.

Participants must be from Christian churches that have a pastoral counseling ministry. If willing, participants will be asked to complete a ten-minute questionnaire that seeks information on the counseling practices of the respective church's counseling ministry, emphasizing policies and counseling procedures related to ACEs. If you participate in the study, you will be asked for copies of your counseling policies, procedures, and models. You are not required to share this information with me; however, the contents of those documents are desirable for a more effective outcome. Though names and other identifying information will be requested for this study, all data received will remain confidential.

Please click here ([hyperlink to a Mailchimp platform](#)) to complete the attached survey. You may contact me at [REDACTED] or email me at [REDACTED] if you have questions.

A consent document is attached to this email. The consent document contains additional information about my research. After reading the consent form, please click the link to proceed to the survey. Doing so will indicate that you have read the consent information and would like to participate in the survey.

I sincerely appreciate your assistance in this research study.

Sincerely,

Joseph R. Tapp
Doctoral Candidate

[REDACTED]

APPENDIX B

INFORMED CONSENT

Addressing the Impact of Adverse Childhood Experiences of Adults Through the Pastoral Counseling Ministry of Victory Church

Pastor Joseph R. Tapp, Doctoral Candidate, Liberty University

You are invited to participate in a research study. To participate, you must be a Pastoral Counselor associated with a Christian Church that incorporates a Pastoral Counseling Ministry as part of the pastoral care provided to church members and/or the community. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to participate in this research.

The study's primary purpose is to train the pastoral counselors of Victory Church to help clients suffering from the impact of Adverse Childhood Experiences (ACEs). A secondary goal will be to develop a pastoral counseling model that incorporates the training conducted through the primary objective. Victory Church is a mid-sized Christian Church located in central Connecticut. The Pastoral Counseling Ministry at Victory Church consists of pastoral and lay counselors. Not all counselors are sufficiently trained to assist clients with ACE-related problems. Additional training and a new approach to addressing these issues are needed to provide more effective care for clients seeking help with their problems.

If you agree to be in this study, I will ask you to do the following things:

1. Complete a Pastoral Counseling Questionnaire regarding the Pastoral Counseling Ministry at your church. This questionnaire requests information on how you conduct your pastoral counseling (i.e., model(s) you follow, forms you use, training, and counselors' qualifications.) The questionnaire should take no more than 30 minutes to complete, though some additional time may be required to gather documents to be shared.
2. You will be asked for copies of your Pastoral Counseling policies, procedures, models, and training presentations/programs (to the extent possible) that you would be willing (and authorized) to share with me. All shared documentation will be protected, and no identifiable characteristics will be noted in the published study.
3. Correspondence regarding follow-up questions may be required and held through email or phone conversation.

There may not be any direct benefits to you should you participate in this study. However, Survey question #19 asks if you would like to receive a published copy of this study when it is released. Should you respond in the affirmative, you will be provided a copy of the report after publication. Your response to the questionnaire indicates that you may have a pastoral

counseling ministry at your church; there may be some benefit to be gained through the body of work of the study, which may provide improvement opportunities for your respective ministry.

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the documents.

Participant responses will be anonymous and kept confidential through pseudonyms or codes. Any voice conversations or interviews will be conducted where others will not easily overhear the conversation.

Data will be stored on a password-protected computer. Some material may be used in future presentations. After three years, all electronic records will be deleted.

The post-training/post-counseling session focus group may be recorded and transcribed. The recordings will be stored on a password-locked computer for three years and then erased, and only the researcher will have access to the recording. Confidentiality cannot be guaranteed in a focus group setting. While discouraged, other focus group members may share what was discussed with persons outside of the group.

Participants will not be compensated for participating in this study.

You may need to pay postage costs for any documents not provided electronically.

The researcher serves as an Associate Pastor at Victory Church, the subject church of this study. He is the Pastor responsible for the pastoral counseling ministry of the church and for establishing the operating procedures and processes for the counseling functions. There are no potential or perceived conflicts in the study. This disclosure is made to decide if this relationship will affect your willingness to participate in this study. No action will be taken against an individual based on their decision to participate or not participate in this study.

Participation in this study is voluntary. Your participation will not affect your current or future relations with Liberty. If you decide to participate, you are free not to answer any questions or withdraw.

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you decide to withdraw, data collected from you will be destroyed immediately and will not be included in this study. The researcher conducting this study is Joseph Tapp. You may ask any questions you have now. If you have questions later, you are encouraged to contact him at [REDACTED] or email him at [REDACTED]

██████████. You may also contact the researcher's faculty sponsor, Dr. Kenneth Warren, at ██████████.

Should you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Make sure you understand what the study is about before you consent. By clicking on this link ([hyperlink to the document](#)), you agree to be in this study. If you have any questions about the survey after your consent, you can contact the researcher using the information provided above.

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

Printed Name

Signature & Date

APPENDIX C

PASTORAL COUNSELING QUESTIONNAIRE

Pastoral Counseling Questionnaire		
Question Number	Question	Response Button
1	Does your church have a pastoral counseling ministry?	Yes / No
2	What type of counseling issues does your pastoral counseling address? Select all that apply:	<input type="radio"/> Addiction <input type="radio"/> Pre-Marriage <input type="radio"/> Marriage <input type="radio"/> Behavioral <input type="radio"/> Adolescent <input type="radio"/> Children <input type="radio"/> Grief <input type="radio"/> Crisis/Suicide <input type="radio"/> Other
3	Do you charge a fee for your pastoral counseling services? If Yes, how are the fees structured?	Yes / No
4	If Yes, how are the fees structured?	
5	Are the counselors in your pastoral counseling ministry licensed?	Yes / No
6	What is the counselor mix of your ministry?	
7	Is your pastoral counseling ministry covered by formal, written policies or procedures?	Yes / No
8	If Yes, would you be willing to share your policies for this study? If Yes, please attach the file(s) as instructed below.	Yes / No
9	Does your pastoral counseling ministry utilize lay counselors?	Yes / No
10	If Yes, are the lay counselors trained?	Yes / No
11	If Yes, how are the lay counselors trained? Select all that apply:	<input type="radio"/> Church-developed training <input type="radio"/> Formal Accredited training <input type="radio"/> External training (seminars/conferences) <input type="radio"/> Other
12	Does your pastoral counseling ministry address Adverse Childhood Experiences (ACEs)?	Yes / No
13	Does your pastoral counseling ministry use the ACE Score Questionnaire?	Yes / No

14	Does your counseling approach change when pastoral counselors learn of an ACE issue? If Yes, how? Please describe.	Yes / No
15	Does your pastoral counseling ministry have an ACE training module used for training your counselors?	Yes / No
16	If Yes, would you be willing to share your ACE training module for this study? If Yes, please attach the file(s) as instructed below.	Yes / No
17	Does your pastoral counseling ministry have a process map/flowchart that describes your counseling process?	Yes / No
18	If Yes, would you be willing to share your process map/flowchart for this study? If Yes, please attach the file(s) as instructed below.	Yes / No
19	Would you like to receive a copy of this thesis project when published?	Yes / No

Are you attaching Files? Please upload your file here and press “send” when complete.

NOTE: there was a link provided to send files. Received files will be stored in a secure directory in the Victory Church computer network.

APPENDIX D

THE ACE QUESTIONNAIRE

Question Number	Question	Response	Score
	What's My ACE Score? Prior to your <u>18th</u> birthday:		
1	Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?	Yes/No If Yes, enter "1"	
2	Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	Yes/No If Yes, enter "1"	
3	Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?	Yes/No If Yes, enter "1"	
4	Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?	Yes/No If Yes, enter "1"	
5	Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	Yes/No If Yes, enter "1"	

6	Was a biological parent ever lost to you through divorce, abandonment, or other reason ?	Yes/No If Yes, enter “1”	
7	Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	Yes/No If Yes, enter “1”	
8	Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?	Yes/No If Yes, enter “1”	
9	Was a household member depressed or mentally ill, or did a household member attempt suicide?	Yes/No If Yes, enter “1”	
10	Did a household member go to prison?	Yes/No If Yes, enter “1”	
	Now add up your “Yes” answers: This is your ACE Score		

APPENDIX E

ADVERSE CHILDHOOD EXPERIENCES WORKSHOP PRESENTATION

APPENDIX F

PREWORKSHOP EVALUATION

Question (1=none, 5=expert)

- | | | | |
|----|----------------------------------------------------------------------------------------------------------------------------------|-------------------|----|
| 1) | Have you ever heard of Adverse Childhood Experiences? | Yes | No |
| 2) | If yes, what is your current knowledge of Adverse Childhood Experiences (ACEs)? | 1 2 3 4 5 | |
| 3) | Do you believe the ACEs workshop training will provide you with a greater understanding of Adverse Childhood Experiences (ACEs)? | Yes | No |
| 4) | Do you believe the workshop training will equip you to address ACEs in your counseling? | Yes | No |
| 5) | Do you believe you understand the significance of ACEs in the counselee that presents with an ACE issue? | Yes | No |
| 6) | Have you ever heard of the ACE Score Questionnaire? | Yes | No |

APPENDIX G

POST-WORKSHOP EVALUATION

Question (1=insufficient, 5 – excellent)

1)	What is your assessment of the training:	1	2	3	4	5
2)	Due to the workshop, do you believe you possess a greater understanding of Adverse Childhood Experiences (ACEs)?	Yes				No
3)	Do you believe you are more equipped to address ACEs in your counseling?	Yes				No
4)	Do you believe you understand the significance of ACEs in the counselee that presents with an ACE issue?	Yes				No
5)	Knowledge and Information gained from this workshop:					
	Did the workshop align with your expectations?	Definitely	Mostly	Some		No
	Will the workshop be helpful in your counseling?	Definitely	Mostly	Some		No
	Do you feel like your skills have improved due to the workshop?	Definitely	Mostly	Some		No
	Do you feel more confident in your counseling due to attending this workshop?	Definitely	Mostly	Some		No
	Was the training easy to understand?	Definitely	Mostly	Some		No
6)	Please comment on the organization of the workshop:	1	2	3	4	5
7)	Would you consider further training on the topic on your own?	Yes				No
8)	Which workshop topics did you find most helpful or informative?					
	<div></div>					
	<div></div>					
9)	How do you think the workshop could have been more effective?					
	<div></div>					
	<div></div>					
10)	Comments and suggestions (including activities or initiatives you think would be helpful for the future).					
	<div></div>					
	<div></div>					

APPENDIX H

RESEARCH PROJECT OVERVIEW AND DESIGN

Research Project Overview and Design	
Step 1	<p>Identify the problems to be addressed:</p> <ul style="list-style-type: none"> • There are known weaknesses in the current counseling process: <ul style="list-style-type: none"> ○ The impact of ACEs is not fully understood, ○ How to address the impact of ACEs in the counseling process? ○ Must understand ACEs and their impact on counseling, • A Training module that explicitly addresses ACEs must be created. • The counseling process must be revised to address the effects and counseling methodologies to counsel clients suffering from ACEs.
Step 1-A	<p>Conduct a Kaizen event (Part One) within one week after IRB approval.</p> <ul style="list-style-type: none"> • The Kaizen Event will be held at Victory Church, Classroom Five, and will consist of: <ul style="list-style-type: none"> ○ breaking down the process, ○ discussing the merit of each process step, ○ remove any unnecessary steps, ○ add features that do belong (future state), and ○ Put the process back together in a way that improves the function. • The result will be a “parts” explosion map of the process. <ul style="list-style-type: none"> ○ The exploded map will remain intact and posted in a conference room throughout the thesis study. <ul style="list-style-type: none"> ▪ The purpose is to keep the process in the minds of those engaged in the improvement process. ▪ As new ideas are discovered, a section on the wallboard will contain the concepts to be discussed at the next recurring status meeting. • The Kaizen Event (Part One) participants will consist of the pastoral counseling ministry members. • The pre-study commencement process map will be included as an Appendix document when it is created.
Step 2	<p>Determine who has the information needed to resolve the problems:</p> <ul style="list-style-type: none"> • Training Modules related to ACEs, • Pastoral Counseling Programs from other Christian Churches, • Existing studies that have been published (i.e., books, journal articles).
Step 3	<p>Determine the optimal way to resolve the problem:</p> <ul style="list-style-type: none"> • A combination of: <ul style="list-style-type: none"> ○ Information obtained from established pastoral counseling, programs from other Christian churches, and ○ Review of existing published studies from Literature Review.
Step 4	<p>Identify existing pastoral counseling programs through:</p>

	<ul style="list-style-type: none"> • Random internet searches, • Database acquisition from national Christian counseling organizations that pastoral counseling programs, • Programmed search through Christian Counseling organizations by postal code, • Develop a sample population spreadsheet: <ul style="list-style-type: none"> ○ Assign number value to each line item of the spreadsheet, ○ Execute Microsoft Excel random number generator function for 100 sample selections, ○ Sort and filter selections, ○ Save to a different spreadsheet page and save the file, • The selected sample is ready for upload to the internet email program (<i>Survey Monkey</i> or <i>Mailchimp</i>).
Step 5	Identify and select ten churches from Connecticut that have known pastoral counseling programs. Utilize the Connecticut Pastoral Care Committee members to obtain the sample churches.
Step 6	<p>Write an email letter (See APPENDIX B) to be sent out with the email; the letter will include:</p> <ul style="list-style-type: none"> • Introduce the doctoral candidate and share information on the purpose of the study. • An invitation for the email recipient to participate in the study by responding to the questionnaire, • A note stating why their input is encouraged, requested, and appreciated, • The doctoral candidate hopes for a successful study and expresses gratitude for the recipient's assistance. • Some information related to confidentiality and anonymity: <ul style="list-style-type: none"> ○ Informed consent forms and confidentiality statements agreeing to the church information will also be provided to the recipient and used at the recipient's discretion (See APPENDIX D). • Instructions for remitting the recipient church's response, <ul style="list-style-type: none"> ○ including the doctoral candidate's contact information, ○ A grateful appreciation. • A hyperlink in the email will lead the reader to the questionnaire, a <i>Google</i> document. • The email is ready for distribution.
Step 7	<p>Create the questionnaire to be used in the study.</p> <ul style="list-style-type: none"> • The Questionnaire will be a mixture of dual-response and open-ended questions, • The Questionnaire will request copies of, or access to, the recipient's pastoral counseling process/model/flowchart, • The Questionnaire will request copies of training modules dealing with ACEs (See APPENDIX C). • The Questionnaire will be a <i>Google</i> document and accessed via an internet hyperlink.

Step 8	Conduct Status Assessment: Where I am in the process.
Step 9	Distribute the ten sample emails to the selected Connecticut Churches. <ul style="list-style-type: none"> • A two-week response window clock commences.
Step 10	Continue to review and refine the Questionnaire.
Step 11	Resume research through Literature Review, with additional data and searches through the Jerry Falwell Library. <ul style="list-style-type: none"> • Capture any helpful information for both problems.
Step 12	Using existing information, create the ACE training module consistent with the pastoral counseling training format.
Step 13	As sample exercise data is received: <ul style="list-style-type: none"> • Inspect, categorize and document the results. • Is the data relevant: <ul style="list-style-type: none"> ○ Does the respondee's information address the project's problem, purpose, and thesis statements? ○ Does the data answer the questionnaire question meaningfully? ○ Does the data relate to a counseling process that, in whole or part addresses ACEs, ACEs-related impacts, or both? • Category: Does the data related to the counseling process or the training module? • Format: Is the data in the form of a flowchart, narrative, policy, or presentation? • Clarity: Is the information clear, free from ambiguity, and applicable to the problem? • Store collected hard-copy data in a Data Library, indexed by category (i.e., counseling model or training module).
Step 13-A	Send a thank-you note to the recipient at their postal address.
Step 14	If applicable, make adjustments to the questionnaire noted from the sample exercise.
Step 15	Confirm that all electronic documents are functioning and ready for processing.
Step 16	Release the email to the main body distribution. <ul style="list-style-type: none"> • Start the clock for the three-week response period.
Step 17	Assess responses as they are received. <ul style="list-style-type: none"> • Note relevant counseling steps that should be considered for the revised counseling model. • Note training information, how does it compare to what is being prepared through the Literature Review process? <ul style="list-style-type: none"> ○ Modify the training module under development as data is collected.
Step 18	Repeat Step 11.
Step 19	Repeat Step 13.
Step 20	After the three-week response window, assess the information received to determine if enough information has been obtained to address the purpose and problem statements. <ul style="list-style-type: none"> • Determine if and conduct any follow-up communications that should be held via email or voice.

	<ul style="list-style-type: none"> ○ Take notes, document results, and add to the library of collected data.
Step 21	Prepare a Draft version of the Training Module (in <i>Microsoft PowerPoint</i>) to present at Kaizen Event (Part Two).
Step 22	<p>Conduct Kaizen Event (Part Two)</p> <ul style="list-style-type: none"> • For the training module: <ul style="list-style-type: none"> ○ Present training module and discuss ○ Collect suggestions and modify them as appropriate. ○ Add ACE Training Module to the Victory Church Pastoral Counseling Ministry Training Program. • For the counseling process: <ul style="list-style-type: none"> ○ Insert new actions that have been identified during the data collection exercise, ○ Discuss each new step and reconfirm relevance and applicability to the process, ○ Obtain agreement – “Buy-in” for each new step. ○ Examine and discuss the revised model. • Record relevant data for inclusion in Appendices. <ul style="list-style-type: none"> ○ Pictures of charts, process maps, whiteboard markings ○ Pre and Post-Study Counseling Process Maps. ○ <i>Microsoft PowerPoint</i> Training Program.
Step 23	As a result of Kaizen Two, has enough information been received to create the ACEs Training Module and revise the pastoral counseling process such that the new methods address the ACEs-related weaknesses?
Step 24	<p>Finalize the new ACEs Training Module:</p> <ul style="list-style-type: none"> • Schedule the ACE training on the Church calendar (targeted May 2022), <ul style="list-style-type: none"> ○ Submit scheduling forms required to reserve space ○ Notify Sound and Video Ministries to assign personnel to operate camera and sound equipment (including presenter ear microphone) and ensure the audio-visual system is present and ready to run. ○ Develop Pre-Workshop Survey (APPENDIX E), ○ Develop Post-Workshop Survey (APPENDIX F), • Send out invitations to attend the ACE training. • Prepare an Attendee/Student Binder that contains the following: <ul style="list-style-type: none"> ○ The ACE presentation ○ The Pre-Workshop Survey ○ The Post-Workshop Survey
Step 25	<p>Conduct the ACE training on the scheduled date</p> <ul style="list-style-type: none"> • Prepare Sanctuary for the workshop • Acquire break snacks, coffee, and beverages. • Ask attendees to complete the Pre-Workshop survey and retain it in the provided folder. • Conduct Training

	<ul style="list-style-type: none"> • Ask attendees to complete the Post-Workshop survey and collect both surveys before participants depart.
Step 26	<p>Data Analysis: Analyze workshop surveys.</p> <ul style="list-style-type: none"> • Establish a baseline of understanding from Pre-workshop surveys. • Assess Post-workshop surveys and calculate differences in scores, suggesting improvement in understanding • Document results of training impact on counselors.
Step 27	<p>Process new counselee presenting for counseling:</p> <ul style="list-style-type: none"> • Induct counselees through the intake assessment process, which includes the new ACE Score Questionnaire, • Administer ACE Score Questionnaire and document results, • Does ACE Score Questionnaire indicate the existence of ACEs? • Proceed with counseling, applying the understanding of the ACE Score and how it impacts the counselee in the past and the present. • Develop a counseling plan that addresses the counselee's needs while addressing the ACE impact.
Step 28	<p>Repeat the process for two additional clients.</p> <p>Conduct a mid-counseling focus group to discuss the impact of ACE training,</p> <ul style="list-style-type: none"> • Discuss the counselee's progress with their respective counselor(s). • Assess how the ACE-related counseling is progressing, • Has the training they received made a difference in the counseling? • Do the counselors feel more confident in their counseling? • Is the counselee responding to the training? <p>Document the results of the focus group and include developments in the study.</p>
Step 29	<p>Finalize revised pastoral counseling process.</p> <ul style="list-style-type: none"> • Add the revised pastoral counseling process to the Victory Church Pastoral Counseling Ministry Policies and Procedures Manual.
Step 30	<p>In a joint meeting, present the final, revised pastoral counseling model to the Senior Pastor of Victory Church and the pastoral counseling team</p>
Step 31	<p>Thank the participants for their assistance in the project.</p>
Step 32	<p>Prepare a Summary Report for the Results section of the thesis project</p>

APPENDIX I
PERMISSION TO USE COPYRIGHTED MATERIAL

Carrie DeJong

Thu, Nov 17, 10:04 PM (2
days ago)

to me

Hi Joseph,

Thank you for reaching out. What a great thesis topic - the impact of ACEs (and all other forms of trauma) are so important to consider when offering support and counselling to anyone. While the information looks like something that has come from an infographic I created, the format is different. Here is a link to my website and the infographic I created:

<https://static1.squarespace.com/static/578427b6b8a79b20f43439d5/t/62cccba7f377e70097887a5a/1657588647677/ACE+Study+Infographic.pdf>

You are welcome to use my graphic and acknowledge me for the design. But more importantly, please give research credit to Dr. Robert Anda and Vincent Felitti as they are the key researchers.

Blessings on your research and writing!

Warmly,
Carrie

Carrie DeJong MC, RCC

REGISTERED CLINICAL COUNSELLOR

 | 604 808-0806  | www.carriedejong.com  | contact@carriedejong.com

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IRB Approval Letter

5/31/22, 12:53 PM

Yahoo Mail - IRB-FY21-22-737 - Initial: Non-Human Subjects Research

IRB-FY21-22-737 - Initial: Non-Human Subjects Research

From: do-not-reply@cayuse.com

To: [REDACTED]

Date: Wednesday, April 6, 2022, 01:45 PM EDT

LIBERTY UNIVERSITY INSTITUTIONAL REVIEW BOARD

April 6, 2022

Joseph Tapp
Kenneth Warren

Re: IRB Application - IRB-FY21-22-737 Addressing the Impact of Adverse Childhood Experiences of Adults Through the Pastoral Counseling Ministry of Victory Church

Dear Joseph Tapp and Kenneth Warren,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study does not classify as human subjects research. This means you may begin your project with the data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your study is not considered human subjects research for the following reason:

(2) Your project will consist of quality improvement activities, which are not "designed to develop or contribute to generalizable knowledge" according to 45 CFR 46.102(f).

Please note that this decision only applies to your current application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued non-human subjects research status. You may report these changes by completing a modification submission through your Cayuse IRB account.

Also, although you are welcome to use our recruitment and consent templates, you are not required to do so. **If you choose to use our documents, please replace the word *research* with the word *project* throughout both documents.**

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

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office
