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"*A Vital Christian Presence in Social Work*"

EFFECTIVE CASE MANAGEMENT/PASTORAL CARE OF THOSE WHO SUFFER FROM A MENTAL ILLNESS AND/OR PERSONALITY DISORDER

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ABSTRACT

The Christian mental health worker, therapist and pastor must be able to have a working knowledge of clinical mood and thought disorders. This presentation will present a Biblical theology of mental illness and pastoral care.

The Presidents New Freedom Commission on Mental Health states, "new understanding of the brain indicates that early intervention and identification (of mental illness) can sharply improve outcomes and that longer periods of abnormal thoughts and behaviors have a cumulative effect that can limit capacity for recovery" (Hogan, Michael PHD Ed. , New Freedom Commission, Rockville NIH). Since there is this basic misunderstanding of mental illness, the sick one is often

'under treated'. The branding iron of stigma continues to permeate the church and even those who treat mental illness in direct care. This workshop will instruct pastors and mental health professionals in 'obsta principa, a Latin medical term which accentuates the magnitude of arresting the episode of mental illness as soon as possible.

This presentation will provide the Christian counselor, social worker, pastor with basic assessment-diagnostic skills that are needed to identify mental illness. It will also include knowledge of Biblical foundational truths that pastors/social workers, psychiatrists, etc. need to possess if their delivery of care

is to be effective and pleasing to God. Clinical and pastoral categorization of terms and delivery of service will be expanded on and defined.

The following areas of difficulty will be addressed:

"Are there different types of depression?"

"Is mental illness a sin?"

"How can I help pastors access community services without compromising their beliefs?"

The differential diagnoses regarding mental illness vs. spiritual dilemma, exogenous depression, etc. will be undertaken. The Christian worker will be taught to use Biblical presuppositions in treating mental illness and personality disorders. For example a believer who cannot seem to feel forgiven for a particular

sin may have Obsessive Compulsive Disorder. His confession of sin instead of being guided by I John 1:9 is actually a compulsion seeking to relieve his obsession of feeling sinful or dirty. The question of auditory hallucinations and their origins will be addressed. Again, this will be from both a Biblical and a psychiatric perspective. The approach will be integrative but not at the expense of discerning whether the cognitive/mood disturbance is primarily physical, spiritual or psychological in its origins

Learning Objectives

1. To understand what some of the characteristics of a competent Christian counselor, mental health profession are.
2. To understand Biblical truths which will assist a person in delivering pastoral care to the mentally ill?
3.. To understand how pastors, personal workers and mental health professionals can work together in giving maximum assistance in identifying, coping with and alleviating the painful symptoms of mental illness.
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Title – Article Proper

Utilizing pastoral counselors and mental health professionals to provide optimum care for the mentally ill within the local Church.

Introduction – God cares deeply for the mentally ill. He recognizes the intense pain of a broken spirit. Proverbs 8:14 states, "The spirit of a man will sustain him in sickness, but who can bear a broken spirit"? The church of Jesus Christ must provide skilled comfort and help to those within its ranks who are mentally ill.

I. Characteristics of competent and successful personnel in treating mental illness.

A. We need to be men and women of the word of God

In the wake of recent hurricanes and earthquakes we are painfully reminded that without a good foundation a place of residence has little hope of withstanding extreme forces that are set against it. If you wish to be effective for God in treating the mentally ill, you must be sure that you know the foundational truths of the Word of God **(Psalm 11:3 "If the foundations be destroyed, what can the righteous do"?)** Ezra, an Old Testament priest who brought Judah back to the land 70 years after a God imposed exile is a good example for us as we study the Scripture: The Bible says,

"For Ezra had prepared his heart to seek the Law of the Lord, and to do it, and to teach statutes and ordinances in Israel. (Ezra 7:10).

So it is paramount that we have the ability to understand Scripture and use it as part of our assessment tools and validation/change strategies**.**

Below are a few practical suggestions for Bible study. They are certainly not exhaustive in the area of Biblical theology.

- Preferably you have taken basic theology classes (not just Christian Life), Bible Study Methods classes etc. You could still do this by internet, mail order or attending a Christian college in your area, taking only a few classes.
- You are reading your Bible every day and you are applying what the Holy Spirit teaches you through the Word. You should have a working knowledge of the Wisdom Literature, Job – Ecclesiastes. The book of Proverbs is full of wisdom, counseling principles etc.
- You should have some key books available, for instance: (1) A Good study Bible (2) a Strong's Concordance, which enables you to look up the use of a word every time it occurs, the Bible. It also has a Hebrew-Greek Dictionary.

(3) A Bible dictionary, which has pertinent facts about subjects, names, places and also some theological definitions.

(4) A Topical Bible – which categorizes texts by subjects, the most famous being Nave's Topical Bible. (5) A one volume commentary, which has an exposition of basically all the verses in the Bible.

Today you can get all these helps and more through computer software. If you are computer literate, this would be the way to go. However, there are some good bible study helps that do not have computer software programs.

- You should have knowledge of suffering/glory themes in the Bible. For example, **2 Timothy 2:10-13:** (***10)*** **" Therefore I endure all things for the sake of the elect, that they also may obtain the salvation which is in Christ Jesus with eternal glory. (*11)* This is a faithful saying: For if we died with Him, We shall also live with Him. (*12) If we endure, we shall also reign with Him. If we deny Him, He also will deny us. (13)**
  If we are faithless, He remains faithful; He cannot deny Himself (New King James Version).

A good principle of Bible Study is that you apply a literal, historical, grammatical, interpretation to it.

Below are three words that can be used when studying a Biblical text:

Observation – What does the biblical text say?

Interpretation – What does it mean?

Application – How should I respond?

B-We need to be men and women who know the human heart.

The above truth necessitates being able to sympathize with our counselee's sufferings, their struggles and temptations. This will require humility on our part. We should be 3-dimensonal people and not cardboard people. This will also call for knowledge of the temperaments. A person is not a blank slate when she is born. (Psychologists use to teach tableau reau).

There are many models of temperaments. Whatever method you use, one is always in vogue. Below is a basic approach**. (**Dr. Tim Layhaye – Spirit Controlled Temperament, (1966), Wheaton: Tyndale House, diagram on page 112).

- Melancholy – introspective, tends to morbidity, artistic or philosophical, sensitive, easily overwhelmed.
- Choleric – goal driven, gets things done, insensitive, leader
- Sanguine – the otter, funny, good people person, optimistic, spontaneous, disorganized, gets by on surface credibility, can be unreliable.
- Phlegmatic, even keeled, not easily upset, imitates others to the point of mocking, lack of flow of ideas, and takes time to understand concepts.

B. We need to be an analytical people, a quick study.

The basic presupposition of the counselor is that mental illness is a disease and can be treated. However, the lines between clinical mood disorders and exogenous depression are not always apparent. Understanding a person's mental disorder or whether they have one takes time and extensive scrutiny symptoms.

For example we should possess the aptitude to assess mental illness versus bereavement symptomatolgy or maladaptive coping mechanisms.

C. We need competency in processing data in a timely manner and formulating clinical impressions and recommendations.

Most therapists, social workers and case managers should be familiar with psychosocial histories and assessments that have been or should be complied on the person with a mental illness. This will also involve a look at psychiatric hospitals records, especially. Pastors usually formulate rather early in their ministry counseling procedures and practices that they use. In today's world of managed care a psychiatrist usually has about 15 minutes a patient and this gathering of clinical information will be of great help to them if it is done properly.

Getting treatment information does not necessarily mean that you have a degree in social work or psychology. It will however involve getting consents for release of information from the counselee. As always but now especially in the days of HIPPA,
great precautions should be taken in the area of confidentiality

C. **We need to have self control, to regulate our own emotions**

Counseling people with severe disturbances of mind, mood and behavior imposes a measure of emotional stability on the part of the counselor. There will be varied responses to questions put by the counselor to the counselee which will present a challenge for the counselor to maintain self control.

We should not surprised by verbal abuse must be able to put up with insults and a lack of civility on the part of those we are counseling. Others will construct delusional systems that may include us. These have the potential of danger to us and should be watched. However, they usually are not. In some settings, which deal with a high volume of clients, there will be those who feel they are entitled to just about anything and expects the counselor to do and to pay everything. Such examples of active passivity must be dealt with and the person has to be politely redirected. I have dealt with individuals who had extreme conceptual disorganization, (schizophrenics) and it meant that I somehow had to validate what

they were saying though I could not make any sense of it. When dealing with certain personality disorders which create an "emotion charged therapeutic milieu", we must use skill in both eliciting responses and deflecting personal attacks on the part of the counselee. The evangelical counselee has both the help of the Holy Spirit and the word of God in our exercise of self control (2 Timothy 1:7; Galatians 5:22, 23)

D. We need to be men and women of God must be good listeners'

Reflective listening is key to both validating a consumers suffering and getting adequate information to aid in assessing what is wrong with the consumer. Listening will also aid in problem solving and/or Biblical change strategies. The counselor that charges into a session like a bull in a china closet may shut down the mentally ill client immediately, while all the time thinking; "This person is way to oversensitive, perhaps I should work through this problem with them".

II. Requirements needed for an effective Biblical/Bio-social model of counseling, therapy.

A. We are required to have a working knowledge of the DSM IV. Why? The DSM IV is a catalog of mental illnesses. It can help us determine what type of disorder the person has and will aid us in referral to a doctor, a psychologist, a psychiatrist. For example, do we know what the criterion for major depression

recurrent is? How about for schizophrenia? What are the positive symptoms of schizophrenia? What are the negative symptoms? What are affective disorders? A caution about the DSM IV. It will tell you nothing about spiritual depression. It does not deal with either God or Satan.

> In using the DSM IV, the more you leave Axis I and go to Axis II the less medical you become. But the DSM IV is a collection of observations and categorizations of mental illness.

B- **We are required a more precise knowledge of mental illness**. This is so we can provide effective stop-gap measures between the onset of mental illness and the actual linking up to psychiatric services. Pastors are often the first counselors to be sought out by the mentally ill. Since mental illnesses are neurodegenerative diseases, it is important to “check the first symptoms” (obsta principa). The Presidents New Freedom Commission on Mental Health states, "new understanding of the brain indicates that early intervention and identification (of mental illness) can sharply improve outcomes and that longer periods of abnormal thoughts and behaviors have a cumulative effect that can limit capacity for recovery" (Hogan, Michael PHD Ed. , New Freedom Commission, Rockville NIH).

C. We are required to have some knowledge of human behavior and behaviorism,

> Every one uses the methods of behaviorism in one way or another. They are part of the human-social interaction that is intrinsic to a

working society, culture, or system of operation. Behaviorism is not what most people think it is. A few statements by Marsha Linehean PhD, University of Washington should be of help. She states, **Reinforcers are consequences. that result on average, in an increase in behavior in a particular situation. Positive reinforcement** increase frequency of a behavior by providing a consequence {A simple example would be getting a dog to shake his paw. If you reinforce his putting up his paw to shake your hand order to get more of the treat. **Negative Reinforcement:** increases with a doggie treat then you will see him putting up his paw more in a frequency of a behavior by removing or stopping a stimulus. For example if you instead stop giving him a treat, then his will increase his paw rising in order to get one. **Punishment** is a consequence that results on average, in a decrease of behavior. If the dog raises his paw for you to shake it and you punish by scolding him, he will began to be quite tentative about raising his paw. **Extinction** refers to the reduction in likelihood of a behavior because reinforcement is no longer needed. You have given the dog a treat so many times that his response becomes a habit even when you take away the treat.

These general principles can be used in the treatment of certain kinds of problems, diseases etc. However, they must be used with

great care that their use does not result in the degradation of an individual or a mere manipulation of their behaviors.

D. We require the ability to attack mental illness on a united multidisciplinary front. It is far too often that treatment modalities of psychologists, therapists, psychiatrists, primary physicians and pastors are entrenched to give way to current research regarding effectively removing the painful symptoms of mental illness. The treatment of the mentally ill becomes conflicted because of the competitive jockeying for position by those of us who treat mental illness. Primary doctors often 'throw meds' at a person as soon as they hint any kind of mood disturbance. Social Workers and psychologists continue to adhere to a number of modalities that do not really give credence to the amazing efficacy of antidepressants, mood stabilizers and antipsychotics. It is not that they don't admit to the medications effectiveness. But their emphases are on effectiveness of psycho-therapy to get to the "root" of the problem. Pastors frequently either do not use the word of God in comforting the depressed and schizophrenic or they think the Scriptures can blot out mental illness. This mental illness will not yield to their imploring and exorcisms . We continue to hear the same question, that the disciples of Christ asked him regarding the blind man, "Rabbi, who sinned, this man or his parents, that he should be born blind"(John 9:2).

Each discipline must be ruthlessly honest about what alleviates the symptoms of mental illness. We must view mental illness through the eyes of those who suffer from it... They are tired of hearing endless clichés from would be comforters. They want answers and they want hope of deliverance from the awful 'swamp of sadness' they are in.

E. **We need to be able to differentiate those who have diseases of the mind and those who have spiritual dilemmas** i.e. spiritual dilemma's In my thinking, this includes chastisement by God for His children's disobedience for the unsaved it may be "terrors of conscience" or the withering effect of the Holy Spirit in convicting the sinner regarding the impotency of his own righteousness. It also will include discovering source and cause of auditory, visual and tactile hallucinations. Substance abuse and its effects are also important to the clinical picture. Generally it is difficult to diagnose a person with mental illness, unless they have been at least 3 months, drug and alcohol free. A "patent remedy" "one size fits all", will do damage to the effectiveness of the counselor in identifying and rectifying the problems of the counselee.

An example of Differentials –

- Schizophrenia versus demon possession.
- Grief and Loss versus Endogenous Depression
- Spiritual Depression vs. Endogenous Depression, e.g. Elijah, physical, psychological and emotional.

- Conviction of the Holy Spirit ("terrors of the conscience"), vs. morbid and macabre thinking.
- Spiritual dryness and sometimes God's chastisement for sin vs. endogenous depression, Cause and remedy
- Demoralization versus depression, i.e. Jacob after Joseph was gone. He was afraid of God. His spirit was weary and needed to be revived.

Conclusion

In this article I have presented some basic principles and truths which pastoral counselors and mental health professionals should be able to grasp and use in practice.

A key emphasis has been on the character and preparation of the therapist and counselor. I have presented essential skills that need to be possessed and carried out in order to see optimum treatment of those who are mentally ill.

Differentials among those with mental illness, deeply bereaved persons and those who cannot cope with daily living, etc. have been presented. A prominence of early intervention and identification (of mental illness) in order to sharply improve positive results in the counselee have been laid out. Longer periods of strange thoughts and behaviors have a snowballing effect that can limit capacity for recovery. Therefore we must 'check the first symptoms' by early detection and referral for treatment.

Lastly, presented, but certainly not of least importance is knowledge of Biblical foundational truths that pastors/social workers, psychiatrists, etc. need to possess if their delivery of care is to be effective and pleasing to God.

The differential diagnoses regarding mental illness vs. spiritual dilemma, exogenous depression, etc. will be undertaken. The Christian worker will be taught to use Biblical presuppositions in treating mental illness and personality disorders.

Overset is below

2. Reducing the Stigma of Mental Illness –

. A. A look at examples of group behavior and how if affects stigma in the mentally ill.

1. Negative example

Stomping out stigma,--
A large case management organization had people come and share their stories about the devastation of mental illness and how they were able to fight it. The staff did not reveal any personal struggles how they had to cope with depression or mental illness. This breaks a fundamental rule of stigma reduction. You must be three-dimensional not a cardboard person. Transparency is needed on the part of the clinician

2. Positive example

a. We should have shared with one another that we are or have been on medications.
b. ECT – I have had it and it worked. How about you?

This is HOW WE STOMP OUT STIGMA!

B... You must not present the 'breakdown' model.

1. The origin of the breakdown model Nervous breakdown, --

Please see Megan Burke in “Broken Minds”

He or she just cannot take the ‘stresses of life”.

2. Beware of Freud and Neo-Freudian philosophies of mental illness

- Freud, - Neurosis “A case of the nerves, neurotic, cannot face truth about themselves”.

- Neo Freudians - Anger turned inward. The holding of grudges. Unable to effect conflict/resolution

Eric Erikinson – They believed it had something to do with (OCD) with “potty training” early development.

3. A Practical Algorithm of the treatment of mental illness in the Christian Community

1. Church member presents during pastoral counseling, symptoms of depression and/or hearing voices.
    1. If pastor has knowledge of mental illness he can do a more extensive assessment and

then contact medical doctor with counselee's permission.

2. Medical Doctor prescribes medication for 'easy cases' (non addicting)
3. If pastor feels over whelmed, he refers counselee to a qualified mental health professional who does a clinical assessment for mental illness (preferably a Christian)
4. Mental health professional determines nature of problem, counsels counselee and

refers to psychiatrist if needed. Mental Health professional gets consent for release of information and informs pastor of his/her findings.

2. It is necessary to recognize area of accountabilities (spiritually, morally and legally)
3. It is necessary for the pastor and MHP to know what the other's modality of treatment is.

- This could be by honest sharing with each other their view of Scripture, style of counseling, presuppositions about the nature of man and God. And of course their basic views on mental illness, sinful nature, including attitudes toward substance abusers etc.

4. It is necessary for regular communication to occur between the pastor and the mental health professional.

- This is more easily done if there is a pastor of counseling. He is an under shepherd and we also update the other pastors at staff meeting.
- Inviting representatives of mental heath agency to speak at pastor's meetings or church conferences and vice versa.

In this article, I have presented some basic principles and truths which pastoral counselors and mental health professionals should be able to grasp and use in practice.

- Key Emphasis The character and preparation of the therapist and counselor

- Differentials Exist among those who:
  Have mental illness
  Those who are deeply bereaved
  Those who cannot cope with daily living

- Prominence of early intervention and identification of mental illness improves results in the counselee.

- Importance has been stressed regarding the knowledge of Biblical foundational truths among pastors and social workers, psychiatrists, etc. if delivery of care is to be effective and pleasing to God.

- Counseling available for individual churches on a per session basis

- Training Pastors to start Mercy Ministries and/or Counseling Ministries

- Pulpit Supply for churches

Both Steve and Robyn are available to speak at church banquets, mission conferences, Christian Seminaries and Colleges.*

- Counseling is available on a sliding scale for those who are limited in their ability to pay

*Robyn speaks to women's groups or limits herself to testimony formats for mixed or men's groups

Bereavement Ministries

Based on our own personal journey since witnessing the death of our daughter and unborn granddaughter on Sept 11, 2001.

They were killed by a drugged driver as we were all returning from a prayer vigil at our church for the families of the terrorist victims.

Lindsay Ruth Bloem Hoover, aged 19

Emily Hope Hoover
(Eight months gestation)