



**AACC Around the World: Project Tuza Brings Hope and Healing**  
The collaboration between AACC members and Rwandans is producing unique training for trauma response counseling.  
Page 3



**A Mother's Journey: Parenting a Child with a Disability**  
Hidden disabilities are those challenges which are deeply life affecting, but show no visible markers.  
Page 7



**Sexual Addiction: What's Really Behind this Alarming Epidemic?**  
Many people experience significant disruptions in healthy attachment through various forms of abuse.  
Page 10

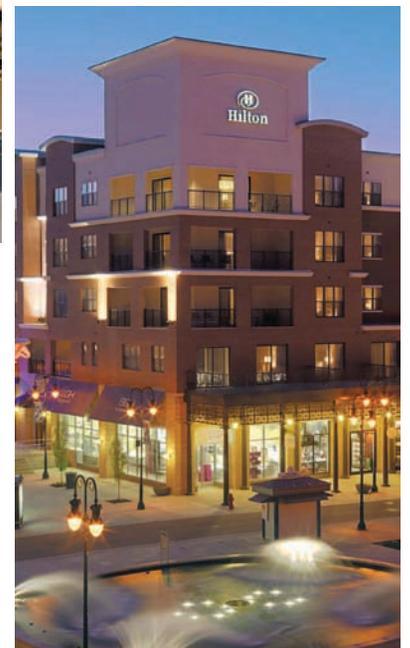
# CHRISTIAN COUNSELING Connection

A Publication of the American Association of Christian Counselors

Volume 18 ~ Issue 3

## IN THIS ISSUE

From the President	2
Clinical	6
Innovative Thought & Practice	8
Healthy Sexuality	10
Lay Helping	12
Pastoral	13
News & Notes	15
Pass It On	16



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### Customizable Workshop Schedule

This year's conference features nearly 90 workshops on a variety of relevant topics! Customize your conference schedule as you choose from 11 diverse counseling workshop tracks and two, brand-new life coaching workshop tracks! The workshop schedule has been finalized and will be live on the AACC Web site shortly at [www.nationalaacc.com](http://www.nationalaacc.com)!

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Continued on page 3

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# Our Time is Now: Latest Advances and Challenges in Christian Counseling

Tim Clinton, Ed.D., LPC, LMFT, BCPCC



Dysfunctional relationships. Financial crisis. Addiction. Depression. Hopelessness... the list goes on. You do not need to look any further than the estranged couple in the restaurant booth, the frazzled shopper in line at the mall, or your friends' desperate Facebook posts. In today's fast-paced, technology-driven, yet increasingly disconnected, culture, Christian counseling and soul care are desperately needed. People are hurting and they are searching for answers.

Your work matters. In the midst of the emotional drain, endless case notes, and missed appointments, it becomes easy to lose sight of this reality. You are the hands and feet of Christ, making AACC's vision a reality—to offer Christ-centered, clinically-excellent counseling and psychotherapy to those who need it most. Every time you sit across from a client... every time you listen, empathize and walk with another person, you make a difference.

However, together we can do even more. Community, encouragement and continued training are all needed in order to stay abreast of the latest updates and challenges in the mental health field. Our desire is to equip you, both professionally and spiritually, to be on the "leading edge." We are committed to ongoing investigation and development in producing the best possible resources to help increase your effectiveness in counseling and ministry. Consistently, we hear from many members asking for a vigorous commitment to training, encouragement and a greater sense of community.

Our time is *now*! This is the theme for our 2013 World Conference, September 11-14, 2013, to be held, once again, at the magnificent Opryland Hotel in Nashville. Our time is *now* to come together and leave a heritage that has a ripple effect on future generations. We are building the 2013 conference around the Apostle Paul's challenge, "Be very careful, then, how you live—not as unwise but as wise, making the most of every opportunity, because the days are evil" (Ephesians 5:15-16).

As we look toward the future, I am asking each one of our members to join us at the AACC in taking an honest inventory of everything we do—personally and professionally. *What drives you? What are you living for? Who are you investing in? Where do you need a change of heart or readjustment of your priorities?* The psalmist said, "Teach us to number our days, that we may gain a heart of wisdom" (Psalm 90:12).

There is no greater tragedy than "to succeed in things that don't matter." As an organization, we are continually working to further anchor ourselves both biblically and clinically and disseminate that information in pragmatic, applicable, and God-honoring ways. We are also working to expand our knowledge and research base around prevalent counseling issues with the goal of striving more fully toward biblically-based, empirically-supported interventions.

We desire to pass on a robust, rich legacy of caregiving to the next generation that incorporates theological, psychological, biological, and relational aspects. Our commitment is to equip people helpers to offer highly effective change strategies that increase client satisfaction and positive therapeutic outcomes, ultimately leading clients to know Christ more deeply.

I am excited to share with you some of what the AACC is currently involved in:

**1. Global partnerships for greater impact.** Diane Langberg often says, "The AACC was birthed for the nations." Through our partnership with the American Bible Society, we

are engaging in a collaborative effort to train trauma-based coaches and counselors around the world. With influence in more than 200 countries and territories, ABS will be translating our new International Trauma Healing Academy training programs into each native language. Another developing aspect of this partnership is the "She's My Sister" campaign, focused on empowering and educating women around the world. Additionally, through our continued work with Compassion International Child Sponsorship, the AACC has the opportunity to train workers on the front lines of caring for children and families.

**2. New collaboration with Army One Source.** In communities across our own nation, the AACC is standing in the gap to provide mental healthcare for our military through a developing partnership with Army One Source (a Secretary of the Army initiative to provide comprehensive community support). Our Military Counseling Initiative, led by AACC Military Director, Major General (Ret.) Bob Dees, is increasing awareness about the urgency of mental health needs among U.S. troops.

Working with Army One Source, we are committed to providing faith-based training and resources to military servicemen and women and their families. We are in the process of developing an online network to connect military families with Christian mental healthcare across the nation.

**3. Awareness and advocacy for our profession.** As ethical and legal challenges continue to develop and escalate, the AACC is on the forefront of identifying growing concerns to Christian counselors and caregivers, then mobilizing our people for an effective response. Through the development of our all-new Patient Bill of Rights, we hope to uphold the health and welfare of every single individual seeking help. Looking to the future, we are also developing a "Best Practices" book series detailing the latest biblically-based, empirically-supported treatment strategies.

**4. New specializations and certifications.** As our field continues to mature and expand, specializations, like other disciplines, are being demanded. Mental health providers are looking for experts in certain areas. At the AACC, we are developing a "best of" curriculum to help facilitate ongoing professional development with the intention of creating additional certifications, including:

- Crisis Pregnancy Counseling
- Gerontology
- International Trauma
- Alcohol and Drug Rehab
- Sexual Addiction
- Eating Disorders
- ... and more!

**5. Serving and equipping AACC members.** Through these endeavors, our desire is three-fold: 1) To equip you in your work and ministry, 2) To be used of God to bring hope and healing to those who need it most, and 3) To solidify the foundation of Christian counseling for future generations.

*If not us... who? If not now... when?* These questions guide our vision for the future. As Christian caregivers, we are called to stand in the gap and offer biblical, Gospel-centered counseling to those in need.

You are the heartbeat of what we stand for, and we will continue to do everything in our power to enable your work to be fruitful for the kingdom. We covet your feedback to know how to better serve you. *What is the greatest need in your counseling practice? How can we best help you meet that need?* Please visit [www.iamaac.com](http://www.iamaac.com) to take a short survey and let us know.

2012 AACC National... continued from page 1

### Half and Full-day Pre-conference Workshops

Want to get more in-depth instruction? Take advantage of the AACC's full-day divisional workshops held on September 27th. Divisional Days are a great way to receive six-hours of focused training in your specific field of work:

- Society for Christian Psychology (SCP)—*Neuroscience, Foundations of Sin and the Healing of the Soul* with Matthew Stanford and Curt Thompson
- Biblical Counseling and Spiritual Formation Network (BCSFN)—*Developing Healthy Counseling Practices: Counselor Self-care in Dealing with Crises* with Ian Jones and Ron Hawkins
- International Christian Coaching Association (ICCA)—*The Successful Christian Coach: Launching, Positioning and Growing Your Practice* with Dwight Bain, Christopher McCluskey and Georgia Shaffer
- Grief, Crisis and Trauma Counseling—*Ministering to Survivors in Crisis, Trauma and Loss: Theological Foundations, Research and Effective Techniques* with Jennifer Cisney Ellers, Kevin Ellers and H. Norman Wright
- Addiction and Recovery—*A Team Approach for Individual and Couple Recovery: Latest Findings from Neuroscience, Attachment and Clinical Practice* with Mark Laaser, Deb Laaser, Greg Miller, Angela Thompson, Bill Lokey and Jim Cress

### Networking Mixers, Poster Presentation Symposium, Exhibits... and more!

Interact with fellow professionals in your area of expertise and stay on the cutting edge! Stop by one of AACC's Mixers on Friday at 8:00 p.m. Choose from a variety of areas, including Military, Coaching, Marriage and Family, Biblical Counseling and Spiritual Formation, Post-Abortion Trauma, Student Networking... and more! New this year, we are also offering a Poster Presentation Symposium from 11:45 a.m. – 1:00 p.m. on Friday, featuring current and relevant research on a variety of topics. Don't miss this premier Christian counseling event! Register today by calling 1-800-526-8673 or visiting [www.nationalaacc.com](http://www.nationalaacc.com). Hotel reservations are still available at the nearby Radisson Hotel Branson, with a courtesy shuttle to the Convention Center. Call 1-800-967-9033 to reserve your room today.

We can't wait to see you there!



## AACC AROUND THE WORLD:

# PROJECT TUZA

Brings Hope and Healing



Diane Langberg, Ph.D. and Laura Captari, B.S., B.A.

"Thank you for hearing us," Baraka said with tears.  
"Thank you for giving and thank you for coming."

This counselor in Rwanda was overwhelmed by the generosity of AACC members. At the 2011 AACC World Conference, members answered the call to partner with World Vision and gave more than \$42,000 to bring trauma response and counseling training to this war-torn country.

Years of ethnic violence... child soldiers... an epidemic of rape—trauma levels in Rwanda are difficult to comprehend. However, Project Tuza is not your typical American endeavor in a foreign land. The collaboration between AACC members and Rwandans is producing a unique training model whereby indigenous leaders are learning how to train their own people in a best-practices model for trauma response counseling.

Your investment made it possible for an AACC team (Dr. Diane Langberg, Dr. Joshua Straub, Dr. Philip Monroe, and Carol King) to travel to Rwanda last October and deliver a three-day trauma training conference in partnership with Baraka Unwingeneye (International Justice Mission) and Josephine Munyeli (World Vision). Over 40 trauma caregivers, representing 19 different non-profit organizations, were in attendance—many of them survivors of the 1994 genocide.

The conference provided practical training on a variety of topics, including trauma, recovery processes, grief, listening skills, attachment, self-care, and also included experiential and practice opportunities. Remarkably, some participants told their own genocide stories for the first time, despite having been trauma



counselors for the past 17 years.

After wading into the depths of trauma, our African brothers and sisters put on traditional Rwandan dress and showed us how they cope with life by incorporating laughter, dancing, singing, and expressing joy through poetry and riddles. We have much to learn from the Body of Christ in Africa about how to integrate celebration and grieving with the healing process.

The week concluded with attendees setting goals for future learning and application. They are determined to start a Rwandan Association of Christian Counselors for support and peer supervision and invited the AACC to come back and teach on domestic violence, sexual abuse, addiction, and marriage and family issues. Plans are already underway for another conference.

It is an honor and privilege to work alongside Rwandans in the process of bringing healing and hope to a trauma-filled country. Your ongoing prayers for this work are critical. We thank you, on behalf of our precious Rwandan brothers and sisters in Christ, for your generous and faithful support.



**Diane Langberg, Ph.D.**, chairs AACC's Executive Board and is a licensed psychologist with Diane Langberg & Associates in Jenkintown, Pennsylvania. She is also the author of *Counseling Survivors of Sexual Abuse* and *On the Threshold of Hope*.



**Laura Captari, B.S., B.A.**, serves as AACC's Director of Professional and Public Relations and is pursuing licensure as a mental health practitioner. She has co-authored two books, *Orphan Justice* and *Smart Girls, Smart Choices*. Laura has nearly seven years of experience mentoring and counseling at-risk adolescents and women through family issues, self-destructive behaviors, and relationship struggles.

**SPECIAL OFFER ENDS AUGUST 31**

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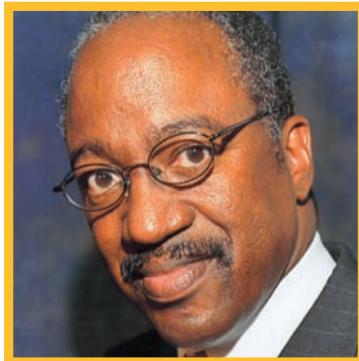
# MEET THE AACC Executive Board



**Diane Langberg**



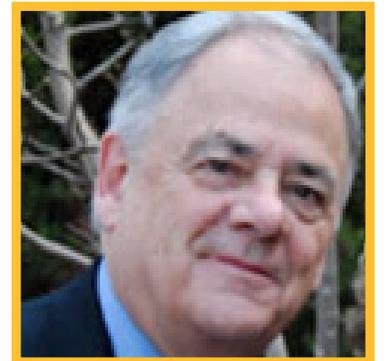
**Ron Hawkins**



**Michael Lyles**



**Gary Oliver**



**David Stoop**

## DIANE LANGBERG, PH.D., BOARD CHAIR

Diane has been in clinical practice for more than 35 years specializing in abuse, trauma and clergy-related issues. She is the director of a group practice outside Philadelphia, Pennsylvania, and is currently involved in training globally to help equip Christian professionals and the Church in these strategic areas. For restoration, she enjoys music, hiking, gardening, “deck time” with her husband, Ron, and visits with her two grown sons and two delightful granddaughters.

## RON HAWKINS, D.MIN., ED.D.

Ron serves as the Vice Provost at Liberty University. In addition, he is a pastor, author, and frequent presenter at numerous conferences. Ron will celebrate 50 years of marriage to his wife, Peggy, in September. They both enjoy gardening, attending conferences, and traveling together, including cruises the past two years. Recent trips have included Germany, Switzerland, Jamaica, Canada and Cancun. Their grandchildren are a delight to keep up with through their variety of activities—soccer, baseball, paintball, cheerleading, hunting and fishing. Ron loves reading, especially the Bible, and also likes to mix it up with an occasional work of biography or fiction. He got hooked on Ken Follett’s book, *The Pillars of the Earth*, and was deeply moved by Eric Metaxas’s *Bonhoeffer*. In addition to reading, Ron enjoys deer hunting and fishing and has taken a fishing trip to Ontario with his son and grandson for 12 successive summers. He is an avid walker and jog-a-walker.

## MICHAEL LYLES, M.D.

When Michael takes off his psychiatrist hat, he is the father of three truly wonderful kids—a lawyer, future teacher, and nurse practitioner. His lovely wife of 30 years, Marsha, is the CEO of their home and family life, as well as the treasurer for the local high school PTA where his youngest child attends. Gardening is Michael’s true hobby, followed by golf, fishing, attempting to write a book, and the Atlanta Falcons! He specializes in growing perennials and trade plants with other gardeners. His other passion is mentoring young people, having served as an adolescent Sunday school teacher in his local church for more than 20 years.

## GARY J. OLIVER, TH.M., PH.D.

Gary is a husband, father, Executive Director of The Center for Relationship Enrichment and Professor of Psychology and Practical Theology at John Brown University. He has five earned degrees including a Ph.D. from the University of Nebraska-Lincoln. Gary is the author or co-author of more than 20 books and 250 popular and professional articles. He enjoys reading (especially Jonathan Edwards, C.S. Lewis, Henri Nouwen, and Richard Foster), bike riding, and scuba diving (he is a Master Scuba Diver and Divemaster and has traveled around the world for dives that include places like the Great Barrier Reef in Australia). However, what he enjoys the most is discussing spiritual formation, praying and/or laughing with friends.

## DAVID STOOP, PH.D.

David is a Licensed Clinical Psychologist and the founder and director of The Center for Family Therapy in Newport Beach, California. He is a graduate of Fuller Theological Seminary, where he is an adjunct professor. David is a Gold Medallion-winning author with more than 25 books to his credit and is often heard as the co-host of the national New Life radio program. He loves photography, is a collector of old fountain pens, and spends his spare time driving and working on his 1964 MGB. He and his wife, Jan, have three sons and six grandchildren.

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# FROM COUCH TO COURT

## Facing Our Adversaries

David B. Hawkins, ACSW, Ph.D.

**W**e have all had encounters with a bully. Can you remember a time when someone, because of their height, strength, verbal abilities or fierceness, intimidated you into submission? Bullies can do that. They use their twisted capabilities to paralyze you. Sensing your weakness, they push... rendering you weak and powerless.

Unfortunately, the court system can leave you with a similar feeling to that experience on the playground where we cowered in fear. The legal system, where our caretaking capacity is often not helpful, challenges us to use skills we seldom call to the forefront. With teams of attorneys lined up on both sides, we are called as expert witnesses in a place that is oftentimes a battlefield, a place where opposing parties are pitted against each other to present their evidence. Many of us are uncomfortable in this arena, where the “winner” takes home the spoils. Here, in this adversarial forum, the prosecution faces off against the defense, attempting to sway the judge in their favor.

I have shared in recent columns my personal ambivalence of the courtroom. In one particularly heated experience, I felt pummeled and badgered nearly into submission. On this day, the defense attorney was allowed to ask, and re-ask, the same questions over and over, seeking to dismantle my position of evidence against his client. He attacked my credentials, experience, procedures and, of course, my conclusions. Feeling like *I* was on trial, my mind was spinning by the time I was excused from the witness stand.

Depending on which side you advocate, you may also be tested and tried for your knowledge. You may be manipulated by both the prosecution and defense in an effort to elicit what the respective attorneys want said so as to gain an edge in their position. In some cases, you will be badgered and, yes, even bullied in order to discredit your presentation. This can be the nature of our legal system.

You might recall the Old Testament story where Joshua waged a battle against bullies. His battle was not, however, only against the armies that inhabited the Promised Land, but also a battle of faith, as God had promised the land to the Israelites. While there were, indeed, hostile armies prepared to wage war against him, and even speculation of “giants in the land,” he and his followers, the Israelites, battled with fear and lack of faith in the power of God to deliver their enemies to them. As a result of their lack of faith, God was displeased and they were not allowed to enter the Promised Land (Numbers 13-14).

Joshua and Caleb, however, held to a more positive perspective, choosing to believe there were no giants in the land as the spies had indicated. They trusted in, and believed, God’s promise that they would enter a land flowing with milk and honey and would subdue their enemies. They entered into the Promised Land, faced the battle of Jericho, and defeated their enemies with the full faith in the power of God.

Let us consider what the story of Joshua and Caleb can teach us about our

battle with adversaries in the court process.

First, *there will be those who will try to discredit and dismantle your position and beliefs.* The legal system is built upon the interplay of opinions and positions. Each side is allowed to present their experts and attempt to persuade the judge or jury regarding the strength of their position. Your task is to present your truth and expert opinion as you know it.

Second, *there will be those who will badger and bully you.* Be ready for them. Anticipate that there will be those who will twist your words, attempt to confound you, and even taunt you. They will, in essence, try to manipulate you to think there are giants in the land. They are not giants and are simply doing what they are paid to do—win the adversarial battle. Stick with your truth.

Third, *you must listen to the Spirit of God and move forward.* As you pray for wisdom, God promises to give it to you in abundance (James 1:5). You can step up to the witness stand confident in what you know and understanding that you have been called to speak a certain truth. Trust that God is with you and the wisdom you speak is not only your own, but that of God.

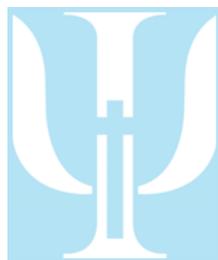
Fourth, *you must move with strength and courage.* Just as the wisdom you possess is not only your own, the strength and courage you possess is from God as well. The same God who has called you will also give you strength and courage to speak out. “If God is for us, who can be against us?” (Romans 8:31). He who has given you the expertise to speak truth will enable you to speak it in a potentially heated arena.

Fifth, *do not take yourself too seriously.* Everything does NOT hinge on what you say or do. While the one hiring you may suggest that your opinion can make or break things, that is not usually the case. You must maintain a humble perspective, refusing to become overly anxious or heady about what you have to say.

Finally, *leave the results to God.* Our task as clinicians and experts in our respective fields is to step up and speak the truth. We are not called to determine outcomes, but to do our job and do it well (Colossians 3:23). The legal system, complete with the exchange of opinions and debates, will often yield an outcome beyond anything we do or say. Remember not to take yourself too seriously—the judge or jury will render the final opinion.



**David B. Hawkins, ACSW, Ph.D.**, is a Licensed Clinical Psychologist who owns Pacific Psychological Associates. He is a Certified Sexual Offender Treatment Provider, a Certified Domestic Violence Provider, as well as a Board Certified Forensic Examiner. David is the author of 33 books and a weekly advice columnist for Crosswalk.com and CBN.com. In addition, he is a frequent presenter for AACC.



# CHRISTIAN PSYCH NOTES

FROM THE SOCIETY FOR CHRISTIAN PSYCHOLOGY

## A Mother's Journey: Parenting a Child with a Disability

Shannon Royce, J.D.



**T**he journey of parenting a child with a hidden disability is different than any other I have taken. As a preacher's kid, I was raised in the church and steeped in the Word from my earliest memories. However, nothing prepared me for the journey on which my husband and I embarked at the diagnosis of our son's hidden disability.

Hidden disabilities are those challenges which are deeply life affecting, but show no visible markers. There is no wheelchair or service dog as with some other disabilities. Examples of hidden disabilities would be some of the diagnoses found on the autism spectrum—individuals with mental health concerns such as anxiety, bipolar disorder, depression or schizophrenia, and those with neurological impairment such as Tourette's Disorder or epilepsy. Each of these disabilities can have a profound impact on a person and his or her family.

The particular challenge of these diagnoses is also a blessing—they are, for lack of a better term, hidden. Yet, it is this hidden quality that can create unusual stresses for the family. From our own experience, here are several things counselors, pastors, or lay people can do to assist families living with hidden disabilities.

**Help us understand and process our grief.** A diagnosis that confirms a disability can be grief-filled. We have plans and dreams of what parenting a child will be like. This is a normal part of parenting, but one that changes when the unwelcome news is received. We are unsure which dreams are realistic, and which must die. Unlike grief at the death of a loved one, there is no typical pattern to anticipate when it comes to living with a disability. The grief can come like crashing waves that knock us off our feet and leave us gasping for air. Each anticipated event (the first day of kindergarten, the first sleepover, etc.) is marked by limitations and a new loss occurs with each occasion. Over time, these losses become more familiar, but they are still real losses and need to be mourned.

**Help us live securely in the assurance that God gave this child to us as a stewardship responsibility.** Dealing with the challenges of disability adds a whole layer of complexity to life. There are doctor and specialist appointments, school challenges and Individual Education Plans (IEPs), as well as medications and side effects. The journey can seem daunting at best. It is critical to rest in God's sovereign goodness in giving this child to our care. He will empower and give wisdom for the task.

**Help us be at peace with the judgment of others.** When parenting a child with a hidden disability, there are often abrupt or unacceptable behaviors that must be managed with wisdom and discernment. It never ceases to amaze me

when people presume to understand and give advice for things about which they have no knowledge or experience. Help me focus on the "audience of One"<sup>1</sup> and seek to please the Lord rather than others.

**Remind us it is important to take care of ourselves and other members of the family.** It is easy to be overwhelmed with caring for the child with the disability to the exclusion of oneself, one's spouse, or one's other children. This dangerous and damaging tendency has to be countered very deliberately and intentionally. Help us manage our time in ways that reflect balance and trust in God's provision for our family.

**Remind us it is okay that there are limits to our abilities.** There is only so much one person can do. This is part of our humanity and has to be accepted with humility. Trying to discern one's boundaries can be one of the most difficult parts of the journey of living with disability. How much is enough? How much is too much? How do I discern the difference? *"God grant me the serenity to accept the things I cannot change, courage to change the things I can, and the wisdom to know the difference."*<sup>2</sup>

**Help us deal with the loneliness of parenting a child with a hidden disability.** One of the most disheartening challenges of living with a disability (hidden or not) is the incredible isolation that results from the limits of time, human understanding, and one's own emotional capacity—what Christian psychologist, Dr. James Dobson, calls "the doctrine of limited tears." Help us find community within the confines of our unique family journey.

All of these are life lessons we must learn in walking with God. We are learning them through the prism of living with hidden disabilities. Christian counselors, pastors and lay ministers can help by walking with us and reminding us of God's love and faithfulness, regardless of the life challenge.



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#### Endnotes

<sup>1</sup> Os Guinness, *The Call: Finding and Fulfilling the Central Purpose of Your Life*.

<sup>2</sup> Reinhold Niebuhr.

# Using the **POWER** of Social Media to Grow Your Practice

Cesar G. Gamez, M.A., LPC



“Don’t start a private practice right now. This is a difficult economy and I would hate to see you struggle,” was the advice I received from many of my friends. Thirteen months later, I signed a business lease for a second luxury suite in a prominent part of town. My private practice has several staff members, and we oversee both graduate and undergraduate interns. In the last 13 months, I have experienced the blessing of becoming a media contributor for local TV stations and am now a regular radio guest at a leading FM station. While there are multiple factors that have led to our success, I truly believe the strategic use of social media has contributed to our positive momentum.

The effective use of social media for licensed professionals is an extensive topic of discussion because we have to address issues such as confidentiality, HIPAA, dual relationships, and professional ethics. As important as these topics are, they are beyond the scope of this article. I am simply acknowledging these issues because I know many of you are already thinking about them. When it comes to social networking, many counselors are starting to ask themselves, “How can I use this medium to grow my practice?” Others still seem to struggle with understanding how social media really works, and their questions are more along the lines of, “What is it?” rather than, “How can I use it?”

**YOUR WEB SITE MATTERS**

Your Web site should be at the center of all of your social media marketing efforts because it is the equivalent of your online “real estate.” This personalized site is your place on the Internet, and it is typically the first impression people form about your brand and the quality of services rendered. Sadly, I know too many incredibly gifted clinicians who have horrible Web sites that poorly reflect the quality of work done within the therapeutic hour. As a result, many potential clients end up moving on to another site. Having a good Web site is not enough, but it is foundational to developing a successful social media presence.

When it comes to social networking, many counselors are starting to ask themselves, “How can I use this medium to grow my practice?”

**SEVEN SOCIAL MEDIA TOOLS THAT WILL BOOST YOUR PRACTICE**

Using social media for most businesses is no longer a differentiator; it is an expectation. Not every person who engages with you will become a client, but your social media funnel has the potential to transform people into advocates, referral partners, or paying clients.

**1. FACEBOOK**

This is the perfect place for your practice to engage with a community of people who may want to better understand and interact with your brand and experience a personal touch. Reply to comments. Survey your followers. Share a little about the life and particulars of your practice.

**2. TWITTER**

When it comes to social interaction on Twitter, it is more important to be *interested* than it is to be *interesting*. People want to know that you care about them, not just about marketing to them. This means you must tweet *to* people and not *at* people.

**3. BLOGS**

I strongly recommend that your Web site is either built on a blog platform or that you find a way to integrate a blog into your existing site. Blog entries have the potential of driving high traffic, with the added benefit that search engine spiders will

love the fact that your site produces new content on a regular basis.

**4. FOURSQUARE**

While none of my clients check in on Foursquare (location-based social networking), our practice is listed and automatically promoted when someone checks into a nearby business. I listed my practice on Foursquare because I am a believer that exposure breeds familiarity, and familiarity breeds brand trust.

**5. PINTEREST**

This is a creative way to communicate your unique message visually by using this online pinboard to organize and share the content you have “pinned,” such as images, videos, or inspirational stories.

**6. INSTAGRAM**

Take pictures of your office using this photo sharing application and show people your space. Since many of us see multiple clients every day, we forget that some of our clients have never been to a counselor’s office. Put them at ease by giving them a preview of what to expect. Show them your front office staff. Use photography to convey a therapeutic message.

**7. YOUTUBE**

Consider making short, informational videos that you can promote on your blog or Facebook page. Videos are a great way to showcase your personality and your expertise.

**BECOMING A MARKET LEADER**

Whether you are already using social media to promote your practice or are considering doing so, let me suggest three key principles that will help maximize your efforts in this arena and gain positive momentum.

**1. Remember marketing is a system.** Putting an ad in the local paper or adding your Web site to your business card is no longer sufficient for marketing and promoting your business. Building a brand requires intentional efforts on your part to ensure your message is both

clear and consistent. It is important that you carefully consider which social media platforms you feel comfortable using and which ones need to be set aside for now. I suggest you use the social media tools that work best with your personality, interests, and current marketing goals.

**2. Focus on adding value.** The only way your blog will attract subscribers or your Twitter will gain followers is by producing quality content that adds value to your audience. One of the easiest ways for counselors to engage with people is by educating them. Blogs, videos, and eBooks are great ways to generate interest in your practice and help your audience develop confidence in your ability to help.

**3. Have a personal touch.** While many of your potential clients expect you to have digital interactivity, all of them crave the personal touch that I believe many businesses are losing. This is one of the reasons why I have chosen to have someone answer the phone when people call my office, rather than letting a recorded voicemail greet my potential clients. People expect you to be professional, but you will gain their trust, loyalty, and business when you also show them your heart for what you do. After all, aren’t we in the business of caring?



Cesar G. Gamez, M.A., LPC, is the Clinical Director at North Phoenix Counseling, LLC, and the founder of the Arizona Center for Eating Disorders. He is an adjunct professor at Arizona Christian University, a highly sought-after speaker, and a consultant for clinicians seeking to grow their practices.

# SEXUAL ADDICTION

## WHAT'S REALLY BEHIND THIS ALARMING

As of December 31, 2011, the Internet World Stats Web site reported that there were more than 245,200,000 Internet users in the United States alone, and 20-43% of them are online primarily for sexual purposes. Close to 30,000 Internet users are viewing pornography every second, and it is not just men, either. According to *Oprah* magazine, one third of visitors to adult Web sites are female, and women account for 56% of the video store business of pornography giant, Hustler.

While not everyone who engages in Internet sexual activity is sexually addicted, these statistics definitely support the use of the word “epidemic” to describe the problem of our culture’s consumption of pornographic material. When combined with those who act out through other forms of sexual misbehavior—whether it is promiscuity, prostitutes, or breaking promises of marital fidelity—sexual addiction affects a minimum of 6-8% of the population. Sadly, Christians are not immune and, in fact, struggle with this problem at rates equal to the general population.

When someone enters therapy for help with sexual addiction, the intuitive response is to insist that the client simply stop the problematic behavior. Obviously, the acting out is wrong and must cease. Yet, to address only the behavior is to treat the tip of the iceberg. Underneath the protruding danger lies a much larger, and potentially more serious, crisis. Eradicating the behavior merely eliminates a primary coping mechanism for the pain of deeper, more unrelenting issues.

The reality is that sexual addiction is actually not about sex at all. Regardless of the behavior and physical release associated with it, the best conceptualization is that sex addiction is really an *intimacy disorder*. Beneath the behavior is a desperate, misguided search for love, connection, touch, affirmation and approval. Unfortunately, modern-day culture assures us the best, and certainly the easiest, way to meet these legitimate needs is through sex or relationships.

### Root of the Problem

Sex or “love” (relationship) addiction is fueled by the inability to recognize, create and sustain genuine intimacy. When those foundations are lacking, a favored—though ultimately ineffective—substitute is sex or an intense relationship. So what is the root of this failure? Where does this breakdown begin? The answer lies within attachment theory, which is becoming more widely discussed and understood.

God’s divine design for relationships—His mandate that it was not good for man to be alone—is that an infant experiences deep bonding with his earthly parents. Attachment forms by simple practices between infant and caregiver, such as eye contact, facial expressions, prosody (the music of speech), touch and responsiveness. This secure attachment forms the basis for the child’s eventual security, self-regulation, and ability to create mature and intimate relationships with others. The last trimester of pregnancy and the first years of a child’s life are the critical time periods regarding the development of attachment patterns.

Sadly, many people experience significant disruptions in healthy attachment through abuse of various forms, including verbal, emotional, physical, sexual and spiritual. Perhaps, surprisingly, affective neuroscience is proving that emotional neglect, marked by pathological negligence or chronic breaks in attunement (the process of maintaining a harmonious relationship) by the primary caregiver, can be more damaging than even the trauma of abuse. These patterns flood the developing brain with stress hormones and neurotransmitters and imprint a chronic neurological fight-flight or freeze response. These habituated neuronal pathways affect the person’s ability to self-regulate, which leaves him or her more vulnerable to unhealthy forms of trying to sooth an anxious or dissociated nervous system and the inability to create healthy relationships.

These individuals are then prone to substituting sex, or an intense relationship, for genuine intimacy. Without the internal compass that regulates inner states and identifies nourishing relationships, the addict discovers alternate, including sinful, ways of meeting these legitimate needs. Even those who succumb to the lure of the Internet, rather than in-person extra-marital relationships, are *intimacy-disordered* because they accept the false interaction with an air-brushed image or paid performer in place of God’s design for healthy sexuality.

Genuine intimacy requires trust, honesty and vulnerability. It is built on being in touch with one’s emotions and sharing them freely with another person. Intimacy is founded on truth and not fear or manipulation. It allows a person to admit his or her weaknesses and ask for help. Walking in authenticity and intimacy means not “playacting” in relationships or seeking to project an image that is incongruent with the inner self.



# ATTENTION: EPIDEMIC?

Marnie C. Ferree, M.A., LMFT

## Counselors as Attachment Figures

When people are wounded in relationship through disruptions in healthy attachment, they must heal in relationship. Again, this principle is central in Scripture. From the beginning, God designed and desired intimate connection with those He created in His own image. He formed the institution of marriage and placed children within families. God's own Son formed intimate bonds with a core group of followers.

Relational impairment requires a relational cure, and the vehicle is healthy attachment. This attachment begins with God through cultivating spirituality rather than religiosity, then to self through practicing integrity, and then to others through connecting in respectful relationships based on non-objectification. As Christian counselors, we are uniquely positioned to join God in creating healthy relationships. Extensive research shows that the therapeutic relationship is the most important factor in effecting change, not the particular theoretical framework or technique. Effective counseling has been compared to good parenting. The Christian helper is present, available, and "with" the client. You attune through your eye contact, expressions, pace, and responsiveness... modulate your own breathing to maintain self-regulation, which co-regulates your client... and notice your own somatic reactions (your "gut" responses) to help the client identify his or her own. Through forming a secure ethical and therapeutically-oriented attachment with you, the client is better equipped to tolerate the discomfort of withdrawal from sex addiction and build genuine intimacy with others.

Framed by the lens of attachment theory, the epidemic of sexual addiction takes on a different intensity. This is a problem far beyond *just* acting out behaviors; it requires a more in-depth, informed intervention.



**Marnie C. Ferree, M.A., LMFT**, directs Bethesda Workshops in Nashville, which is an intensive program for recovery from sexual addiction. She is the author of *No Stones: Women Redeemed from Sexual Addiction* (InterVarsity Press), a Licensed Marriage and Family Therapist, and a certified sexual addiction therapist.



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# HOW TO TRANSFORM FEAR INTO FAITH

Ken Nichols, Psy.D.

*“For God has not given us a spirit of fear, but of power and of love and of a sound mind.” —2 Timothy 1:7*

## SPIRITUAL WARFARE

As a young soldier, I was assigned to army intelligence and was required to have a top secret clearance. Our assignment was to constantly assess the strength and strategy of the enemy and anticipate its next move. It is also critical in spiritual warfare that we understand the evil strategies of Satan to bring about disillusionment, discouragement and defeat by filling us with fear. Fear is one of his most powerful weapons in the battle for the minds and souls of every believer. If he can tie your heart up in fear knots, all other warfare tactics become more successful. In both conventional and spiritual warfare, unmanaged fear can be our greatest enemy.

## GOOD NEWS

The good news and primary focus of this article is that clients can be set free from the tyranny and torment of fear by transforming fear into faith, manipulation into motivation, and intimidation into inspiration.

Counselors know that broken relationships, emotional pain, spiritual paralysis and physical symptoms can be direct consequences of manipulating fear. Each day's headlines give us new reasons to wrestle with fear. In brief, times are tough and if you believe the host of gloomy experts spinning the stats on blogs and talk shows, things will only get much worse. Media messages provide abundant fuel for the malignant disease of the “what if's.”

Capable caregivers are aware that counseling issues are often saturated with manipulating fear. Some counselees experience such intense fear that they cannot focus on the problem for which they initially sought help. Avoiding the fear factor dominating the counseling agenda can significantly marginalize the therapeutic process. As Christians, we are tempted to embrace the illusion that if you are godly enough,

committed enough and faithful enough, you can be “fearless.” It is not a realistic or achievable goal to be without fear.

Spiritual warfare weapons (the sword of the Spirit and the shield of faith) make it realistic and achievable to “fear less.” Christian counselors must embrace the truth that our spiritual experience is not characterized by “fear or faith,” but by “fear and faith.” Jesus experienced human fear and spiritual faith simultaneously as He agonized over His imminent crucifixion.

The most common command repeated by Jesus is “fear not!” The Gospels list this Christ-issued imperative 125 times. He was not requiring that we be without the emotion of fear, but that in the midst of our fear-drenched circumstances, not to forfeit genuine spiritual faith. God does His best work at cultivating faith in the quagmire of a fear-saturated situation. Our fearful storms of life require us to turn to the Lord Jesus and trust Him, even while the storms continue.

“And suddenly a great tempest arose on the sea, so that the boat was covered with the waves. But He was asleep. Then the disciples came to Him and awoke Him, saying, “Lord, save us! We are perishing!” But He said to them, “Why are you so fearful, O you of little faith?” (Matthew 8:24-26).

## IF THERE IS NO CAUSE FOR FEAR, THERE IS NO NEED FOR FAITH

The Bible has 366 “fear-not” verses. One for every day of the year... and even one for leap year! The Lord has given these faith-inspiring verses to remind us that when faced with fear-drenched circumstances, God is with us. He will never leave or forsake us. He implores us to starve our fears by feeding our faith. A biblical perspective of fear provides confidence for the counselor and courage for the client.

One night, a house caught on fire and a young

boy escaped out his window onto the roof. The father had escaped out the front door and was calling for his son to jump. The flames were breaking through the roof and he would be lost if he didn't jump. However, because of the fierce winds, smoke and flames, he could not see his father and, as you can imagine, was terrified to jump into the smoke-filled darkness. His dad, sensing the desperation of the moment, kept begging him to jump. The little boy screamed in protest, “But daddy, I can't see you!” His father replied, “I know son, but I can see you and that's all that matters.” The boy jumped safely into his father's arms.

The story brings to mind the depth of meaning found in Hebrews 11:1. “Now faith is the substance of things hoped for, the evidence of things not seen.” Faith does not eradicate fear, but provides confidence and courage to overcome it. That's it! Counseling and caring for others reframes fear as an opportunity for cultivating faith. This faith shields us even when we cannot see through the darkness of smothering fear.

“Above all, taking the shield of faith with which you will be able to quench all the fiery darts of the wicked one” (Ephesians 6:16). You can transform the “fear knots” in your life by embracing the “fear not's” of the Bible.



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Dr. Nichols' newest book, *Untie the Fear Knots of Your Heart*, can be ordered through Barnes & Nobel, Amazon or [aliveministries.net](http://aliveministries.net).



# THE HEALING CYCLE:

## A Process Approach for Leading Small Groups

Jan Paul Hook, Ed.D. and  
Joshua N. Hook, Ph.D.

Healing often happens in the context of relationships. We were not created to walk through life alone. As Christian counselors, pastors, coaches, and lay helpers, God has called us to use our gifts as faithful stewards of His grace (1 Peter 4:10). One modality of helping that has seen increased attention in recent years is group work. There are a wide variety of groups that can incorporate effective helping, including therapy groups, recovery groups, support groups, and Bible study groups.

Group leaders, especially pastors, coaches or lay leaders who help run these types of groups, often become frustrated when group members fail to share transparently with one another. Many times, interactions between group members have a tendency to stay on a surface level, which seems to prevent the deep interaction and engagement necessary to experience healing. What can group leaders do to encourage greater trust and openness? It is not easy to get people to go deeper. There may be barriers to creating a group context where members can share more vulnerably. First, going deeper is scary for most group members. Who wants to disclose themselves and risk being judged and rejected? This is one reason why 12-step groups have been successful. Cross talk is not allowed, so group members usually feel safe to share. Judgments and the feelings of rejection that sometimes follow are prevented due to the structure of the group. However, as a result of this restriction, we believe that a significant dynamic in the healing process is missing. This missing element is the grace and truth that group members can receive by giving each other both affirming and challenging feedback.

In addition to the fear that is present for group members, the process of helping group members go deeper is often difficult for group leaders. They may not have sufficient knowledge or training to create the necessary environment. Group leaders may wonder, “What kinds of questions should I ask that will facilitate vulnerability in sharing?” or “How can I encourage group members to feel safe with each other?” Group leaders

may feel anxious about what would happen with increased sharing. They might ask, “What would I do if a group member discloses something I don’t know anything about?” or “What if conflict happens between group members?” or “What would I do if a group member reveals a serious problem, like abuse or thoughts of suicide?”

Over the past few years, we have been writing, teaching, and training group leaders with a model of group work called The Healing Cycle (Hook & Hook, 2010; Hook & Hook, in press). We have used this model in a variety of contexts, including therapy groups and church support groups. The Healing Cycle is interpersonal in nature, so it encourages relational interaction between group members (as opposed to most 12-step groups, which prohibit cross talk). A foundational element of this approach is facilitating purposeful interpersonal interactions among group members, so group leaders are given training in maintaining the safety of the group and facilitating group process. Learning some of these basic principles of group work allows counselors, pastors, coaches, and lay leaders to provide a context in which group members can carry out deeper emotional work.



Figure 1 - The Healing Cycle (Hook & Hook, 2010)

The Healing Cycle consists of six steps (see Figure 1): grace, safety, vulnerability, truth, ownership, and confession (Hook & Hook, 2010). The first step of The Healing Cycle is the experience of grace. Group leaders work to understand their own stories of brokenness, healing, and grace, so that they can offer an experience of grace to group members through their interactions. The experience of grace leads to feelings of safety. Group leaders learn to establish boundaries in their groups, which create safety, and learn to block boundary violations when they occur. The presence of safety leads to a greater vulnerability in sharing. Group leaders model purposeful self-disclosure and active listening and work to link the experiences of

group members together so they do not feel alone in their pain. Vulnerability in sharing leads to discovering truth about oneself and one’s situation, especially when the group leader models sharing feedback in a loving way. Truth that is offered in the context of love, leads to group members taking ownership of their truth and provides the potential for healing. The timing and manner that truth is given is also important. Too often, truth is presented prematurely and within a framework whereby group members do not feel safe and/or loved. When this happens, group members tend to shut down or rebel and the truth is set aside. Truth sown in the context of grace tends to be received, and the result is healing fruit. Group members then learn to take responsibility for their thoughts, feelings, and behaviors, which is a necessary prerequisite for change. Owning truth leads to confession. Group members confess sin and brokenness to each other and make commitments to change. After confession, the group leader and members offer grace and support to the hurting group member, and the cycle continues.

We believe that people often struggle to experience the healing, health, and wholeness that are possible because they have not invited others into their healing process. Jesus modeled this work and spent most of His time teaching, fellowshiping, and healing with a small group of disciples. The early church similarly spent a large amount of time in small groups. The New Testament is full of encouragement to remain engaged in one another’s lives at a deep level (1 Thessalonians 5:11; Hebrews 10:24-25). Too often, however, we try to figure out life alone and remain stuck in painful and unhealthy patterns. Encouraging and promoting group work is a pragmatic, efficient, and cost-effective way to help individuals reverse this trend, enter into meaningful relationships around their areas of brokenness, and experience grace and healing.



**Jan P. Hook, Ed.D.**, is a Licensed Clinical Professional Counselor. His clinical interests include marriage counseling, group counseling, sex addiction, and men’s issues.



**Joshua N. Hook, Ph.D.**, is an Assistant Professor of Counseling Psychology at the University of North Texas. His research interests include humility, religion/spirituality, forgiveness, and sex addiction.

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# FOR THE RECORD: THE FOSTER REPORT

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## THREE APPLES CHANGED THE WORLD

The one that Eve ate, the one that dropped on Newton's head, and the one that Steve built. (*Publishing Poynters 4/1/12*)

## YOUNG MILLENNIALS REJECT RELIGION

Findings of the Millennial Values Survey indicate many of the youngest Millennials are leaving their childhood faith and ending up mostly unaffiliated. Many 18 to 24-year-old Americans are rejecting religious doctrine and orthodoxy in general. Around one-fourth do not identify with any religion, more than twice the 11% raised in households without any particular faith. (*Church Report 4/30/12*)

**THE TEENAGE BIRTH RATE** in the U.S. has fallen to the lowest level since 1946, according to the latest data from the National Center for Health Statistics. In 2010, babies born to women aged 15 to 19 numbered 367,752 vs. 409,802 in 2009. Teen pregnancy numbers began to drop when abstinence education became a national movement influencing teenagers and governmental leaders. (*Baptist Press 4/19/12*)

## BOOMERS PAYING FOR PARENTS AND KIDS

Baby Boomers are helping to pay grocery, medical, and utility bills for their aging parents, plus many are also chipping in for everything from car insurance to rent payments for adult kids they thought flew the nest. This is creating uncertainty regarding their own financial well-being, according to Ameriprise Financial's study, titled *Money Across Generations*. (*MSNBC.com, 5/07/12*)

## MORE MULTI-GENERATIONAL HOUSEHOLDS

The number of Americans living in multi-generational households has been increasing steadily since 1980. During the recent recession, this number rose from 46.5 million to 51.4 million, the largest increase in modern history. (*Center for Media Research Brief 4/6/12*)

## COHABITATION CAUSES DIVORCE

Researchers argue there is actually something internal to the practice of living together that can put a future marriage on shaky ground. The decision to live together is often one that couples "slide" into simply because it is considered economical or convenient. After moving in, they feel "locked in" because of all the entanglements of living together. Establishing relationships on convenience or ambiguity can interfere with the process of claiming the people we love. Studies also reveal men and women tend to go into a cohabiting situation with different mentalities, with women seeing it as a "step toward marriage" and men often viewing it as "a way to test a relationship or postpone commitment." (*New York Times 4/19/12*)

## ABORTION AND DEPRESSION

A new study from China's Anhui Medical College of post-abortive women in China found a high correlation between induced abortion and depression among pregnant women. Researchers found pregnant women who had undergone an induced abortion of a previous pregnancy a year or more before their current pregnancy were 49% more likely to experience depression and 114%

more likely to experience anxiety during their first trimester. If the abortion was more recent, the risk was 97% greater for anxiety in the first trimester and 64% greater for depression during the second trimester. In comparison, women who had experienced a miscarriage did not appear to be at a greater risk for anxiety or depression than other pregnant women during the first and second trimesters. (*LifeSite News 3/19/12*)

## PREGNANCY DISCRIMINATION

Disdain for pregnant women in the workplace is at a record high in the United States. Pregnancy discrimination cases are also on the rise. In the past 10 years, the Equal Employment Opportunity Commission (EEOC) has resolved pregnancy discrimination cases totaling \$150.5 million in damages for more than 52,000 women. (*LifeSite News 4/16/12*)

## HARMFUL ROLE MODEL INFLUENCE

According to the *Archive of Sexual Behavior* study, girls raised by lesbian mothers are seven times more likely to consider a same-sex encounter and twice as likely to identify as lesbian or bisexual than those raised by heterosexual parents. They are also seven times more likely to use the "morning after" pill. While girls raised by lesbians tend to be much more sexually experimental than their peers, boys tend to be more sexually reticent. Boys raised by homosexual parents have not developed emotionally and psychologically in the same ways as boys with heterosexual parents. Overall, 64% of children raised in lesbian households consider having homosexual relationships vs. just 17% raised by heterosexual parents. (*CitizenLink 3/6/12*)

## FAST FACTS:

- 2.2 billion people of all ages worldwide self-identify as Christians
- Forty-four percent of U.S. adults do not belong to the same faith as when they were children
- Gallup classifies 40% of Americans nationwide as very religious, 28% as moderately religious, and 32% as nonreligious
- One-third of U.S. working women are their family's primary breadwinner
- Since 1960, the median age for marriage for young women has risen from 20 to 27
- One in every eight American children is born premature
- Obesity could affect 42% of Americans by 2030
- Autism now afflicts more than one million, or more than one in every 88 children in the U.S.
- The average cost for a basic funeral in the U.S. in 2009 was \$6,560
- 20.3 million children in the U.S. live with only one parent
- The heaviest social media users are those 12-24 years-old
- Millennials are the least religious generation in American history
- 82 million U.S. adults regularly attend church



This information has been compiled and edited by **Gary Foster**, President of Gary D. Foster Consulting. Contact him at 419-238-4082 or [Gary@GaryDFoster.com](mailto:Gary@GaryDFoster.com) or visit [www.GaryDFoster.com](http://www.GaryDFoster.com).

# The STRONGER PERSON

John Trent, Ph.D.

**N**ot long ago, a pastor friend recounted to me a pivotal time in his relationship with his family. He was the senior (and only), full-time pastor at a start-up church in our city. He had been at the church office all day. Finally, he rushed home in order to wolf down his dinner, only before going back to the church for evening meetings.

Even though he made the effort to come home, he wasn't really there. He literally kept his head down while shoveling down his food. Never once did he engage his wife, son or daughter in conversation. His mind was just filled with details of the day and plans for that evening.

When he finally spoke, it was only to say, "I gotta run. It's Tuesday night, and that means I've got to go make my visitor calls," as he rose from the table to leave.

"Dad!" his daughter yelled out, causing him to stop and look back.

"Can I ask you a question before you go?"

"Sure, honey," he said. "But make it quick, okay?"

"Daddy, next week can you visit our family?"

You can imagine the heartache that flooded over this father. Here he was trying to grow a church, going the extra mile that is often required of any start-up... desperate to set the pace and model for his elders and leaders his commitment to Christ. Yet, his own children felt like orphans at home.

What followed was a great moment. To my friend's credit, he turned, walked back to the table, sat down, and canceled his plans to go out that evening. In fact, the first thing he did was call and say he was not coming in that night.

His second response was to ask his family for forgiveness for being so unavailable to them. "That was the most difficult conversation I've ever had with my family or anyone," he told me. "I went around the table and asked each one of them, my wife included, if they felt like my daughter did... that I was never there for them. No one came to my rescue." He went on to say, "Although it was a difficult night, it turned out to be one of the best nights we've ever had as a family. After asking for forgiveness, I got out the calendar and reserved a 'family night' each week just for them... and we've stuck to it for years now. That night changed our family. I have thanked the Lord many times over for my daughter's courage to speak up before I walked out the door that night."

What brought change to this family? Getting a positive plan like the "family night" certainly helped immensely. However, it started with this pastor doing the really "heavy lifting." Change began in that home when the stronger person was willing to bend down and untie the knot. After all, that's what the word "forgiveness" means. In the New Testament, "luo" is defined as just that,

"to untie the knot." If you are anything like me, that is really hard to do. I played football in high school and wrestled in college. It's not in my nature to give an inch, including while I am driving and, unfortunately, at home—even when I know I'm wrong. Yet, in God's "counter culture" world, strength is not measured by never giving in. It is measured by the stronger person who always initiates peace.

Think about our Lord. In Romans 5:8, we are told God took the initiative to make things right. In that case, it was our sin that had separated us from Him. "But God demonstrates His own love toward us, in that while we were yet sinners, Christ died for us."

Also, we must take the initiative when we are at fault. Stung by his daughter's words, my pastor friend could have turned on his defenses and made a "case" for how he needed to go back to church and how selfish she was to want him at home, but instead he chose the harder path—being willing to stoop, drop his head, and ask for forgiveness. We don't lose when we choose to forgive... we gain. Or as pop psychologist, Dr. Phil, is fond of saying, "You can either be right or you can be happy." Personally, I would rather go with the biblical mandate that we are to "leave our offering" and go make things right with an offended brother so that our prayers will be unhindered. Or in this case... the pastor's visits to new members' homes.

That leads me to one last point. My friend, Dr. Joe White, is the head of Kanakuk Kamps in Branson, Missouri. Each summer, thousands of teenagers attend these incredible camps. A few years ago, Joe had his staff give each camper a survey. On it was one simple question: "What would you most like to hear from your parents?"

The answer to that question from several thousand high school students surprised the staff. In writing the survey, they were all but certain that the vast majority of teens would say they wanted to hear three words, "I love you." However, that response came in a distant second. What was first? It was three words all right, but these three, "I am sorry."

Tough words for a parent, grandparent, spouse or co-worker to say, but wonderful if we are serious about being people who "untie knots" and build strong families in our counseling practices, ministries, churches and coaching work. And most of all... to build our own strong families.



**John Trent, Ph.D.**, has just finished a brand-new, six-session small group DVD discussion series with Focus on the Family on the incredible, biblical gift of the Blessing. Be one of the first families or groups in the country to go through the series! Find out more at John's blog and Web site, [www.TheBlessing.com](http://www.TheBlessing.com).