

CHRISTIAN VOL. 20 NO. 4
counseling
TODAY



small
groups &
recovery

**Care Group Leadership
and Spiritual Formation:
Trekking toward Wholeness**
Stephen P. Greggo

**Using Small Groups as a
Christian Model for Healing**
Jennifer Cisney Ellers

**Overcoming Resistance
to Recovery Programs**
Steve Arterburn and David Stoop

**Expanding Your Practice:
Starting and Running
Effective Therapy Groups**
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CHRISTIAN counseling TODAY

Christian Counseling Today is published by
the American Association of Christian Counselors, Inc.

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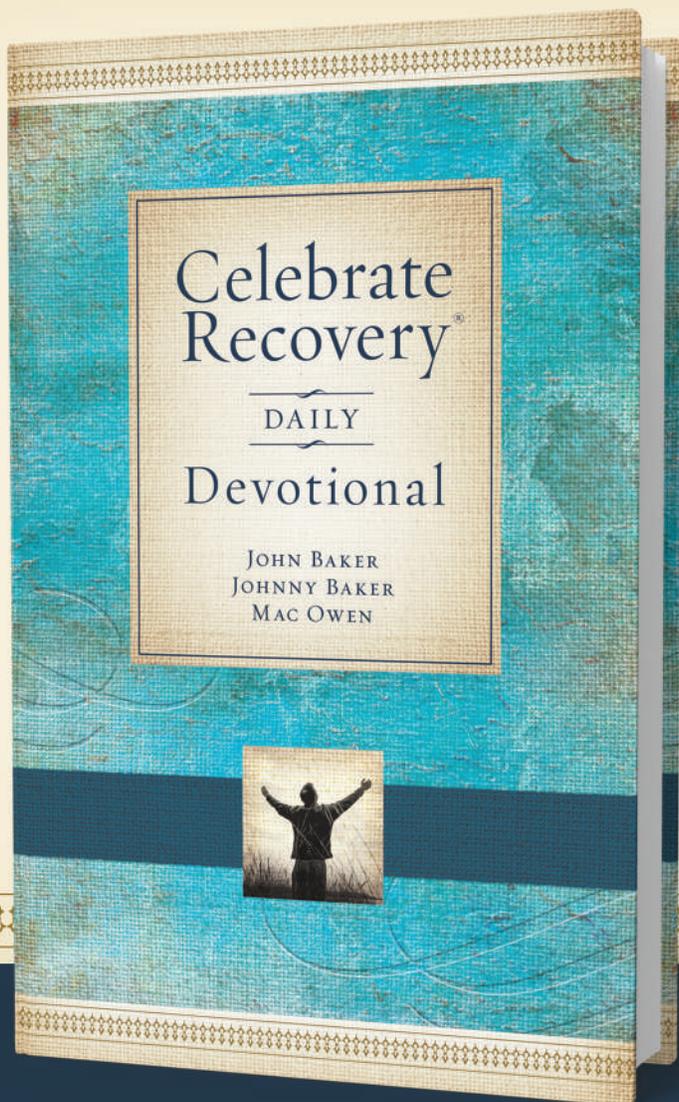
Christian Counseling Today is published quarterly (Winter, Spring, Summer, Fall). Individual, church, and institutional subscriptions to Christian Counseling Today are available at the annual rate of \$35 (pre-paid with U.S. funds, add 25% outside the U.S.A.).

Unsolicited manuscripts are not accepted and will not be returned.

Editorial Offices: AACC Editorial Office, P.O. Box 739, Forest, VA 24551, 1.800.526.8673. Postmaster: Send address changes to AACC Member Services, P.O. Box 739, Forest, VA 24551, 1.800.526.8673. Copyright 2012 by AACC, Inc. All rights reserved. ISSN #1076-9668



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There's Nothing Small About Groups

We were created *in* relationship, *through* relationship and *for* relationship. When God said, “It is not good for the man to be alone...” (Genesis 2:18), the implication is we were formed in such a manner that we require human contact to complement our walk with the Creator. Our God-given DNA continually seeks to fulfill a need for belonging, connection, fellowship and community. Therein lies the power and influence of the small group experience—be it familial, social or therapeutic. Such is the transformative potential of small groups... and because of this tangible reality, the editorial team chose to focus an entire issue on the subject.

Small group formats are offered in many varieties (e.g., task groups, teaching/psychoeducational groups, growth groups, support groups and therapy groups). Likewise, activities that take place within a group cover several domains, including the giving of information (what you should *know*), encouraging discussion (what you should *think*), facilitating process (what you should *feel*), and planning action (what you should *do*). To what degree these domains are emphasized depends, by in large, on the type of group that is being facilitated, as well as the specific goals and purpose of the group.

Although the rise of group experiences evolved primarily during the aftermath of the 1960's cultural revolution (rampant drug use and experimentation, the Vietnam War, a lowering of sexual standards, etc.), overall, the Church has embraced the concept and efficacy of this practical resource along with its proven track record. Perhaps the response is due, in part, to their supportive nature and the increased potential for loving accountability.



Our God-given DNA continually seeks to fulfill a need for belonging, connection, fellowship and community.

However, for some people of faith, a certain measure of skepticism still remains, especially if there is a perceived abdication of personal responsibility for one's behaviors and choices.

In spite of strong evidence within the research literature, there are several myths that still exist when considering the small group approach.

- Groups are for everyone—some individuals are too fragile or have personalities and/or behavioral profiles that are too disruptive to the process.
- Working out one's problems in group will automatically solve all other relationship problems—the transfer of learning outside of the group is certainly possible, but not necessarily automatic.
- The goal of groups is that members will leave feeling close and loving toward one another—this is not always true of life in general and, while a sense of support is often very real, other factors, such as transference, can cause conflicts.

- Groups are primarily places where people are attacked and their defenses worn down—honesty and transparency increase trust and cohesion and a competent facilitator ensures the safety and well-being of members.
- Groups just “tell” people how to be—feedback and accountability are strong factors in a healthy group, but each member is challenged to take personal ownership of his/her thoughts, feelings and actions.
- Only people who are emotionally disturbed join groups—pain, grief, loss, failure and brokenness are all common to the human condition and often mediated by supportive relationships.
- Groups are artificial and unreal—this occurs only to the degree that facilitators and members allow and foster these dynamics.

Ecclesiastes 4:9-10, 12 states, “Two are better than one because they have a good return for their labor. For if either of them falls, the one will lift

up his companion. But woe to the one who falls when there is not another to lift him up. A cord of three strands is not quickly torn apart.” This passage of Scripture provides an excellent summary on the benefits of incorporating small groups for both professional and ministry-related entities. Much like two climbers who are linked together and facing the daunting task of scaling a mountain, the rope is a lifeline, representing the critical trust necessary and helping ensure one’s ability to scale and overcome significant obstacles within the context of relationship.

In this issue of *CCT*, the nature and structure of small groups are examined from a number of vantage points. Denise Daniel and Jennifer Cisney Ellers offer broad reviews on the history of the small group movement, research findings, the therapeutic factors that come into play and how groups can

provide a vibrant Christian framework for healing. Seasoned church-based small group leaders, Sue Kim-Ahn and Monte Fisher, also share the unique elements of spiritual community that are fostered in a small group, while recovery experts, Steve Arterburn and David Stoop, address some of the concerns and complaints voiced by people of faith. On the more practical side, Stephen Greggo describes the important leadership characteristics necessary in facilitating effective groups and Paul VanValin outlines how this modality can be used to enhance and expand a counselor’s private practice services. Finally, several authors discuss some of the most well-known programs and practical uses in support group settings. These include David O’Brien, a state representative for Celebrate Recovery; Steve Grissom, the co-founder of DivorceCare and

GriefShare; and counselors, Jim Cress and Marnie Ferree, who tackle the subject of sexual addiction.

Many Christians understand the picture of unity and relationship inherent in the concept of the Trinity. Jesus offered His disciples the same opportunity when He said, “For where two or three have gathered together in My name, I am there in their midst” (Matthew 18:20). When you are willing to invite the Savior, as well as others, into your life’s story, areas of growth that accompany this intentional choice include an increased sense of Christ’s presence, a sense of belonging, a sense of objectivity, a sense of openness, a sense of support, a sense of self-expression and a sense of power. Whether you lead groups or have experienced their benefits as a member, may God continue to give you joy in the journey. ✨

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CARE GROUP LEADERSHIP AND SPIRITUAL FORMATION

trekking toward wholeness



Jesus was passionate about care for the harassed, helpless, hungry, and hurting (Matthew 9:36; 14:14; 15:32; 21:14). Recall this earnest instruction to His disciples: “THE HARVEST IS PLENTIFUL BUT THE ‘CARE GROUP LEADERS’ ARE FEW. ASK THE LORD OF THE HARVEST, THEREFORE, TO SEND OUT ‘CARE GROUP LEADERS’ INTO HIS HARVEST FIELD” (Matthew 9:37-38). Granted, “worker” or “doer” does reflect the literal meaning of the pivotal term. Yet, meditate on those passages in the midst of the Gospel story and absorb our Lord’s affections. Leaders who actively intercede, feed and heal will mirror Jesus’ deep compassion. Shepherds with hearts for God will love others with clarity, compassion, consistency and wisdom. Such leaders realize what it takes to stay true to one’s own trek toward wholeness. From personal familiarity with God’s grace, they proceed to bring others into a spiritual formation expedition. Let’s ponder what it takes to be the distinctive care group leader that the Lord of the harvest will be pleased to send out.

STEPHEN P. GREGGO





“Are we there yet?”

“Are we there yet?” This notorious backseat refrain is not kid stuff. The popular whine has morphed into a pervasive pursuit of rapid results, express service, and fast-tracks to desirable destinations. Encountering long travel delays? A tap into technology will generate an instant shortcut. Anticipate “down time” on the road, riding the rails or in the air? “Smart” devices give savvy travelers the means to distract themselves for the duration of the excursion. Multitasking, whether on the go or when sitting, still reflects the identical back-seat unrest embedded in that infamous childhood chant.

An essential strategy in our culture is to minimize any obligatory pause between here and there, now and then, start and finish. Unacceptable gaps, detours or delays are to be filled with virtual or readily available activities of our own choosing. Technology enables us to transcend undesirable and unfulfilling circumstances. There is no necessity to dwell in a dull or dreary moment. There is ample means to be amused anywhere, anytime. This *is* the contemporary dilemma... and it is a formidable roadblock to comprehend discipleship. Imitating Jesus Christ, the pioneer and perfecter of our faith (Hebrews 12:1); hearing the whisper of the Holy Spirit (John 14:26-27); and becoming a child who honors God the Father is no speedy or hassle-free journey (Galatians 4:6-7). Drawing upon the transformative language of Celebrate Recovery (celebraterecovery.com), ministry care groups offer fellowship, direction and accountability to overcome “hurts, habits and hang-ups” that hamper spiritual maturation. Care group leaders perceive this glaring spiritual journey pitfall: *disciples wander and grow weary on the trek between the now and the not yet.*

A trek, by definition, is an adventure exacting personal challenge.¹ American pioneers launched treks to press onward by ox cart into arduous territory where there were no trails. To “trek” conveys entering rugged terrain that defies passage. Trekking involves the journey itself and the personal effort exerted in making new discoveries along the way. Effective care group leaders guide participants toward the ultimate destination of *shalom* (peace/wholeness) and abundant life (John 10:10). There is a vision that each trekker’s spiritual journey is essential to shape godliness, produce perseverance, stabilize

faith and stimulate an appetite for biblical wisdom (James 1:1-12).

Inspirational pastor, Eugene H. Peterson, authored a devotional classic depicting being a follower of Jesus Christ as *A Long Obedience in the Same Direction*.² Outstanding care group leaders see when members are acting out an inner cry of, “Are we there yet?” The endpoint remains out of reach. Nevertheless, group support is an attainable rest stop. Leaders accentuate the benefits of traveling with a concerned crew so its resources become visible and accessible.

Care Group Leaders: Qualities from Scripture

The Apostle Paul’s instruction to Titus on selecting those who will give oversight to a ministry effort does have a bearing on care group leaders (1:5-9). This basic point could be mistakenly dismissed on two grounds. First, the slice of the community these leaders will touch seems narrow. “This is only a *small* group, anyone can be a leader.” Remember that care groups are serious and specialized; not casual, social or

educational. Group numbers at any given time can seem small, but over the months and years these are active, many lives are impacted. The biblical criteria for leadership cannot be ignored on the basis of size alone. The intensity level of care groups and the potential for impact raise the leadership bar.

Second, these character qualities are critical for care group leaders even though they are not set apart as formal biblical teachers or preachers. The content in focus is how to live the Christian life and walk in holiness moment-by-moment. This means becoming a “living letter;” not extensively addressing God’s letter as a pastor. Still, these leaders execute a form of Christian teaching. Their method of impact is modeling interpersonal characteristics and being transparent about one’s spiritual journey. Opening one’s heart before others is how care group leaders convey the love of Jesus Christ. The Word is communicated via humble transparency, not by proclamation or taking center stage.

Therefore, biblical virtues, such as being blameless, hospitable, upright, self-controlled and disciplined, most certainly are applicable



Trekking involves the journey itself and the personal effort exerted in making new discoveries along the way.





(Titus 1:5-9). Christ followers who step into this guidance role will not be heavy handed with authority, self-serving or greedy. These leaders thrive on highlighting what is good. Steering others around and through conflict is an accomplished skill. Without drawing personal attention, these servants spread an inner stability to others in their sphere of influence. It is worthwhile to be candid about standards and expectations. It is not necessary for a care group leader to be without flaw, fault or fully recovered (if there even is such a state of being). Ministry groups place emphasis on the certainty of our brokenness, vulnerability and dependency. Members lean on one another, but do not follow the leader. Thus, these care group leaders are plainly intentional and vigorous in their trek toward wholeness, but are not those who no longer fall or are beyond need.

Leader Skills to Foster Spiritual Formation

There is a deep and credible evidence base in professional group therapy literature. A systematic review yields stellar insights into what master leaders actually do in sessions to make groups successful and therapeutic. This material was compared and contrasted with historic, as well as contemporary, ministry trends in *Trekking toward Wholeness: A Resource for Care Group Leaders*.³

Robust self-help style groups have two well-established variations: step (i.e., Celebrate Recovery; AA, etc.) and support (i.e., coping with grief, illness management, caregiver support, etc.). For these self-help groups, structure, routine and a few explicit rules conduct the orchestrated sharing. The leader assumes the role of facilitator while members adhere to a set interactive pattern to care for one another. Membership in these groups is “open,” so its composition can fluctuate weekly. Another ministry group style is the common-theme care group. This is where informational (educational), emotional (loving care), and instrumental (member-to-member) support is stimulated through the efforts of a leader. In common-theme groups, leaders initiate interaction around central issues or unifying experiences. There is strategic use of both topical (content) and relational (process) communication. In these groups, the leader screens entrants, so membership may



Remember that care groups are serious and specialized; not casual, social or educational. Group numbers at any given time can seem small, but over the months and years these are active, many lives are impacted. The biblical criteria for leadership cannot be ignored on the basis of size alone. The intensity level of care groups and the potential for impact raise the leadership bar.

close for a season and then open again. This allows for the development of group cohesion.

Each section in *Trekking toward Wholeness* addresses one of four major leadership functions: 1) visioning and structuring (setting out the purpose, plans and procedures); 2) meaning attribution (locating and framing meaning); 3) caring (displaying warmth, respect and acceptance); and 4) affect and attachment stimulation (intensifying emotional exchanges and deepening relational engagement).^{4, 5, 6} Drawing upon the extensive research in this therapeutic niche, it is exciting to unravel the complex dynamics regarding the interaction of members, leaders and the group itself as a cohesive unit. Multiple factors combine to promote healing, growth and change in participants. It is even more amazing to discover that heroes of our Christian faith (i.e., Philipp Jakob Spener, the father of pietism; John Wesley; etc.) made remarkable use of the power of accountability and intimate mutual confession to foster discipleship.

The intent now is to build on this evidence base while linking with recent evangelical thought on the grace-based practices that foster spiritual formation. Consider these five principles as ways to amplify the skills that group leaders uniquely exemplify to grow disciples and further consistent Christian living. Cultivate practices that bring these to life in the leaders you train, as well as when you lead. The risk in stating these so concisely is that it may not be evident how much is packed in each best practice principle. The challenge after reading this is to go out and notice how the group leaders you experience and observe bring these alive.

■ **Care group leaders spread a contagious hospitality that refreshes and affirms.** Hospitality in small groups is not about plugging in the coffee maker or serving cookies. It does, however, require cleaning up messes left behind by folks who do not yet appreciate what the party was all about. There is no single way to do hospitality. Its essence is the warmth of welcome and open hearts that participants experience. In most groups, extending hospitality involves communication to clarify expectations, orientate participation, explain guidelines and affirm the best efforts of other members. These are ideal practices to introduce a welcoming hospitality that becomes the ethos of the group. Remember, care groups must address hard matters and entrenched behaviors. Thus, while the overall atmosphere a leader stirs is one

of gracious hospitality, the talk itself must be nitty and gritty. Relationships must strive toward increasing authenticity. This is how conditions are groomed interpersonally to “speak the truth in love” (Ephesians 4:15).

■ **Care group leaders celebrate the beauty, blessings and risks that flow from mutual exchange.** A central axiom in group literature is that leaders need to fully embrace the wonder and potential of what a particular group can become, whether this is a self-help group that relies on sharing within routine turn-taking or a leader-directed group where cross talk is encouraged and guided. In each, the curative moments are when members give and receive. Care group leaders realize that member communication must increase. Their role is best fulfilled when it appears that they have faded into the background without notice.

■ **Care group leaders recognize the healing potential of corrective relational experiences.** There is a hard-to-reverse myth that the verbal act of purging trauma and surfacing buried pain is a self-cleansing experience. Getting it out is not what help is all about. Rather, solid group work is built on the premise of sharing with, and to, one another.⁷ Hurts are healed not by speaking them aloud, but inviting others to sit with us in that experience.⁸ Once others join our hearts in that excruciating memory, ongoing struggle or secret shame, the cruelest dimensions of isolation and fear are broken. This element is, perhaps, the most potent feature in any care group.

■ **Care group leaders are creative collaborators.** Outstanding care group leaders move members into position to model, guide and support one another. This distribution of responsibility gives others the privilege and sense of accomplishment that comes from working to make constructive change. Creative collaboration is never passive or achieved by careless neglect. Rather, leaders instinctively sense when the timing is right for another to experience what it is like to guide, support and locate wisdom. Care groups are more about shared leadership than the performance of a good leader.

■ **Care group leaders share the rewards of nurture so gratitude permeates the entire group.** The experience of comfort is credited to members or the group as a whole; not to the leader. The Holy Spirit is the catalyst for caring. Leaders who are serious about spiritual formation outcomes



Being a vital member of a gathering of brothers and sisters who see the Holy Spirit at work can solidify a dedicated loyalty to a local fellowship. One small group leader can launch a devotion for trekking with others that sustains a vital spiritual journey in member after member.

maintain this perspective. Although leaders may not be able to “see” the wind; they do “hear” its movement (John 3:8). The leader draws attention to ways others were the voice, hands or feet of the Holy Spirit. The support, strength and compassion that energize forward movement are gifts that pass from member-to-member. The effectiveness of the exchange is bound to God’s grace. Balanced leaders avoid steering appreciation in their own direction. There is an underlying recognition that the privilege of nurturing benefits all and is a healthy sign of community.

A care group experience can alleviate suffering and struggling. Being a vital member of a gathering of brothers and sisters who see the Holy Spirit at work can solidify a dedicated loyalty to a local fellowship. One small group leader can launch a devotion for trekking with others that sustains a vital spiritual journey in member after member. Let’s be a part of God’s answer to the fervent prayers of pastors and ministry leaders who plead and intercede with the Lord of the harvest for more effective care group leaders. The needs of the multitude will seem overwhelming until “doers” commit to enter the lives of the hungry, hurting and those ripe to receive holistic healing. ✕



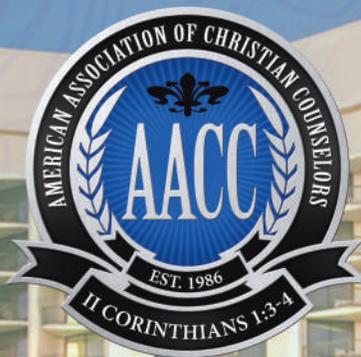
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using small groups as a CHRISTIAN MODEL FOR HEALING

I am a true believer in the power of groups, as I have both participated in and led various types of therapy and support groups throughout my career. Also, I have been part of many church-based small groups over the last 30 years. Their power is incredible... I have seen firsthand how they can create an atmosphere of healing that allows those involved to experience growth and the presence of God's love in a supernatural way. With that said, I am also aware that small groups, as a format, are not a panacea and they do not guarantee a positive or healing experience.



In preparing for this article, I did some research on current thought and research about “small groups.” Not surprisingly, I found a wide variety of opinions on the usefulness of this approach. Certainly, there are still proponents of groups in a variety of forms. There are also opponents committed to the idea they do not work. One online article was even titled, “Why Churches Should Euthanize Small Groups.” There are also new formats and forums for groups utilizing social media. At this time, online groups are too new to have a lot of research data about their effectiveness, but I expect they will continue to

JENNIFER CISNEY ELLERS

open up new possibilities. Just like traditional face-to-face groups, there will also be a wide range of outcomes and opinions. The reason is that small groups can be incredibly effective and healing. They can also be ineffective, a waste of time, or even harmful.

So, how do those leading groups take steps to ensure they provide opportunity for growth and healing? I will spend some time on the factors that history and research show create healing in groups. However, I will also examine issues that undermine the healing power of small groups. I hope you will agree with me that true healing—deep, profound and lasting psychological and spiritual change—comes only from





encounters with the Holy Spirit. We, as Christian caregivers, cannot “heal” anyone, but we can create an environment and opportunity for individuals to encounter Christ in real and personal ways. We can provide people with the chance to be “Christlike” in our interactions with each other and model agape love. I believe that small groups offer one of the most profound opportunities for the Holy Spirit to work in the hearts and lives of Christians.

Known as the father of group therapy, Dr. Irving Yalom described several “curative” or therapeutic factors common to group therapy, which can also be true of any small group. These therapeutic factors are the healing elements in the group process. I will briefly describe each of these factors and how they help heal people in the small group setting.¹

■ **Universality:** Small groups reinforce the sense that we are connected to others through common experiences and shared feelings. When others describe emotions similar to what another member is going through, their sense of isolation is diminished and they experience connection.

■ **Altruism:** Small groups provide the opportunity for members to share themselves and help others. Many studies have shown the power of offering assistance to others to improve self-esteem.

■ **Instillation of hope:** When people see others moving through difficult situations and healing, they believe it is possible for them as well.

■ **Imparting information:** People in small groups share practical information about what has been helpful or harmful to them. Group members have the opportunity to learn from the experiences of others.

■ **Development of social skills or “socializing techniques”:** Group members can learn and practice social and interpersonal skills in the safe and supervised environment of the group. They can learn how their actions and



... the healing power of a small group will be impaired if members attend without a true desire to heal. Healing requires hard work, courage, time and commitment. It is important to ask the direct question of potential group members, **“DO YOU WANT TO BE MADE WELL?”**

interactions are perceived by others and discover new ways of interacting when their current behaviors are not getting the desired outcome.

■ **Imitative behavior:** Groups offer modeling, by leaders and other group members, of critical social skills—such as sharing feelings, handling criticism or conflict, and offering support.

■ **Cohesiveness:** One of the most important healing factors in any small group experience is for group members to experience a sense of cohesiveness or belonging. This happens when members feel acceptance and validation.

■ **Existential factors:** Small groups can help members see a “big picture” of life in terms of meaning and purpose.

■ **Catharsis:** Groups provide a safe atmosphere to let out deep emotions and painful experiences. Expressing emotions

in front of others and having those feelings validated decreases levels of stress, tension and pain.

■ **Interpersonal learning and self-understanding:** Small group members may have a clearer view and the ability to learn when they see themselves in others or reflect how others see them. These two factors overlap and interact, but also provide an opportunity for increased self-awareness for all group members.

■ **Corrective recapitulation of family origin experiences:** This factor most often takes place in therapy groups led by mental health professionals. Family dynamics can be re-experienced or “acted out” with leaders or other group members allowing understanding and corrective learning of dysfunctional family dynamics. This may allow healing and changing of destructive behavior patterns.



With all this potential for healing, how do some small groups end up ineffective or even destructive? I believe there are two primary pitfalls which can undermine the healing power of any small group. First, skilled and effective leadership is required to provide the safe and secure environment needed for therapeutic factors to unfold. The most significant problem with many small groups is that leaders have not been adequately trained or prepared to provide active skills essential to making groups work. Even volunteer leaders of church-based support and recovery groups need a comprehensive training curriculum before leading their first group. Leaders must have a clear understanding of group dynamics, how to create safety and handle problems, as well as proper training in the stages of group development. There are many wonderful group and lay counselor training curricula available to prepare leaders. In addition to training, leaders need ongoing supervision. I recommend that all first-time leaders be paired with a more experienced mentor and co-facilitator to learn and grow. Mental health professionals should be available for regular supervision and ongoing oversight. Any small group leader training program must include information on ethics and boundaries.

The second pitfall to effective groups is inadequate screening of group members. I find this to be a common problem. In order to have an effective group experience, there must be members who both desire a healing experience and are also emotionally and cognitively ready for the therapeutic factors groups offer. Often, for therapy groups, all that is needed is a recommendation by the individual's primary therapist. I find it helpful to have an additional screening with one of the group leaders, particularly if the primary or referring therapist is not one him/herself. This allows the leaders to assess for psychological readiness, but also for compatibility with the style and type of the group, as well as with other potential group members. The right mix

of people in different stages of healing and recovery is essential to group success. Good screening is vital for running effective support and recovery groups. I recommend at least one, and possibly more, interview to determine if an individual is the right fit and ready for participation in a specific group.

Last, but certainly not least, is a question that is often overlooked when screening potential groups members. Our model for this essential question is Christ Himself. In John 5, we hear the story of Jesus healing the man at the pool of Bethesda. We are told he suffered from an infirmity for 38 years. Christ's first question to the man was, "Do you want to be made well?" I believe this is a critical question for anyone seeking healing from a Christian counselor or caregiver. My thought about Jesus' question is that He understood, as most caregivers should, that in order to receive healing, an individual must desire and be committed to receiving healing.

Certainly, there is great pain in the emotional conditions counselors see. Depression, anxiety, addictions, and grief and pain from trauma and abuse all create life situations for which people seek relief. However, caregivers have also learned that all these pain-producing problems can have secondary gains where individuals may, consciously or unconsciously, not want to let go. It may be that they are not ready to let go. Regardless, the healing power of a small group will be impaired if members attend without a true desire to heal. Healing requires hard work, courage, time and commitment. It is important to ask the direct question of potential group members, "Do you want to be made well?" ❖



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Endnote

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THERAPEUTIC GROUPS AND THE *recovery* PROCESS

As a licensed professional and frequent facilitator of counseling groups, I like to think the average consumer would seek a high level of expertise first when acquiring mental healthcare. However, the truth is most potential clients access support groups more often than all the mental health professionals combined (Klaw & Humphrey, 2004). Recovery groups have become common within American society and exist for a myriad of presenting problems, ranging from alcohol and drug abuse to recovery from life events such as the death of a loved one or divorce. Many of these groups are sponsored by churches that provide meeting space and resources to both their members and larger communities (Lieberman & Snowden, 1993). It is estimated that 2.1 million Americans have used self-help, or recovery groups, as a means to improve their lives (Center for Substance Abuse Treatment, 2005). Additionally, the American Group Self-Help Clearinghouse Web site lists more than 1,100 self-help groups in America and internationally (White & Madara, 2002).

DENISE DANIEL

History

Recovery groups are not new to the American scene, having been in existence since the 1930s. They owe their beginnings to Alcoholics Anonymous (AA), a support program for alcoholics that developed from Christian roots, as well as social and cultural changes in the 1960s. The proliferation of illicit drug use in America during this decade led to the need for expanding the reach of recovery groups from alcohol as a sole focus to numerous types of drug addictions. At the same time, group work was coming of age—spurred on by cultural events including the human potential and civil rights movements and the Vietnam War protests. Young people rose up to challenge the status quo of American culture, forming groups that would bring social change (Erford, 2011; Gladding, 2008).

Since these early beginnings, the small group movement has expanded to address a broader range of problems, including recovery and support from life crises events such as the September 11, 2001 terrorist attacks to mental illness mutual support groups. More recently, the Substance Abuse and Mental Health Services Administration (SAMHSA



In spite of a non-professional leadership approach, research shows that recovery groups are efficacious in improving the overall well-being of group participants for a large variety of problems and concerns....





2.1

IT IS ESTIMATED THAT 2.1 MILLION AMERICANS HAVE USED SELF-HELP, OR RECOVERY GROUPS, AS A MEANS TO IMPROVE THEIR LIVES.

announces a working definition of recovery, 2012) defines recovery as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.” Further, the terms “recovery,” “self-help” or “mutual support groups” are often used interchangeably, but are frequently defined as “a group of members who share a common health problem or concern and who offer one another... support, guidance, understanding, and practical advice...” (Humphreys, 2004, p. 2; Klaw & Humphrey, 2004).

Recovery vs. Psychotherapy Groups

Recovery groups can be facilitated by either trained professionals or “sober” peer group members who share the similar problem of the group. This contributes to the confusion

of clearly defining and classifying recovery groups. Previous studies have stated that around 50-60% of recovery groups are professionally led (Lieberman & Snowden, 1993; Yalom & Leszcz, 2005).

Though it is difficult to define and classify recovery groups from self-help or mutual support groups, it is less difficult to differentiate between recovery groups and psychotherapy groups in terms of focus, methods and leadership. Self-help and recovery groups often focus on the problem or issue that the group shares in common. Because of this focus, advice giving and the sharing of personal experience are often found in these groups. In psychotherapy groups, the focus is less on the “content” of group and more on the “process” occurring between, and among, group members. This is

especially true of “interpersonal process” psychotherapy groups. Focusing on group content consists of concentrating on what is said in group sessions by members. Group process focuses on the “how” and “why” of what is said in group (Yalom & Leszcz, 2005).

Unlike recovery groups, in psychotherapy groups the leader is always a licensed therapist or professionally trained facilitator and never an equal member of the group. Leadership moves beyond facilitation of discussion to the more difficult task of focusing on the “here-and-now” interaction occurring between and among members for the purposes of enlightening members to their maladaptive interpersonal patterns of behavior (Yalom & Leszcz, 2005).

In addition to these benefits, Yalom was the first to put a name to the dynamics that occur in the group setting that facilitate change in participants. He identified 11 “therapeutic factors” that create a group milieu which facilitates change for group members.

Efficacy

In spite of a non-professional leadership approach, research shows that recovery groups are efficacious in improving the overall well-being of group participants for a large variety of problems and concerns, including addictions, eating disorders, support for mental illness and medical diseases and conditions, and recovery from trauma and grief (Burlingame, Strauss, & Joyce, 2013). Part of these documented outcomes is due to the therapeutic factors discussed previously. However, there are several biological and theological factors also worth mentioning. First, in more recent years, research in interpersonal neurobiology (IPNB) has expanded our understanding of the impact of interpersonal relationships on the brain and emotion. Researchers are finding that relationships affect brain structure, influence brain neuroplasticity (the ability to create new neural pathways and synapses), and change

implicit memory templates. In more simple terms, emotional wounding occurs in the context of relationship and emotional healing must also occur in this dynamic (Badenoch & Cox, 2010; Flores, 2010; Gantt & Agazarian, 2010).

In many ways, the research in interpersonal neurobiology is proving what has always been revealed in Scripture: Human beings, created in the image of God, are hard-wired for relationship. Further, Christians are called to community for the purposes of confession, forgiveness, support and redemption (Chafer, 1944; Erickson, 2013). The Spirit of God uses the Word of God and the people of God for the purposes of redemption regarding all portions of our being that have been lost to sin, including emotional, cognitive and neurobiological. This is the beauty and power of group—that God chooses to use broken, sinful people for the redemption of other broken, sinful people.

Recovery groups have a place in the ministries of licensed professionals and the Church. Research shows that recovery groups are effective for the treatment of numerous problems and issues. The therapeutic factors of group provide a safe place for wounded and hurting people to find help, hope and recovery. ✦



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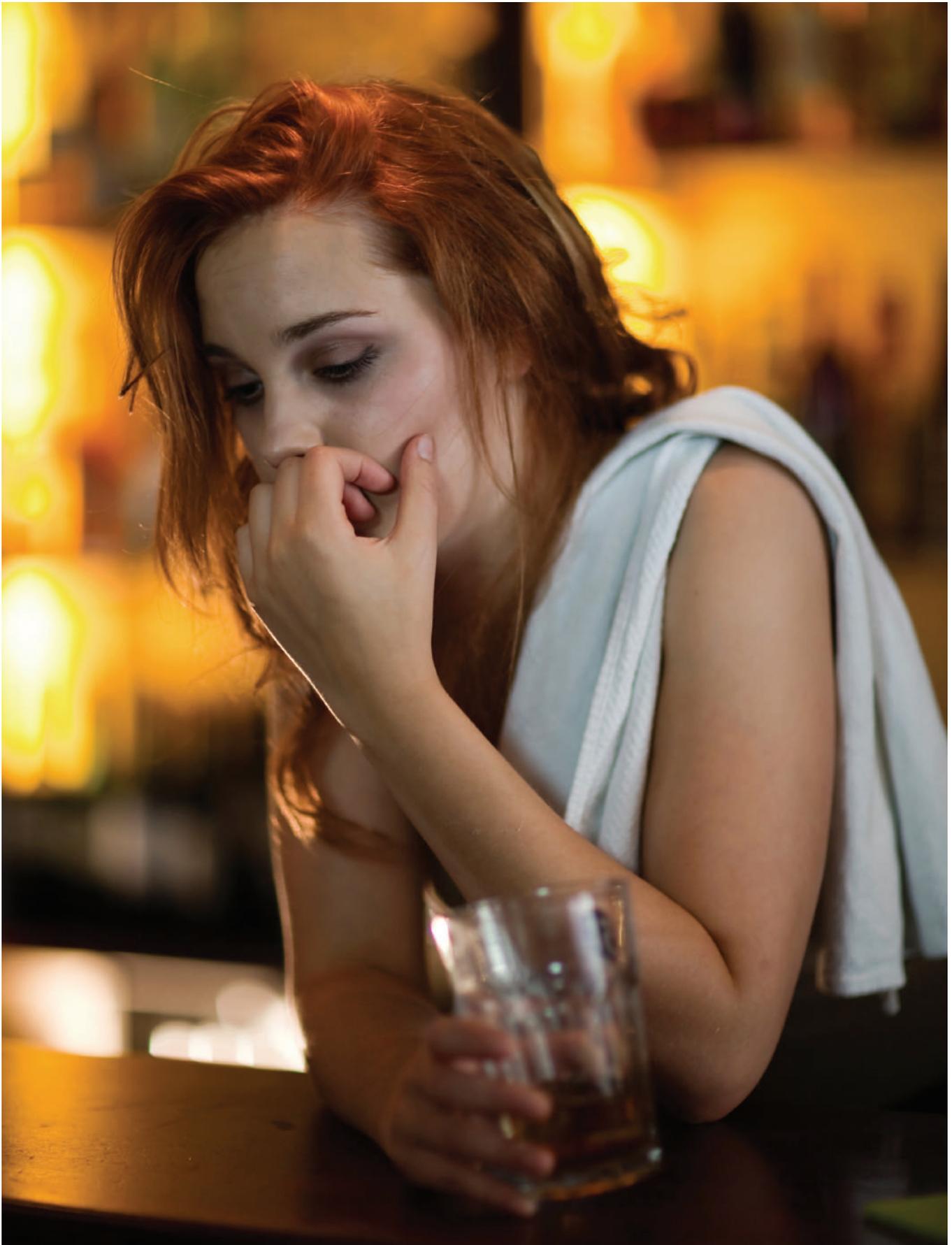
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overcoming resistance to RECOVERY PROGRAMS

By the time you have counseled or coached your first dozen or so clients, you have probably worked with an addict. When you combine drug and alcohol issues with sex/pornography, romance, codependent relationships, food, gambling, and anything else a person cannot stop on his or her own, you may find your practice overflowing with addiction-related cases in one form or another. Long after you become involved with those clients, they may yet struggle with obsessions, compulsions, dependencies and addictions. There is a good chance that if they do not stop the progression of addiction, it will leave them emotionally, psychologically and spiritually depleted, and even without the necessary resources to pay for therapy.

Fortunately, there is a variety of 12-step meetings available at no charge, which can help. However, sadly, many counselors, therapists and coaches are reluctant to recommend a recovery program. If you do suggest attending a meeting, clients may object because there is often a lack of Christian focus or they may say something like, "I'm not like those people." Nevertheless, if you are well-informed and follow to a comprehensive treatment focus, this kind of resistance can be overcome.

STEVE ARTERBURN AND DAVID STOOP





Higher Power

The most common reason both clients and counselors are resistant to 12-step recovery is the issue of God being referred to merely as a higher power rather than the God of the universe. Understanding what addiction does to the spiritual dimension of an addict can result in a better orientation as to why this is necessary for helping as many people as possible. Addiction is often a spiritual killer. It results in shameful and guilt-ridden behavior that separates the addict from God. The eventual dependency becomes the highest controlling element of the addict's life and, if not abated, strips him or her of everything, including thoughts about God. Usually He gets the blame for everything, including the addiction.

It is likely that an addict has asked God to take away his or her addictive urges countless times, while also expressing deep desires to be healed and set free from the torment. Rather than viewing the petition as asking God to do something so they would not have to, addicts believe they are surrendering the problem to God. However, God never honors their so-called "surrender." What is not understood is that addicts must surrender to the processes required to experience freedom from their addictions. It is one thing for an addict to lift up his or her hands and ask God to take the addiction away, and it is something entirely different and magnificent when the hands that go up to God are placed on a steering wheel to drive to see a counselor or attend a support group meeting. True surrender requires action. If an addict is unwilling to do this, he or she may develop a deeper anger and resentment toward God and even question His very existence.

Therefore, addicts come into the process of recovery with misperceptions and some very big hang-ups pertaining to God. They may not want any part of a God who will not enable them the way others have with a simple request. So rather than addicts being able to complain that 12-step work is nothing but God talk, the term "higher power" helps them stay engaged. This is because they are allowed to say anything can be more powerful, and a higher power, due to the reality that they are feeling far away and detached from the real and true God. Higher power is not the destination... it is a starting point for some who would not initiate or remain in recovery if it

If you understand addiction, no one gets off the hook. If I say I am an addict, then I am signing up for long-term involvement in the recovery community, working the steps, and painfully growing.



was anything else. As Christians come alongside and love addicts and help them with their deepest needs, they will start to see God in a different way and, hopefully, one day accept Christ or return to Him in a tangible and intimate relationship.

One final, but essential, point must be made regarding the issue of higher power. There are many believers who have said for years they are Christians, but have missed out on a very godly concept. Though professing to be Christians, they have failed to truly make God their higher power. Some make religion their higher power, while others are led and run by huge egos following after their own self-developed agenda. Rather than complain about the concept of a “higher power” being used in recovery meetings, we need to see the term as a starting point that can lead many to accepting Christ as Lord and Savior.

Recovery Groups are Not Christian

In working with addicts for more than 30 years and seeing the miraculous changes in those who utilized the 12 steps, we are amazed at how many addicts still resist attending a recovery group because it is not Christian. We have seen people who will drive drunk, pull into their driveways, fall out of their cars violently sick and sleep there all night, but still resist going to a recovery group because it is not labeled a Christian meeting. These addicts may lose everything—many already have—because they are not connecting with people who have been in the same desperate position. Thankfully, in recent years, Christian Life Recovery programs have been developed, as well as many other types of Christ-centered groups.

Most do not know that the 12 steps were formulated from the Bible. Bill Wilson’s co-founder of Alcoholics Anonymous (AA) was a physician known as Dr. Bob. I was privileged to hear his last speech and obtain the transcript. In the talk he gave to hundreds of AA members, he told the story of how the 12 steps were developed, “We got them from the Good Book. There were three passages that were particularly important in the development of the steps: The book of James, the Sermon on the Mount, and 1 Corinthians 13.” It was stunning to hear... and makes a lot of sense. If you look at the themes and principles in the 12 steps, they are very reflective of these passages. This is why no one has ever found anything anti-Christian in the steps. Just think of the principle of James 5:16, “Confess your sins one to another and pray for each other that you may be

healed....” This admonition is seen all through the steps, and plays itself out in millions of meetings around the world every day.

It is also important to remember that the concept of AA rose out of those attending the Oxford Groups. These were Christian Bible study groups all over the world. Once the steps were defined, there were many arguments over whether to refer to Jesus Christ or a more inclusive reference to God. Since their primary mission was to help as many alcoholics as possible—some Jewish, some atheists, and some with other beliefs—the decision was made that using the name of Christ would impede the mission by being too exclusive in the beginning of recovery. However, it is important to note that the decision not to use the name of Jesus was not motivated by disbelief, but instead a desire to help anyone and everyone who wanted to stop drinking. That decision was not made by heathen unbelievers or New Age followers; it was made by believing Christians.

All that is Needed is One Step

Another frequent statement we have heard over the years is that someone’s resistance to attending a recovery group is because the 12 steps are not necessary. They state that for a real Christian, the only step needed is accepting Christ as Savior. Of course, this essential step should be taken, but it is not a stopping point for anyone. If sanctification was accomplished when a person first accepted Christ, there would be no need for other steps or choices. For any addict, it is a process that occurs over time and is never completed. The 12 steps can be seen as a sanctification path leading to the transformation called



If the addict does not reach the point of willingness, then going through the steps is of little value. Willingness leads to examining one's heart and taking an inventory of some potentially ugly truths. It means the addict opens up and shares the very issues he or she may have fought to keep secret for years.

for in Romans 12:2. In fact, recovery is simply a non-biblical word for the scriptural word, “sanctification.”

The steps can also be viewed as a 12-point sermon calling for radical steps of faith when someone accepts he or she is an addict. If a person sins by getting drunk, he or she has to confess it, repent and, if needed, make amends. When an individual finally gets to the place where he or she admits being an addict and needs to enter a 12-step recovery program, it will be quite a daunting task. This is true regardless of the addiction. One has to actually work the steps rather than just read or know them. These radical steps include: Humbling oneself to admit he or she does not have the resources to fix whatever is broken; stepping out in faith and believing the insane world in which one is living can change for the better; and completing a deep moral analysis of one's life and examining how the addiction has hurt others.

It is common for an alcoholic to be aware he or she has a serious drinking problem. Eventually, the facts about the drinking and the devastation it has caused the addict and those around him or her can no longer be denied. It is common to hear the addict's desire for things to be better. These are positive signs and indicate hope and progress, but there is one key element an alcoholic must experience if he or she is going to encounter authentic transformation. It is one of the most powerful words

in use today—“willingness.” If the addict does not reach the point of willingness, then going through the steps is of little value. Willingness leads to examining one's heart and taking an inventory of some potentially ugly truths. It means the addict opens up and shares the very issues he or she may have fought to keep secret for years. From there, making amends and restitution, performing an ongoing self-examination, implementing the recovery principles in all matters, and reaching out to help others are critical. So much rich and deep work on the heart is done through executing these steps. God is honored and relied upon as the addict grows and matures.

One of the developments that convinces these “one-step” leaders is the fact that some addicts are delivered from their bondage. We have seen it happen in our counseling work and both know people who have experienced this freedom. You might say that the immediate cessation of the urge to drink is proof that once you really accept Christ, the problem goes away. In reality, the urge is all that goes away. It may feel like a tremendous gift to lose this craving, but it is often misused. When it happens, some state they have been delivered and nothing further needs to be done. We think this is the wrong reaction. The delivered addict can be guided into taking the gift from God and using it to dig into his or her recovery without the urges that are so frustrating for others. They can learn to use the gift to go deeper sooner rather than later.

Here is the reality. We have known addicts to be delivered instantly from their addictions, but they must still repair the character defects that resulted. In fact, because of the chemical dependency, a numbing of the pain and low frustration tolerance, the addict will often function like a 40-year-old teenager... or a 20-year-old may only be functioning like a seven-year-old emotionally. Character building is a process that takes pain, work and time. The 12 steps are a wonderful way to engage in the work needed to experience the healing of the pain. Additionally, while the addict may be delivered from the urges... friends, family and co-workers are not likely to be instantly released from their pain, uneasiness, and the anxiety they experience when relating to the addict. Those who love and support the recovering addict can also benefit from working the 12 steps.

Addiction or Sin?

Finally, there is a resistance from some when referring to the problem as an addiction rather than a sin. In many instances, the rationale of calling something an addiction conveniently gets addicts off the hook and they no longer appear responsible for their actions. Using the term, "addiction," to get someone off the hook does not typically happen in recovery or counseling circles. If you understand addiction, no one gets off the hook. If I say I am an addict, then I am signing up for long-term involvement in the recovery community, working the steps, and painfully growing.

The reality is that we have never met an addict who was not deeply involved in sin. Because of the grip of addiction and the desperate attempts to hold on, the addict sins... and those sins need to be addressed and dealt with directly. Also, we have never met a sinner who was not deeply addicted to his or her favorite sin. Addiction does not alleviate the reality of sin or the responsibility for the behaviors.

Conclusion

Twelve-step recovery is a wonderful compliment to the therapeutic process. It is effective with the whole range of addictions we deal with today. The argument about whether

or not this method is Christian needs to change into evaluating whether or not it is effective. We believe it is. ✦



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healing the soul in community

Dallas Willard once said the advantage of believing in the Trinity is not that we get an “A” from God on our theology exam... it’s that we are equipped to live in the reality of a universe where the Trinitarian Fellowship is the foundation of existence. Nowhere is that more important than when it comes to healing.

Harry Stack Sullivan, the founder of interpersonal psychology, used to say it takes people to make people sick and it takes people to make people well. I am not sure about the first part of that saying; the bent-ness sometimes spoken of as original sin makes my brokenness something I cannot simply lay off on other broken people. However, surely it is true that if I am to heal at all, it will be through being known and loved by other people.

The Church ought to shine here, but too often it becomes the last place where people feel they can truly open up, rather than the first. Monte Fisher and Sue Kim-Ahn are partners in ministry at the church where I serve, and they devote their ministries to helping unconnected people find a family and stuck people find healing. Through their words, you will find the Trinity at work. – DR. JOHN ORTBERG, SENIOR PASTOR, MENLO PARK PRESBYTERIAN CHURCH

Jerry had been married nearly 12 years. Although he and his wife had some struggles in recent years, he thought things were okay. Unfortunately, that was not the case... she wanted a divorce and Jerry immediately began hearing from her attorney. Jerry had never felt so overwhelmed with sadness—his life had completely fallen apart. He felt like a total failure, completely unlovable and was scarcely functional.

When his sister called, he was sitting in his only chair in the middle of a lonely studio apartment with his loaded .357 Magnum in his lap. He eased his finger off the trigger as she told him about a divorce group at a large church in Menlo Park. She was insistent that he “try it out.”

SUE KIM-AHN & MONTE FISHER

“What’s the point?” he thought, but the next day he managed to get himself into the car and drive the 10 miles north to the church. He drove choking on tears the whole way, found the parking lot, turned in, but kept driving right past the parking spaces and back out to the street. As he drove home, he thought, “What a stupid idea. Why would I want to do that?”

The next Monday, he found himself driving to the church again. Maybe it was just because he knew his sister would ask if he had tried it yet. Somehow, in his zombie-like state, he made it and pulled into a parking space. He turned off the engine and sat crying uncontrollably for almost an hour before he restarted his car and headed home. “I’m going to really give it a try next time,” he promised himself.

The following week, he made it inside the church’s fellowship hall just as the “Divorce Recovery” (DR) group was getting started. He sat against the back wall as the MC



Often those who are the most able and willing to be companions to someone in pain are those who have experienced great pain themselves.



gave the welcome. The guest speaker spoke on how divorce could be such a great loss that the associated grief could turn into deep depression and require a lengthy healing process. Jerry cried... he sat in the back and cried during the entire talk. He could not believe his life had come to this—it just seemed totally hopeless. After the talk, everyone else moved into small groups as Jerry slowly gathered himself and left, but he decided he was going to come back again.

Soon, Jerry's entire week was in anticipation of Monday. He knew that as long as he made it to Monday, he would be okay. Jerry joined one of the small groups. The group leader and everyone else there were either going through, or had been through, divorce... and Jerry got to know their stories well. Bob's wife had told him she had been cheating during their entire relationship. Carrie's husband's physical abuse had finally gone too far when he shook their baby until it had a seizure. "Maybe there are worse things than what happened to me," Jerry thought. Each week he felt comforted and supported by his group in a way he never expected. No one gave Jerry advice or questioned him; they just listened and cared. He began to think that maybe he wasn't a totally unlovable human being after all.

Over the course of that first year, Jerry realized he was no longer crying as much. He was productive again at work, and life was tolerable. One day, Jerry asked the DR program coordinator about becoming a small group leader. He was not entirely sure he was ready, but wanted to try "the next step." Eventually, Jerry led his own small group and found it extremely rewarding, almost exciting, to watch his group members experience hope and a sense of belonging.

A few years later, Jerry had a chance to substitute for the MC and gradually found himself in that role. He loved being able to welcome everyone and would warm up with a short joke before

announcements—Jerry truly enjoyed being part of DR. He had gotten his life back, and it was in this community where he found hope and joy again.

Sometimes we just cannot fix ourselves but, perhaps, that was never the intention. Jerry discovered God was able to heal his heart through the love and acceptance he felt in his connection with a community that understood and cared.

Why Community is Important for Our Healing: Made in the Image of God

Jerry's story should not surprise us. In the beginning, God created the first human, Adam, with the breath of life, surrounded him with the abundant blessings of Eden, and gave him meaningful work. Yet, even when Adam was surrounded by the things that normally give our lives meaning (health, resources, work), God's assessment was, "It is not good for the man to be alone..." (Genesis 2:18). Relationships are, fundamentally, what make life "good."

This goodness is most clearly revealed in God, the One in whose image we are made. As one God with three distinct personal expressions (Father, Son and Holy Spirit), the Trinitarian nature of our Creator demonstrates that community/relationship is the core of who God is. This is why, in page after page of human history, God has consistently been seeking to be in relationship with humankind, eventually sending Jesus to live with us in the flesh.

Emmanuel: God with Us

At Jesus' baptism (Matthew 3:15-17), the voice of *God the Father* is heard and the *Holy Spirit* is seen in the form of a dove. While this event was an acknowledgement of Jesus' identity and significance, along with it came a glimpse into the communal nature of the Triune God. It is in that character of community where Jesus launched His ministry as a living, in-the-flesh demonstration of who God is. He developed relationships everywhere He went—touching those no one else would touch; speaking to those with whom no one else would speak; and eating with those whom no one else would associate. Jesus called together a group of people who traveled

with Him extensively, living life together and teaching them that "loving your neighbor" is fundamental to loving God (Mark 12:28-31; John 13:34-35). Eventually, Jesus revealed the great extent to which God wants to be in relationship with each of us by His dying on the cross.

A Community that Cares

Following Jesus' ultimate expression of love on the cross and His subsequent resurrection, the disciples found the most natural way to live out the reality of life with God was in small groups. They met together regularly—worshipping, eating, sharing, caring for one another in ways that were so remarkable that others wanted to try it too—and were welcome to do so (Acts 2:42-47). Those groups were called *ekklesia*, or "the called out"—those who had experienced Christ's love and were sharing that experience with others.

Two thousand years later, that same love was the foundation of the group that Jerry encountered, helping him reach outside of himself and experience the acceptance and love of God through others. It is doubtful he could have gotten to that place on his own.

Barriers to Healing Community: The Challenge of Connecting

It can be difficult, however, to find that community. We easily set up our own hurdles to joining a new group—whether it is inertia, past experiences or fear of the unknown. There also can be a natural sense of isolation when we enter a room of people we do not know. Even if everyone is deliberate about welcoming others, it can seem as though "they are all friends and I'm the stranger."

Beyond those initial insecurities, there are even deeper roadblocks that prevent us from finding intimate community—our pain and shame: "If they really knew me, they would never accept me." Jerry's self-perceived stigma almost prevented him from trying out DR but, ironically, it was that same stigma that eventually helped him connect deeply with his small group. That connection happened, in this case, because the DR groups function with four compulsory





When Karen's teenage daughter, Cindy, came home with a diagnosis of bipolar disorder, she was devastated. "It was frightening—I felt scared and hopeless, isolated and stigmatized." Then she heard about a weekly mental health support group at her church where family members and those with mental illness would share a meal, host a speaker or discussion and then break into small groups for sharing and prayer. She says, "I've been here ever since, experiencing God's healing, feeling His love through that fellowship, and looking forward in hope to that day when He will wipe away every tear from our eyes."

guidelines: 1) Maintain confidentiality and anonymity; 2) Practice good listening skills (no side conversations or interrupting); 3) Avoid problem solving or giving advice; and 4) Make sure everyone has time to talk.

The kind of connection that can take place in this context is profound: "*When we honestly ask ourselves which persons in our lives mean the most to us, we often find that it is those who, instead of giving advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a warm and tender hand. The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face with us the reality of our powerlessness, that is a friend who cares*" (Henri J.M. Nouwen, *Out of Solitude: Three Meditations on the Christian Life*).

Often those who are the most able and willing to be companions to someone in pain are those who have experienced great pain themselves. These "veterans" have lived through suffering firsthand and know the most essential element to healing is being a companion who gives room for God, the Great Healer, to do His work. As inspirational speaker and Franciscan friar, Richard Rohr, noted, "*Deep communion and dear compassion is formed much more by shared pain than by*

shared pleasure" (from *Breathing Under Water: Spirituality and the Twelve Steps*).

Finding Safe Places

Even if we muster the courage to seek a community where we feel safe to share our stigmas, where can that community be found? Given the foundational principle of the Church is to extend God's relational love to our neighbors, the first place where healing communities should be found is there. Ironically, though, a local church can often be a place where the expectation to have "everything in order" overrules any genuine opportunity to be open, vulnerable and honest.

*"It is interesting to compare a legalistic church with a good AA [Alcoholics Anonymous] group. In the church, it is culturally unacceptable to have problems; that is called being sinful. In the AA group, it is culturally unacceptable to be perfect; that is called denial. In one setting, people look better but get worse, and in the other, they look worse but get better... The sad thing is that many of us come to Christ because we are sinners, and then spend the rest of our lives trying to pretend that we are not!"—Dr. Henry Cloud, *Changes That Heal**



How do we Foster Healing Community?

Time + Grace + Truth

How can a local church provide an environment that fosters healing culture? There are three essential elements: *“In short, it takes time to grow. And time alone will not do it. Time must be joined by grace and truth. When we respond responsibly to these three elements, we will not only heal, but also bear fruit”* (Dr. Henry Cloud, *Changes That Heal*).

What Jerry experienced in DR was very deliberate. It is a support group that has existed for more than 30 years, meeting every week—holiday or not—because grief and painful circumstances are not something that can be scheduled. (In fact, holidays can be times when support is needed most, but many groups are unavailable.) The support group that Jerry eventually led was one of many small groups that meet weekly. Members participate in the same group for as long as they wish—sometimes for years. This honors the ingredient of *time* as each individual goes through his/her own process of healing, however long it may take. Group members are accepted each week in whatever state they may be in and are always cared for and welcomed. No one suggests that someone “get over it” or asks, “Have you been able to move on yet?”

Jerry found *grace* as well. Unfortunately, there are instances where DR attendees have been rejected by their own churches because they were going through divorce. No one should be “called out” at DR, even for cheating on a spouse while still being legally married. It made Jerry feel safe that even though he had made mistakes, he would be able to deal with them at his own pace without condemnation. He knew that everyone at DR felt their own shame, just like he did, and none of them needed reminders. Here, he felt accepted in spite of who he was and whatever he had done, because everyone was acknowledging their brokenness openly.

“Most of us were taught that God would love us if and when we change. In fact, God loves you so that you can change. What empowers change, what makes you desirous of change is the experience of love. It is that inherent experience of love that becomes the engine of change.” – Richard Rohr, *Following the Mystics through the Narrow Gate: Seeing God in All Things*

Through DR, God’s love began to feel real to Jerry. It was a safe place where he could begin to face hard *truths* and, as a result, work on his personal issues. He learned about safe and unsafe behaviors and attitudes and began to find the courage and strength to change. Also, he learned

how to bring safety into his relationships, particularly by paying attention to personal boundaries, and discovered how to identify those with whom it would be safe to be in relationship. Over time, Jerry discovered he was making better choices and found himself attracted to healthier friends.

Eventually, Jerry met a lovely woman who shared his faith and newfound interest in ministry. It was as if he had been given a whole new start on life. He has since remarried, moved, and created a DR ministry with his wife at their local church. Jerry’s involvement with DR brought him a blessing he never expected out of the terrible pain and stigma of his divorce, which brings to mind the Apostle Paul’s words to the Corinthians: *“[God] helps us in all our troubles, so that we are able to help others who have all kinds of troubles, using the same help that we ourselves have received from God. Just as we have a share in Christ’s many sufferings, so also through Christ we share in God’s great help”* (2 Corinthians 1:4-5, GNT).

That is the blessing that our pain and stigma find within a healing community. ✕



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three grown sons.



Mary had suffered serious abuse all her life. Because she identified those experiences with professing Catholics, she had a deep-seated anger and avoided all churches. However, she knew she needed a recovery fellowship and mustered the courage to try the Christian 12-step group at a large church nearby. As she walked in, the speaker was sharing her story of struggles with addiction to romance and sexual compulsions. It was clearly a difficult story to tell and reminded Mary of her own pain, brokenness and compulsions. She felt at home. This would be a safe place where, in community with others struggling with their own recovery, she could find help to face her own fears, hurts, and behaviors and submit them to the power that is greater than herself...

EXPANDING YOUR PRACTICE

Starting and Running Effective Therapy Groups

JESUS CHRIST CHANGED THE WORLD BY MENTORING 12 MEN.

This group shared trauma, love, hate, envy, conflict, hope, doubt, amazing miracles and tremendous loss as they followed Him. He taught them to minister in groups. The founding of churches became the context of Christian community for centuries.

Families, churches, schools, sports teams, choirs, clubs and most work environments are groups that shape our identities, behavior patterns, expectations, and personal preferences. Healthy groups develop positive, competent people; unhealthy groups have serious negative impacts.

Group Therapy is effective and efficient treatment for a wide range of emotional and relationship problems. The Bob Newhart Show (1972-78) portrayed a process therapy group and the recent sitcom, *Go On*, with Matthew Perry, depicted group therapy for grief. Though comically outrageous, these shows reflect the public's perspective of content and procedures in therapeutic group settings.

Groups have improved since Bob Newhart. Research validated, or research evidenced, group therapies are manualized treatments that have been studied and judged effective for treating specific disorders. For example, my practice currently has a team that runs Dialectical Behavior Therapy (DBT) informed groups (combines standard cognitive-behavioral techniques for emotion regulation and reality-testing with concepts of distress tolerance and mindfulness), which enhance

our clinical reputation in the community, increase in-house team building, and provide a steady source of revenue.

I have participated in many mixed gender, men only, and couples small groups. Twenty years ago, I personally spent two years in a group. Week by week we peeled away the veneer of socially accepted conversation until we got down to an earthy, sometimes repugnant, level of confession. One man broke through the denial of a childhood relationship he had with a priest with intense shock and grief at the revelation he was a victim of abuse. I will never forget him looking at his shoes saying, "I can't look at you guys. I am so ashamed." The group declared Christ's love and forgiveness. My friend was rescued from self-condemnation and empowered to eventually confront the abusive priest. All the while the group was "(provoking him) to love and good works" (Hebrews 10:24).

In this article, I want to present how to develop a successful group therapy program. I will address ethical principles, as well as the costs and benefits of group therapy.

■ **Group therapy will expand your referral networks.**

Groups can broaden the appeal of your practice. Many people ask for it when they contact our office. Courts often refer for

PAUL H. VANVALIN



THE BIBLE TELLS US,
“IT IS NOT GOOD FOR
MANKIND TO BE ALONE,”
AND GROUPS PROVIDE A
SAFE COMMUNITY FOR
HEALING AND GROWTH.



Families, churches, schools, sports teams, choirs, clubs and most work environments are groups that shape our identities, behavior patterns, expectations, and personal preferences. HEALTHY GROUPS develop positive, competent people; UNHEALTHY GROUPS have serious negative impacts.

group treatment for anger, violence, abuse, addiction, and parenting problems. In addition, groups can enhance your reputation. Promoting research validated groups communicates a high value for excellence in service delivery and sets you apart from your competition.

Groups can also provide win-win collaboration with other treatment providers. We promise practitioners outside of our practice that we will not solicit for, nor provide upon client request, any other treatment than the group in which they participate. We have several practices, both private and publicly funded, that refer regularly to our groups. Low or no cost support groups provide a great entry point to introduce people to your practice. Satisfied clients are typically your best referral source.

■ **Group therapy provides a great context for training and collaboration.** I train pre and post-graduate students. As co-therapists, a more experienced counselor works side-by-side with a less experienced counselor. This elevates the student to peer status and increases competence and confidence. It is also much more dynamic than case presentation supervision.

■ **Group therapy provides steady revenue at affordable rates for clients.** Counseling and psychotherapy are expensive and people are very busy. In a recession and post-recession economy, we have to provide services that are efficient, cost effective and accessible. Fees for group therapy are usually one-third to one-half the cost for individual and family therapy. Six to 12 group members provide 1.5 to four times the revenue of other modes of therapy in the same time frame.

■ **Group therapy requires extra work.** The group therapist must schedule team development, recruiting and screening clients, materials preparation and distribution, record keeping, fee collection, out-of-group contact with members, and follow-up treatment planning. This is not for every counselor. Group therapists have to be more organized, better marketers and enjoy highly stimulating therapy as there is so much going on in a group. Good business acumen is required to measure the economic impact of the group program and it is always important that counselors manage their personal stress.

Group therapists are able to: 1) train clients to be good group participants, 2) observe, process, and respond rapidly out of a rich reservoir of therapeutic tools, 3) enjoy higher levels of stimulation given the number of people involved, 4) respond quickly and think “on their feet,” 5) develop clients’

capacity to serve each other in therapeutic ways, 6) nurture co-therapists where appropriate, and 7) create interventions for extreme client behaviors, such as being overly talkative or quiet and reclusive, displaying excessive emotional expression or remaining stoic and withdrawn, or exploiting inappropriate social comments, dress or behavior.

Selecting the Type of Group Therapy and Screening Clients

In outpatient process group therapy, people share information about life experiences and receive feedback from group members and the therapist. This can be very useful with high functioning, verbal clients who have limited or dysfunctional social networks. They need a safe place to share and learn from others. Group selection for a process group is often based on balance. If one has a large enough pool of subjects, the counselor mixes gender, ethnicity, personality styles and the needs and histories of clients to create a small community.

Problem focused groups employ research validated techniques with a group of people who share similar concerns. For example, in a social anxiety group, people share common experiences. This counters the “I am the only one who suffers like this” perception and provides the support and motivation to make painful and challenging changes.

Technique or therapy modality groups focus on the intervention. For example, Dialectical Behavior Therapy, Mindful-Cognitive-Behavior Therapy, and Reminiscence Group Therapy are defined by the techniques that are prescribed for a population or set of problems. The counselor trains clients in a set of skills and the group sessions become a classroom where people learn, practice, and remain accountable to each other. The more severe the pathology, the more structure you need to have in your group. Manualized treatments are highly structured with lots of rules and boundaries. When the boundaries and expectations are clear, people are less anxious.

I recommend that group leaders personally screen every member prior to the start of a group, or before introducing a new member to an existing group. This builds rapport and reduces the anxieties of client and therapist alike. One-on-one interaction helps the counselor assess the client’s capacity to be a good group member.

Ethical Considerations

Ethical practices and procedures used in other modes of psychotherapy and counseling also apply to group therapy.

Professional organization ethics and legal standards for consent, confidentiality, record keeping, competence, contracting for services, and practicing within one's expertise must be followed when running groups.

The American Psychological Association Code of Ethics (apa.org, Section 10.03 Group Therapy) states, "When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality." This is the only statement that applies uniquely to group therapy in the APA Code of Ethics, but infers that some significant issues must be addressed. The American Association of Christian Counselors also addresses ethical concerns related to group counseling in their newly revised 2014 Christian Code of Ethics (aacc.net/about-us/code-of-ethics/).

I recommend the following is communicated very clearly in one-on-one screening and in the beginning of group therapy: the purpose of the group, who will have access to information about the group, and how group members should treat the information they hear in the group. Activities, fees, attendance expectations, consequences of missed appointments, availability of the therapist outside the group, and relationships among group members outside the group must be clearly communicated verbally and in writing. Client disappointments resulting in complaints to governing boards, or even lawsuits, most often stem from unhappiness about role confusion, confidentiality and management of finances and financial information.

Dual relationships and conflict of interest scenarios must be avoided in psychotherapy. A counselor must be careful if he or she is also providing individual, couple or family counseling to one or more group members. It is probably safest to avoid mixing therapeutic modalities with clients.

In summary, I am a believer in group therapy. I experienced it firsthand as a participant and it is a significant part of the success of Eden Counseling and Consultation. Christians often discover Christ and grow in small, effective groups in the midst of a broken world. The Bible tells us, "it is not good for mankind to be alone," and groups provide a safe community for healing and growth. Group therapy offers practitioners treatment that works financially, socially and spiritually. It is often challenging, but the investment yields changed lives. ✦



PAUL H. VANVALIN, PH.D., is a Licensed Clinical Psychologist and founded Eden Counseling and Consultation in 1995. A preacher's kid turned psychologist, Paul has a great love for the Church and its leaders. Using a holistic integration approach, he and the Intensive Assessment and Consultation teams provide individual and family care. Paul has trained dozens of professional counselors, many now in their own practices. He coaches leaders in personal, team and practice development. For more information, visit edencounseling.com.

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A HEALING COMMUNITY: THE VITAL COMPONENT FOR VICTORY OVER **sexual addiction**

Men and women have been hiding in shame since the Garden of Eden. Before the Fall, Adam and Eve were “naked and unashamed,” but after tasting the forbidden fruit, their eyes were open to the harsh reality of life apart from God. In futility they tried to cover their inadequacies with fig leaves and hide in fear and shame from each other and from the God who made them.



Not much has changed since sin first entered the world. We have simply developed more up-to-date ways of hiding from intimacy, which are both our deepest human longing and fear. In the 21st century, sexual addiction is undeniably the favorite “fig leaf.” The availability of the Internet prompts millions, including Christians, to access the false intimacy of sex and relationships outside of God’s ordained boundaries.

Conservatively, at least 3-6% of the adult U.S. population meets the criteria for sexual addiction. According to the online accountability organization, Covenant Eyes, the percentages are much worse: 50% of all Christian men and 20% of all Christian women say they are addicted to Internet pornography. The numbers of those who “act out”—engage in inappropriate behaviors without reaching the point of addiction—are

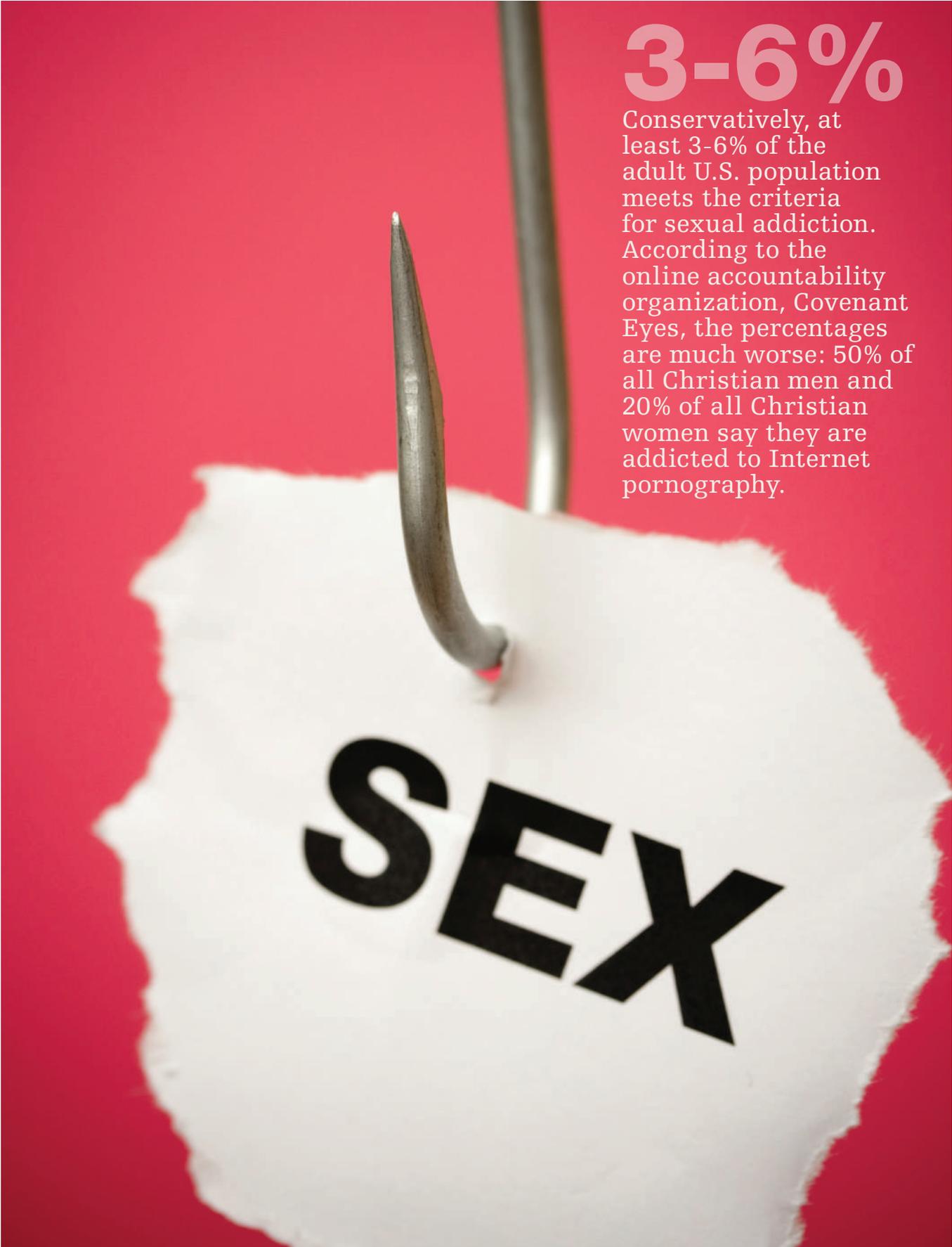
beyond staggering. Sixty-eight percent of young adult men and 18% of women admit they use pornography at least once every week. One in three visitors to an adult Web site is female.

The escalation of interest in Internet pornography is equally stunning. According to Google Analytics, in 2008, searches for the terms *porn*, *XXX*, or *sex* equaled 70 million per month. In 2011, those word searches rose to 68 million per day... and in 2014, the hits are expected to reach 84 million per hour. Dr. Patrick Carnes, the founder of treatment for sexual addiction and a clinical leader in the field, repeatedly asserts, “The tsunami of sexual addiction has not yet hit America.” His legitimate belief begs the question, “*Is the Church prepared to render aid?*”

Jeremiah 2:13 speaks to the spiritual etiology of sexual addiction when the prophet reports God’s declaration, “My people have committed two sins; They have forsaken me,



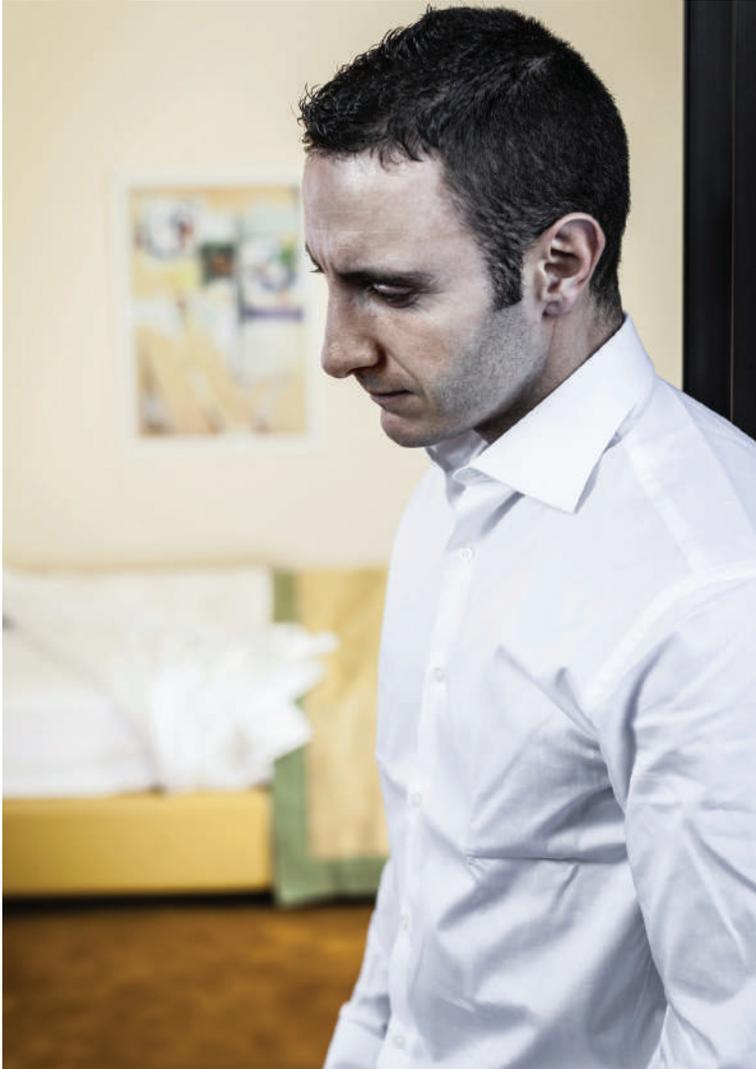
JIM CRESS AND MARNIE FERREE



3-6%

Conservatively, at least 3-6% of the adult U.S. population meets the criteria for sexual addiction. According to the online accountability organization, Covenant Eyes, the percentages are much worse: 50% of all Christian men and 20% of all Christian women say they are addicted to Internet pornography.

SEX



the spring of living water, and have dug their own cisterns, broken cisterns that cannot hold water.” Sex addicts ultimately turn away from God because they do not believe He will quench their deepest thirsts. They turn to sexual acting out in an attempt to find something counterfeit, though temporarily quite effective, to assuage the barrenness of their souls.

A foundational truth is that despite the realities of the pleasure principles at work in the brain, sexual addiction is not primarily about sex. Rather, this problem is an *intimacy disorder* characterized by using lust and sexual gratification in an attempt to meet non-sexual needs. Intimacy can be defined as “into-me-see” and, the truth is, we are scared to death to allow even those closest to us see behind the facades we have constructed in an attempt to keep ourselves safe. Many people hold the core belief: *If you see who I really am, you will most certainly reject me.*

Therefore, sex addicts go after the false connection of anonymous, disconnected and illicit sexual activity as a “safer” way of feeling known or accepted. In echoes from Eden, however, the aftertaste of this forbidden fruit is despair, loneliness, shame and a sense of isolation from God, one’s closest relationships, and even self.

So many men and women have reached for quick answers, made hundreds of promises to stop, prayed fervently for God to remove their lust, practiced “taking every thought captive,” joined accountability groups, or sought some other well-intentioned attempt to end their secret battle with sexual lust or addiction... yet all to no avail.

So what is missing in the Church’s typical approach? *The healing power of community.* And why is community so important? The answer is found in attachment theory, which is the latest trend in treating sexual addiction.

Prevailing clinical wisdom asserts the origin of sexual addiction is rooted in early attachment failures with primary caregivers (Carnes & Adams, 2002). Disrupted attachment literally rewires the brain as it creates dysregulation in the infant’s nervous system that demands to be soothed in some manner (Fisher, 2000). Anxiety (fight or flight reactions) or dissociation (freeze) are the prevailing brain responses. Eventually, then, sexual addiction becomes a way to medicate the pain of attachment injuries, while providing the added benefit in the process of a hit of pleasurable dopamine (which plays a major role in

reward-motivation behaviors). Ironically, untreated sex addicts are unable to bond and attach in intimate relationships, so a self-perpetuating cycle of acting out and despair ensues.

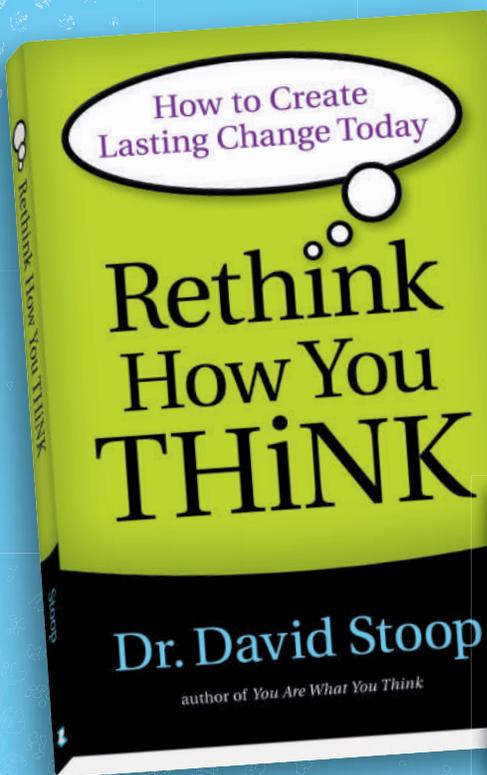
This viewpoint provides the neurobiological reinforcement for what leading Christian sexual addiction expert, Dr. Mark Laaser, has long taught about the trauma that drives most sexual acting out. Laaser (2004) describes the wounds of abuse and abandonment as core vulnerabilities, and when paired with the prevalence of sexual triggers, this gaping internal hole ignites lust.

Intimacy disordered sex addicts are usually wounded in their early relationships and cope by acting out in isolation. It comes to no surprise, then, that they can best find healing within an authentic, supportive community. The research is clear that a group setting is the orientation of choice for treating addictive behaviors. If sex addicts struggle with a fundamental attachment disorder, it is logical that a key way to address the manifestations of those injuries is within the crucible of a group environment.

A support group like a Twelve-Step Fellowship or faith-based recovery group can provide significant help and encouragement, and it should be a required component of evidence-based treatment for sexual addiction. Ideally, these groups provide a safe, confidential setting for men and women to tell their stories without judgment, shaming, or spontaneous advice giving. A favorite slogan from Alcoholics Anonymous is: *"We are as sick as our secrets."* Profound healing happens when the sex addict shares vulnerably and is met with both acceptance and the gift of hearing other group members' stories. The wounded, fearful addict begins to believe, *"I am not alone,"* which is the foundation for the development of intimacy.

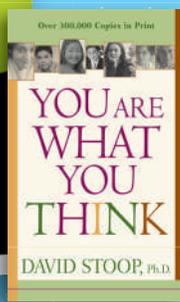
Group psychotherapy goes a step further by providing the perfect arena to practice healthy relating with the assistance of a trained clinician to facilitate the process. Group therapy can be structured in a number of ways and have a variety of formats. Gender-specific and coed groups both offer a powerful platform for

... sex addicts go after the false connection of anonymous, disconnected and illicit sexual activity as a "safer" way of feeling known or accepted. In echoes from Eden, however, the aftertaste of this forbidden fruit is despair, loneliness, shame and a sense of isolation from God, one's closest relationships, and even self.



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DR. DAVID STOOP is a licensed clinical psychologist and the author of more than twenty books, including *You Are What You Think* and *Forgiving the Unforgivable*. He lives with his wife, Jan, in California where he has his counseling practice.

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practicing genuine intimacy free from objectification or lust. Psychoeducational, process and experiential groups are beneficial in different ways. The “nuts and bolts” of effective group therapy—composition and number of participants, time limited or open ended, screening and contract, and so on—set the table for the relational benefits of interaction. The clinical skill and personal health of the facilitating clinician is uniquely important as this person imparts the boundaries crucial to safe interaction (Ferree, 2012). [For specific instruction on conducting groups with sex addicts, especially female addicts, see the clinical book, *Making Advances*, shown in the references.]

When men and women stay present with each other as they share their life stories and the narrative of their struggles with sexual addiction, something profound happens—they partake in the healing process of authentic relational intimacy. Those who once struggled at the deepest level of brokenness are transformed into valiant victors over sexual addiction. ✦



JIM CRESS, M.A., LPC, CSAT (*Certified Sex Addiction Therapist*), is a broadcaster of 33 years and a conference speaker. He has a private practice in Charlotte, North Carolina, where he leads several men's therapy groups, and is a group leader at *Onsite Workshops*.



MARNIE C. FERREE, M.A., LMFT, CSAT, is the author of three books, including *No Stones: Women Redeemed from Sexual Addiction* and a clinical treatment manual for working with female sex addicts. She is the founder and director of *Bethesda Workshops*, a national intensive treatment program for recovery from sexual addiction (*BethesdaWorkshops.org*).

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LIFE CRISIS MINISTRY

THE INTERSECTION OF COUNSELING AND CHURCH-BASED SUPPORT GROUPS

was confused and surprised. When we first introduced the DivorceCare and GriefShare support group programs, we repeatedly heard new group members making statements such as, “I feel like nobody knows what I’m going through.” Twenty years later, we still hear that same refrain. How could this be? Death is universal and divorce is widespread. Why do people believe that others cannot relate to the pain they feel?

Once these people attend and participate in a group, we repeatedly observe that a transition takes place. The isolation begins to fade and a new outlook emerges—“I realize I am not alone; there are others going through this as well.”

I have come to understand that people who are in the middle of a significant life crisis are so consumed by their emotions that their focus is understandably inward, losing whatever relational perspective they once had. Engaging with a group of people facing similar struggles helps lift part of the “me-centric” focus and contributes to the healing process.

It is exciting to see this transformation at work. Barry, a DivorceCare group member, said, “Even though I may be crying due to the pain I’m going through, when I find out the person next to me is having as much trouble as I am, or worse, I feel like I could possibly help [him].” H. Norman Wright, grief therapist and certified trauma specialist, explained, “What a difference it makes when you hear stories similar to your own,

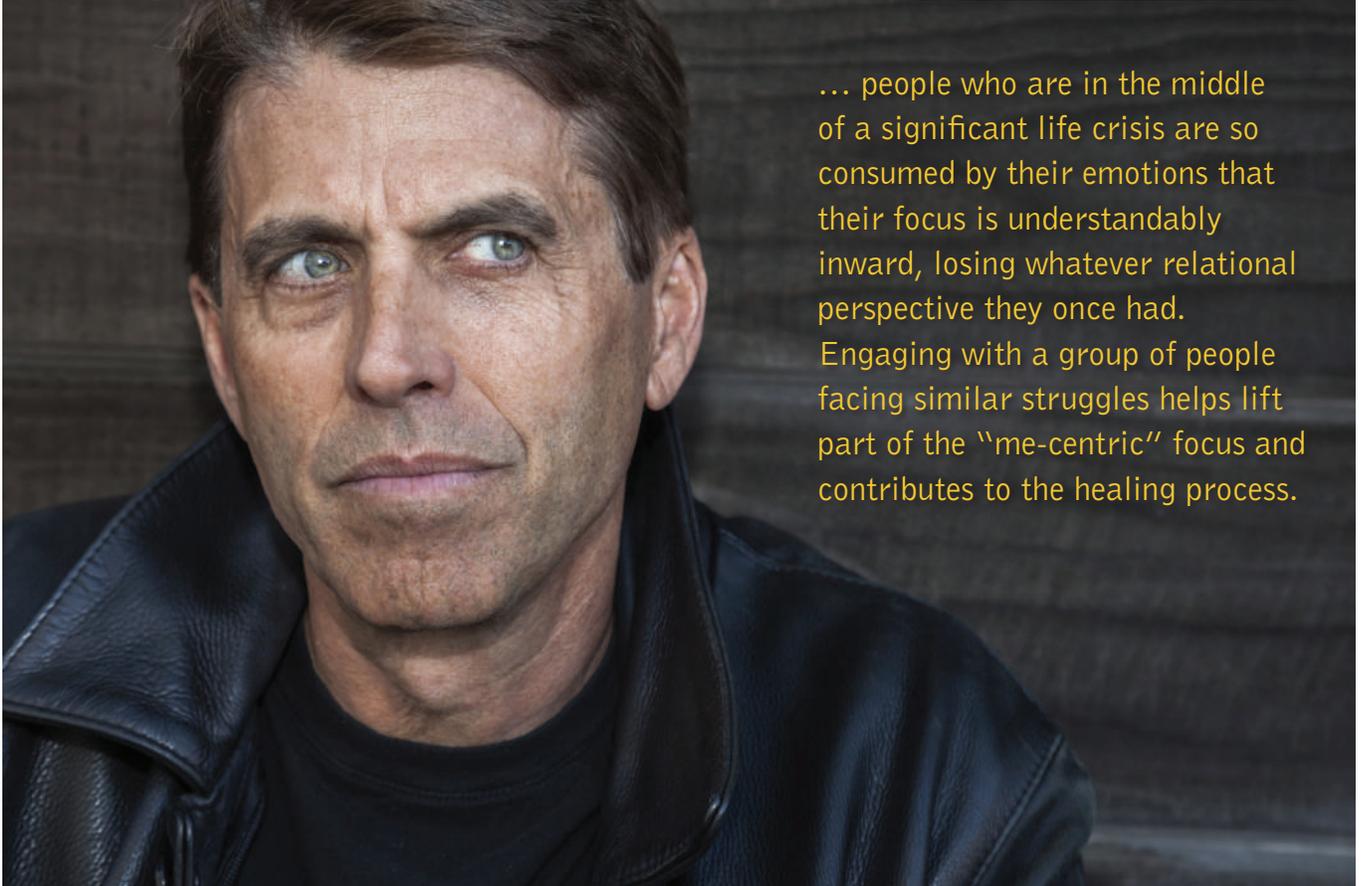
when you hear that other individuals have the same feelings, and you can sit there and say, ‘I’m not going crazy.’”

This phenomenon demonstrates the synergies that can occur when counseling and support groups work in harmony. Clearly, there are many types of support groups covering a gamut of issues inside churches and throughout secular society. The effectiveness of any particular group depends on how the program is designed, so I would like to describe the structure and strategy we created for DivorceCare, GriefShare, and our new Single & Parenting curricula.

Program Design

We designed these programs to be offered in the context of a local church. The support groups are

STEVE GRISSOM



... people who are in the middle of a significant life crisis are so consumed by their emotions that their focus is understandably inward, losing whatever relational perspective they once had. Engaging with a group of people facing similar struggles helps lift part of the “me-centric” focus and contributes to the healing process.



typically led by a team of lay facilitators, trained using materials developed by Church Initiative, and with proper oversight by a pastor or church staff member.

The groups operate using a structured curriculum that is biblically-based and Christ-centered. Groups are scheduled in 13-week cycles. Most churches schedule two or three cycles each year. The groups are designed to be “open,” meaning a person can join at any point in the cycle. Group members are encouraged to participate in two complete cycles of the group, allowing them to reprocess key concepts with perspective they have gained as they begin healing.

The curriculum design has three key components:

■ **Video:** Each weekly session begins with the group viewing a video, approximately 40 minutes in length. The videos are produced in a television “magazine” format, featuring interviews with leading Christian counselors and pastors, many of whom are AACC members. These interviews are interspersed with dramatizations and interviews with people who have experienced the issues being discussed. Each weekly session has a specific focus; for example, in week four of DivorceCare, the topic is depression.

■ **Support Group Discussion:** After viewing the video for a specific session, group members enter into a structured support group discussion about what they have seen on the video and what has occurred in their lives between group meetings. A team of at least two lay facilitators lead the discussion time using questions provided by our ministry. We stress the importance of guided groups (with clear goals established for the discussion) to ensure the conversation is productive and does not devolve into excessive negativity. Even in the context of the guided discussion, there is, however, opportunity for group members to express feelings and emotions.

■ **Personal Study:** Each group member also receives a workbook that contains a section for taking notes during the video, a daily Bible study themed to the topic presented on the video, journaling exercises, articles, and other resources. The workbook is designed to keep the group member engaged with the material between weekly sessions.

To date, Church Initiative has equipped more than 20,000 churches worldwide with one or more of these programs.

The Connection between Counseling and Support Groups

When training GriefShare, DivorceCare, and Single & Parenting facilitators, we emphasize that theirs is *not* a counseling role. We also stress that they will likely encounter people who need help beyond what is provided in the group setting. As laypeople, most prospective group leaders are relieved when they learn that counseling is not part of the job description.

“Leaders are not necessarily counselors, but trained in facilitation. They welcome the support of someone trained to address the level of intensive care needed by some group members,” said Sabrina D. Black, Clinical Director of Abundant Life Counseling Center in Southfield, Michigan. “When additional intervention is needed, it should be provided by professional or lay Christian counselors.”

We encourage facilitators to maintain, in conjunction with church leadership, a list of licensed Christian counselors with whom they can refer group members. As a result, we have seen active partnerships develop between groups and local counselors. “Therapy is necessary for those experiencing a number of complex issues or circumstances that cause grief to be complicated, prolonged, or chronic,” said licensed clinical psychologist, Dr. Susan Zonnebelt-Smeenge. “The therapy process allows more in-depth individual exploration of the [person’s] present situation, including the past history of relationships with the deceased or former spouse, and how other members of the family may have been involved with the demise of the marriage or the deceased’s dying process and death.”

We have also learned from counselors that these support groups can be effective extensions of the counseling process. “I always like to coordinate the care,” said Dr. Linda Mintle, licensed clinical social worker and Chair of the Division of Behavioral Health, College of Osteopathic Medicine at Liberty University in Lynchburg, Virginia. She goes on to describe the process of working with a DivorceCare group. “If a person is struggling in the DivorceCare group, the leader may encourage him or her to talk to a therapist. The therapist benefits because the client may be triggered by the church discussions and can bring those issues to therapy for a deeper look. And, having a group of people encouraging, praying [for], and supporting your client can only be a benefit.” Obviously, this same dynamic extends to GriefShare and Single & Parenting groups.

The topics covered in a support group can be an effective catalyst for productive counseling sessions. “When I have a client who is participating in DivorceCare or GriefShare, I note where they are in the sequence of topics and in our counseling sessions,” said Dr. Ramon Presson, licensed marriage and family therapist and founder of LifeChange Counseling Services and the Marriage Center of Franklin, Tennessee. “I

inquire about what they are learning and applying, what they have questions about, and their feelings of group support. I bring their support group experience into the counseling session by discussing it. I want to help the client integrate the two—not compartmentalize and separate them as unrelated.”

How Counselors and Support Groups Can Work Together Strategically

While I can point to many places where counselors and support groups are successfully partnering in ministry, I would love to see even more interconnectedness. Here are some steps you can take to develop relationships with DivorceCare, GriefShare, and Single & Parenting groups in your area:

■ **Identify nearby groups.** This is easy to do. Local groups meeting worldwide are listed in the “Find a Group” search engine found on these Web sites: divorcecare.org, griefshare.org, and singleandparenting.org.

■ **Become a referral counselor.** Approach the pastor or appropriate staff person at churches sponsoring support groups and ask to be added to the list of counselors they use for referrals.

■ **Refer counselees to a GriefShare, DivorceCare, or Single & Parenting group when appropriate.** The group process will support and enhance your counseling practice or ministry and provide another effective step in the healing process for your counselee.

■ **Learn more about the content of our support groups.** By understanding the topics covered in these support groups, you will have the opportunity to engage your counselee in a conversation about the issues being explored in the group. The best way to do this is to review the information in the “Start a Group” section of each Web site listed previously.

■ **Cast the vision for support groups in your own church.** Many of our groups began because a Christian counselor served as the catalyst to launch the program. You may wish to simply provide the vision and inspiration, or you may want to help build and train a team of lay facilitators.

It has been very satisfying for me to see counselors and support groups working together to help minister to people who are hurting deeply. Such relationships clearly model the biblical concept of “one body, many parts.” Most importantly, I have seen such cooperation result in deeper and more profound healing. ✦



STEVE GRISSOM *co-founded Church Initiative with his wife, Cheryl. The ministry is based in Wake Forest, North Carolina. His career includes experience as a broadcast journalist and an executive in the telecommunications industry. Contact him at steve@churchinitiative.org or visit his Web site at churchinitiative.org.*

celebrate RECOVERY

Equipping the Local Church to Help the Hurting

More and more, it has become obvious that the Church needs to be a safe place for discussing and working through the real issues of life. Many pastors have realized their inability to address and handle the many problems within the body of Christ, both in not having the time and experience. Most of us want to serve Christ wholeheartedly, but find that our hurts, habits and hang-ups hold us back. There is nothing worse than loving Christ with all your heart and not being able to overcome these obstacles.

On a personal level, I have been in recovery for more than 19 years. My wife and I have experienced God's healing, not only in our own lives, but also in the lives of countless others. For the past 12 years, we have had the blessing of leading the Celebrate Recovery (CR) ministry at Blue Ridge Community Church in Forest, Virginia.

To watch others grow and develop a stronger relationship with Christ is something I would

never want to miss. As a ministry leader, I have come to learn that the recovery process articulated through CR principals is synonymous with Christian discipleship. It has been amazing to watch newcomers who are struggling with wanting to even be at CR, or wondering if things will ever change, to see the transformation take place as they experience healing in community through the power of Christ and then gain the confidence and desire to help others.

Through God's work in CR, we live out 2 Corinthians 1:3-4, "*Praise be to the God and Father of our Lord Jesus Christ, the father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the same comfort we ourselves have received from God.*"

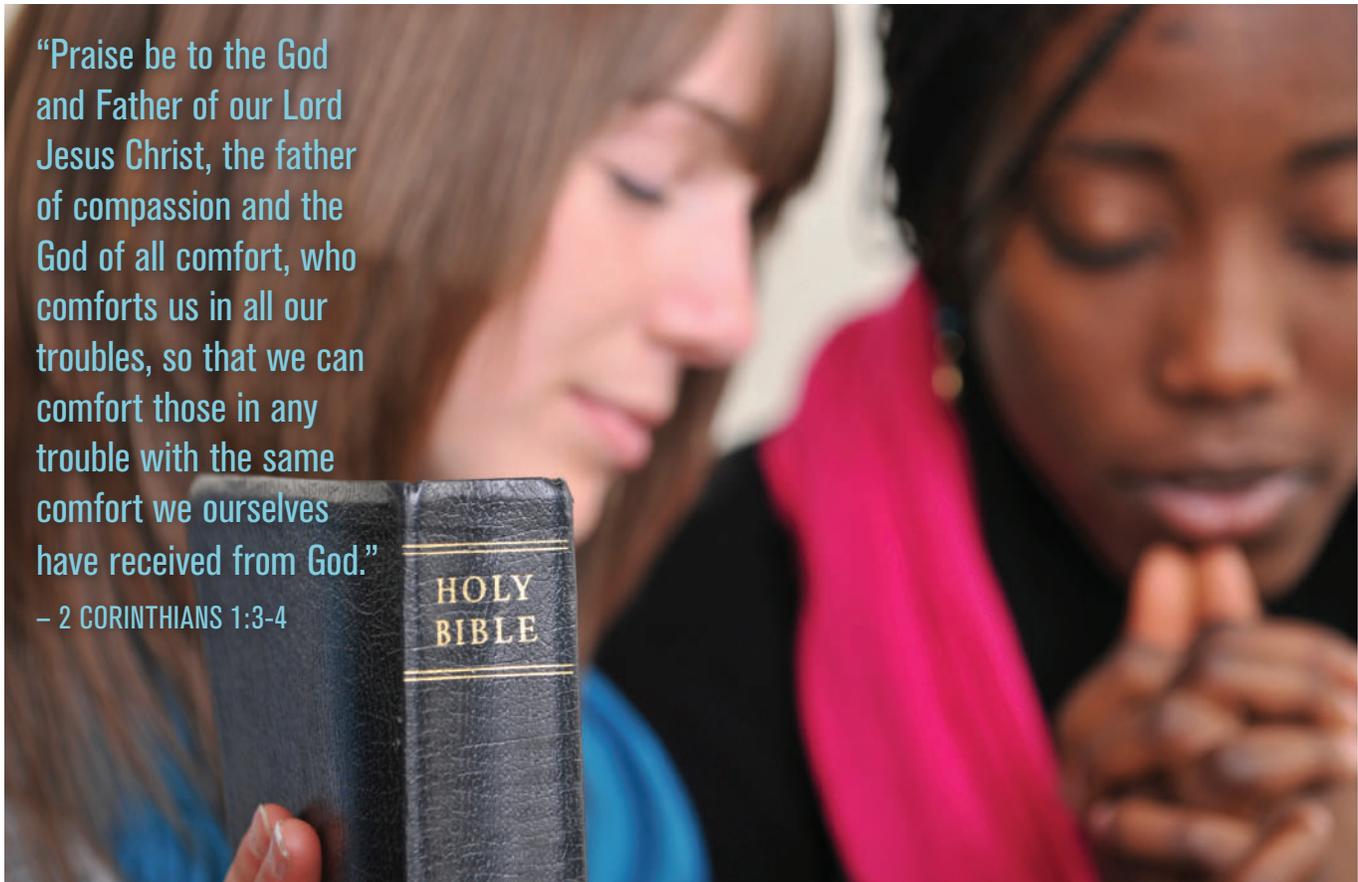
What a great picture of the Church!

What is Celebrate Recovery?

While on staff at Saddleback Church, Celebrate Recovery founder, Pastor John Baker, presented the idea of a Christ-centered program for the whole family to Pastor Rick Warren in 1991. Beginning with the 12 steps of recovery and their biblical comparisons, Baker also developed eight principals based on the Beatitudes to form the ministry's foundation. The mission is to provide an environment that produces life change for Kingdom results. Celebrate Recovery is not just for "those people."

DAVID O'BRIEN





“Praise be to the God and Father of our Lord Jesus Christ, the father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the same comfort we ourselves have received from God.”

– 2 CORINTHIANS 1:3-4

We have all been affected by sin and need the healing and transformation only God provides. In the words of Pastor Warren, “We’ve learned that every single person—as a member of the human race—deals with a hurt, a hang up, or a habit at some level, in some form.” Celebrate Recovery is not just for addiction, it also produces changed lives and healing in other areas, such as life’s hurts, codependency, sexual purity, eating disorders and more.

How does it work?

Across the years, a curriculum was developed to help participants work through the process of recovery and provide tools for guidance. These resources are the *Celebrate Recovery Bible* and *Life’s Healing Choices* (along with the Study Guide and Journal). Recently, the *Celebrate Recovery 365-day Devotional* was added.

There are three dimensions that are emphasized.

1. A *large group time* where men and women gather together for worship, and a teaching time of the 12 steps and eight principles broken up into 25 lessons and rotated with testimonies of people’s stories of life change with Christ and the program.
2. Gender and issue specific *open share groups* using the Guidelines of Celebrate Recovery.
3. A *step study* that is held on a different day of the week where participants explore the four guides and work through the steps. This is a nine to 12-month commitment depending on group size, and is still gender specific, but can have mixed issues.

The whole family can be involved in growing in Christ and the healing process. Two other programs were also developed based on the same curriculum: “Celebration Place,” a children’s program for ages five up to 5th grade, and “The Landing” for junior and senior high students.

What resources are available?

Thousands of churches nationwide use these programs, and groups can now be found in 34 countries and 24 different languages. There are also 15 CR One-Day seminars that are held each year throughout the country. John and Cheryl Baker, along with the national team, head these up and invite pastors and church leaders to come and learn how to start CR at their churches. They teach the importance of the seven keys that are necessary for a successful and healthy CR:

1. Leadership Training
2. Senior Pastor Support
3. Fellowship Events
4. New Groups
5. Outreach
6. Curriculum
7. Worship

The Start-up kit and Advanced Leadership Training (ALT) kit, which provide trainings and handouts for the entire program, are also important. The national team developed Regional Directors, and there are hundreds of volunteer state representatives at the local level to answer questions and assist churches desiring to start a ministry program. Celebrate Recovery Inside (CRI) has gone into jails and institutions across the United States, and even has the curriculum in paper-back form made for use inside these facilities. In order to be listed on the national Web site using the registered trademarked name, Celebrate Recovery, local groups have to adhere to the DNA of Celebrate Recovery, which can be found at celebraterecovery.com.

Another outreach tool, which certainly was a highlight of 2013, was the movie, *Home Run*. Nominated for the Best Christian Film award in 2013, *Home Run* is the first of its kind to include a Christ-centered recovery program within the context of the storyline. The film centers on a famous baseball player, Cory (Scott Elrod), who gets a DUI and is suspended for eight weeks, during which his agent (Vivica A. Fox) says he has to attend a 12-step program. The only one they can find is Celebrate Recovery. Though there are some excellent Christian films out there, this movie truly has a professional feel. Cory's movement toward Christ and recovery is naturally woven into the plot and captures how CR is appropriate for a wide variety of hurts.

Celebrate Recovery, through outreach, has been a positive influence in local communities offering a faith-based program as an alternative or complement to what may already be available. Although CR is not a substitute for professional help, Christian counselors and therapists are increasingly seeing it as a place to send clients for assistance in their journey toward recovery and healing.

If you are looking for results in meeting the greater needs of those who are seeking help, I believe this is a great environment to make available at the local church level. Sometimes a sermon is not enough... Celebrate Recovery offers a comprehensive, Christ-centered path for healing in community. ✦



DAVID J. O'BRIEN serves as the Recovery Pastor at Blue Ridge Community Church in Forest, Virginia. He was the Ministry Leader of Celebrate Recovery for 12 years. David attended Edmonds Community College and Liberty University. His testimony appears in the Celebrate Recovery Bible.



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The Best Small Group



As I begin this column, I want to make a confession. I am not a fan of small groups, even though I know how valuable they can be. Sounds conflicted... does it not? Well, I have my reasons, because I have been betrayed by a few people with whom I shared a group. They broke the code of confidentiality and I had a mess to clean up. Now, my little negative experience does not, and should not, diminish any of the positive aspects of small groups. Yet, there is a caution any time you become vulnerable to others, and they to you.

I am sure you have heard the story of the three pastors who were in a small group, confessing their sins one to the other. They finally got around to the last man... he was quiet for a minute and said, “My sin is gossip...

and I can’t wait to get out of here.” We laugh at that, but trust must be earned and closeness guarded. Now if you are talking about a group of people just getting together and sharing experiences and tales of woe, that is another thing. However, this scenario is not attractive to me because I am kind of an introvert and have a difficult time sitting still for two hours. That is just a group. Let me tell you what is meaningful to me.

A Group with Meaning

When I think of profitable and helpful small group experiences, I consider the following ingredients:

- People who are willing to be honest with one another
- Individuals who have something in common (kids, divorce, addiction, sports, spiritual growth, etc.)
- Where members have a genuine

concern for one another (no one demands center stage)

- A leader who has some knowledge of the issues that brought the group together
- Each person makes a commitment of time, confidentiality, and prayer (if prayer is essential to the group)
- The group would have a stated goal and desired outcome; a willingness to measure progress
- An “open-ended” timeline—when the group has run its course and examines the value of continuing
- Where conflict and disagreements arise, it would be essential to dissolve the conflict before the next session
- Even though, at times, healing and deliverance might appear hurtful, the intent would never be to hurt another, but help
- No negative talk outside the group meeting—if something needs to be said, it would be done in the presence of one another

Small Groups Before Small Groups

In my early days as a pastor, and before the concept of small groups was stylish, I had a small group ministry without knowing what it was. Oh, there were things going around in those days, like the 24-hour marathon meetings and Yokefellow Organizations, but the small group for most of us was the local church Sunday school class. In those meetings, we supplied each individual with the ingredients that we seek today. We had an interest in one another; we missed a person when they were absent; we took time to pray for each other; we had a structured lesson that kept us focused; we ate together at potlucks; we visited the sick among us; we worshiped together; we had a common goal to strengthen the greater church family....

If someone had a need, we all helped to meet that need. Everyone had significance. In so many ways, we lived the example of the first church pictured in Acts 2:43-47: *“Day by day, as they spent much time together in the temple, they broke bread from house to house and ate their food with glad and generous hearts and having the goodwill of all the people...”* (46, 47).

I think we miss a very important ingredient of the Church today now that many have walked away from the significance of the Sunday school experience. Although some churches continue to have successful Sunday classes, the emphasis has shifted from group concerns to corporate worship. That is one of the casualties of the modern megachurch era in which we now live. Not bad, but I miss it.

Additionally, in those days, I attempted to have a team for anyone

who wanted to play, a choir for anyone who wanted to sing, and a specialty group for anyone who had a specific interest. What I realized was that a church can be very intimidating. If you could involve a family, teen, single adult, or other individual with a group of people when they walk into a church and lock eyes with someone they have been in fellowship with, they do not feel alone. They feel like a part of the family. Is that not the goal?

The Best of All Groups

When Jesus was teaching the disciples how to deal with those who were troublesome, He used the term “two or three” several times. In Matthew 18:20, he stated, *“For where two or three are gathered in my name, I am there among them.”* In other words, Jesus saw the value of a few people being together for whatever the purpose—especially

prayer. He seemed to say the sincere agreement of two or three people is more powerful than the superficial agreement of thousands. Why? Because Christ’s Holy Spirit is with them. Now you are talking about a profitable small group... my favorite kind. A few folks I have confidence in meeting together with a common need and goal... including the Holy Spirit. Enjoy! ✝



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When the Prince of Peace Calls

I have often found that traveling and teaching cross-culturally has opened my eyes and led to reflecting on things I have settled into in an unexamined way. Many of my experiences have seemed like parables written by the hand of God in order to teach me more about His ways and thoughts. A recent trip to the Middle East was no exception.

Our younger son worked in Abu Dhabi for two years or so for a member of the royal household. They met in Washington and our son had served as a consultant to this man. A friendship developed and an invitation to continue working together was the result. After he had been there a while, we were invited to visit the country as guests of His Highness to see our son and be introduced to the country and culture. Plans were made, but at the last minute we were asked to leave a few days earlier than expected as the prince's schedule changed and he wanted to be in the country to meet us when we arrived. When the call came through—knowing it would upset schedules and impact many people—our immediate response was to say, “Of course.” The prince had called; we would come. No thought required. It would impact others, but the response was still certain and sure.

Therein lies the first lesson. How often has my Lord, the King of heaven and earth, called to me and I have equivocated, delayed or, even at times, refused? The question had to be asked, “Would I would do for an earthly prince what I would not do for my King?”

We went—fancy airline, plush seats, great food—and were met at the airport by our son and whisked away to the palace to meet the prince. As a female walking into a room full of Arab men, I went over protocol very carefully with our son—wait to be greeted, do not

speak first, the prince will stay seated, do not offer my hand, and do not sit until directed. To my son's knowledge, no other female had ever been in that room... and he spent almost every evening there, so he knew.

We arrived and were escorted in. The room was occupied by about 15 Arab men in full regalia. My husband and I walked in and, no sooner had we done so, the prince stood, walked over to us quickly and extended his hand to me warmly. He greeted me by name, introduced himself by his first name,

I was stunned by the earthly prince who crossed over position, tradition, gender, culture, religion and training to greet me with his hand. That experience has taught me, reminded me, of the awe due to my true Lord who, at a cost beyond measure, welcomes me...

and showed me to the seat at his right hand. All 15 men followed his example. They did what their prince did. Needless to say, we were greatly honored and graciously welcomed.

What a small taste, but a true one, of the Lord of heaven and earth seated on the throne—who will, and does even now, welcome us into the throne room with grace and glory. The Arab prince did it because he loves my son and is a gracious man. Rather than using his power to keep me in my place (something he had every right to do), he broke through his titles and fortifications and entered my space. He crossed over a stunning number of boundaries: religion, gender, economics, position, and ethnicity.

The Lord of all heaven and earth does the same at great cost to Himself—His own life—and so by His blood I enter and stand received with all grace. Common enough doctrine; grace has become too common, perhaps, and

we are so familiar with it that we are no longer awed. I was stunned by the earthly prince who crossed over position, tradition, gender, culture, religion and training to greet me with his hand. That experience has taught me, reminded me, of the awe due to my true Lord who, at a cost beyond measure, welcomes me, crossing over the barriers of highest position and glory, as well as those of sin and death, to welcome me at the right hand of the Father.

This experience has also reminded me of the grace with which we are to

do our work—humbly crossing over human barriers, prejudices, fears, and judgments—to enter into the lives of those we counsel, graciously welcoming them into our space and time with respect and kindness entering into theirs. How easy it is to be governed by our culture, bias, feelings, a particular diagnosis or preferences. Such barriers between humans are to fall down and we are called, as servants of the Most High King, to enter into foreign territory, even hostile places, full of grace and truth. ✝



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Pennsylvania. She is also the author of *Counseling Survivors of Sexual Abuse* and *On the Threshold of Hope*.



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Recovery Groups and Christian Formation

Given the focus of this issue of *CCT* on small groups and recovery, it seems appropriate to consider the rather shocking claim made by longtime Professor of Philosophy, Dallas Willard: “Any successful plan for spiritual formation, whether for the individual or group, will in fact be significantly similar to the Alcoholics Anonymous program.”¹

The context for this bold statement was a lament for why it seems so rare to find a Christian who is actually like Christ. He believes that this is because few Christians approach spiritual change with the same sense of urgency and intention that is often present when someone successfully works the steps of AA. “The problem,” he says, “is that it [spiritual transformation] is not intended. People do not see it and its

value and decide to carry through with it. They do not *decide* to do the things Jesus did and said.”²

So what does AA have that may be missing in many churches—besides ashtrays? Or perhaps as it has been better stated, why is it that some of the best work done in churches occurs during the week in the basement instead of on Sunday morning in the sanctuary?

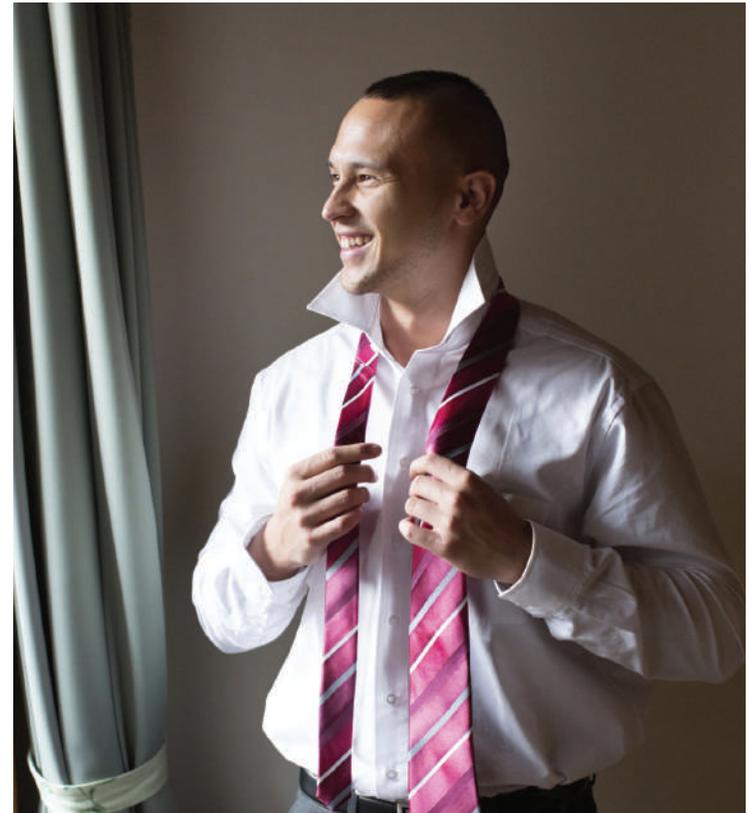
AA begins with a confession of brokenness and powerlessness and proceeds through the application of the VIM model (Vision, Intention and Means) of learning. This is not unique to AA; most any form of complex new learning happens because of our VIM and vigor. Behind the successful working of the steps of AA can be found a person with a *vision* that life can be lived differently, *intention* to do whatever it takes to change, and application of

means—working the 12 steps in a confessing community and with at least one sponsor.

Unfortunately, this is not how it always works in the Christian community. While the journey usually begins with a confession of sin, the response is often behaviorally specific and may stop far short of the radical surrender of one’s will. In fact, it can be quite a narcissistic or fear-driven declaration based on an opportunity presented to avoid future suffering.

As Dallas Willard might say, far too often there is the application of a “Vampire Christianity” approach—asking for enough of the blood or life of Jesus to live forever, but not for a total transfusion—the emptying of our lives to be filled with life from above.

Author and theologian, C.S. Lewis, put it this way: “Our faith is not a



matter of our hearing what Christ said long ago and ‘trying to carry it out.’ Rather, ‘the real Son of God is at your side. He is beginning to turn you into the same kind of thing as Himself. He is beginning, so to speak, to ‘inject’ His kind of life and thought, His *Zoe* [life], into you; beginning to turn the tin soldier into a live man. The part of you that does not like it is the part that is still tin.’”³

So, instead of a confession, making a mess of one’s life and the plea for a transfusion of *Zoe* life and character, it is often more typical to find one of three false approaches to real change: 1) Attempting to change one’s outer behavior without attention to the process of inner transformation; 2) Regarding the low level of spiritual living among professing Christians as only natural—“miserable sinner” Christianity—and then putting minimal effort into the process of transformation; or 3) Believing that one is somehow good apart from God and therefore capable of being saved by effort and merit.⁴

According to Willard, Christian spiritual formation will avoid each of these three false paths and, like AA, start with radical surrender and the application of VIM. There will be a *vision* for life in God’s kingdom—the realm where His will and the will of His subjects are becoming one. The vision must be followed by an *intention* to do whatever it takes to live in the kingdom as Jesus did and, finally, the application of *means* for spiritual formation. Among many things, means may include: resources found in Scripture; specific teaching and examples from the life of Jesus; life stories from those who have experienced authentic transformation; the practice of spiritual disciplines; and other resources or activities that help us to either identify the thoughts, feelings, habits of will, bodily inclination, and social relations that prevent us from being like Jesus or develop new responses that are like those of Jesus.

Yet, where is the grace? Everywhere.

Grace is unmerited favor, yes, but that is not a definition that tells you specifically what grace is. Grace is God acting in a life to enable a person to accomplish what could never be accomplished by one’s own strength. The entire life of a Christian is upheld by grace. Grace is the availability for participation in an ongoing and transforming friendship with the Trinity, *knowing* the Trinity (see John 17:3, the only place Jesus defines eternal living).

There is much to learn from those on the road of recovery about how to live right. Participation in the eternal living of John 17:3 will require, at minimum, the first two steps of AA—confession of brokenness and radical submission—and avoiding common paths to nowhere. ✘



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Endnotes

- ¹ *Renovation of the Heart*, (p. 85).
- ² *Ibid.* (p. 91).
- ³ Lewis, C.S. (1952; Harper Collins: 2001). *Mere Christianity*. 189.
- ⁴ *Renovation of the Heart*, (p. 77-82).

EXERCISE: “12 Steps to Christian Formation”

Please take a few moments to consider the following “steps.” They closely resemble the 12 steps of AA, but have been modified slightly to become even more appropriate to the journey of becoming more like Jesus. Make each a confession to Christ. Pause after saying each. Be honest with yourself about whether or not you have actually made this step.

1. I admit that I am powerless over sin and that my life has become unmanageable.
2. I believe that God—through His actions and those of His son, Jesus, and the Holy Spirit—can restore me to sanity.
3. I will turn my will and my entire life over to the care of God.
4. I will make a searching and fearless inventory of my life to discover all the ways I have engaged in self-worship (by being in control instead of living surrendered to the will of God).
5. I will admit to God, to myself, and to another human being the exact nature of my wrongs.
6. I am entirely ready to have God remove all the defects in my character and replace them—through His presence—with the thoughts, emotions, will, behavior and relationship patterns of Christ.
7. I humbly ask God to help me become willing to deny myself—and the desire to live life on my terms—and to remove my shortcomings.
8. I will make a list of all the people I have harmed and become willing to make amends.
9. I will make direct amends to all I have injured.
10. I will continue to take personal inventory, and when I wrong someone, I will promptly admit it.
11. I will, through prayer, meditation, and the practice of other Christian disciplines, attempt to improve my conscious contact with God.
12. Having experienced some measure of authentic transformation as a result of surrendering all aspects of myself to the power and presence of Christ, I will carry this message to others and continue to practice these principles in all my affairs.

Let's Make a Deal on Healthcare

Safety, tolerability and effectiveness have been the hallmarks of good healthcare interventions in the past. Increasing costs, however, have propelled affordability into a fourth variable that payers, providers and patients use to evaluate interventions. Thus, it is necessary for patients to have guidance about how to financially navigate through the healthcare “system.” The following is a collection of strategies across several domains that will assist patients in receiving the best arrangements for care that are safe, well-tolerated, effective *and* affordable.

Hospitalization/Procedures/Physician Visits

- Negotiate for a price discount on hospital fees or expensive procedures if you are paying a substantial portion out-of-pocket due to high deductibles or lack of coverage. Insurance companies do not pay “sticker prices” and neither should the cash-paying patient. For example, I have seen psychiatric hospitals give patients 20-30% discounts on cash rates when asked.
- Always question the medical necessity of an intervention by asking the very succinct question—“Would you recommend this to a member of your family with the same clinical condition?”
- Obtain second (and even third) opinions if significant doubts remain about the course of treatment.
- Always analyze your hospital bills for duplicate charges and/or errors in billing, such as charging for a medication that was not received.
- Always ask questions of your provider regarding the proposed length of therapy, duration of medications (if needed), and any interventions that may speed up the



process (e.g., lifestyle changes such as diet, supplements, exercise, etc.).

Medications

- Use generics when appropriate. Most will work as well as branded products, but may vary between brands... so identify the generic “brand” (the company that makes it) that is effective and well-tolerated and stay with it. Your pharmacy may need to special order the prescription.
- If a branded product is more appropriate, maximize your insurance coverage by getting prior authorizations and formulary (list of medications) exclusions from your insurance company. Your physician will need to complete paperwork to receive this, so try to get as much done with your insurer before involving the doctor. Some offices charge a fee for this service.
- If the insurance coverage had a very low reimbursement on submitted charges, identify if this was due to a deductible that needed to be met. In this case, one would expect the insurance coverage to improve after meeting the deductible.
- Obtain 90-day supplies if your insurer permits. Usually an individual would only then pay two months of co-payments and receive three months of medication (33% savings).
- If you do not have insurance (or have high deductibles), compare prices between pharmacies using

resources such as goodrx.com. This service shops the prices for a prescription between pharmacies within a particular zip code and offers discount coupons. The information gives the patient some leverage to ask for price matching at competing pharmacies within a community.

- Pharmacy discount cards are available through sources such as togetherrx.com, Rxoutreach.org, Pparx.org and uspharmacydiscountcard.com. Needymeds.com also provides access to discount cards and patient assistance programs, whereby patients can obtain free medications directly from the pharmaceutical companies.
- Maximize savings from medications that are unit priced (i.e., the same price regardless of dosage). In this scenario, a 200mg pill is the same

price as a 100mg pill. Therefore, one could receive a 50% discount in price by cutting the 200mg in half instead of taking a 100mg pill. Always check with your doctor or pharmacist as to whether it is appropriate to do so.

- Many patients obtain medications from international pharmacies offering generics that are not available in the United States. Beware of “rogue” pharmacies that may sell you “fake” or impure medications, inaccurate dosages or try to steal your identity. Rogue pharmacies will tip you off by not requiring a prescription to order medications and sell narcotics across international lines. Some Canadian pharmacies are certified by the CIPA (Canadian International Pharmacy Association) and PharmacyChecker.com in an attempt to assure product safety and

authenticity. Look for these certifications if ordering from Canada.

Prevention

The best way to save on healthcare costs is to minimize or avoid needing to access medical assistance in the first place. Prevention has many facets. Know your genetic risks by developing a good record of diseases that “run in your family.” Then, maximize good physical (diet, exercise, sleep, smoking cessation, etc.) and spiritual disciplines to decrease stress levels, build up resilience and decrease the risk of needing a good deal on healthcare. ✕



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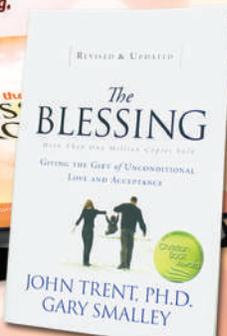
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Risk Management for Church-based Spiritual Care Groups

"... and let us consider how to stimulate one another to love and good deeds, not forsaking our own assembling together, as is the habit of some, but encouraging one another..." - HEBREWS 10:24-25 (NASB)

The Bible contains numerous references to the value of fellowship and accountability among believers. Church-based spiritual care small group programming can encourage and strengthen individuals by providing hope, spiritual growth and emotional healing. Church leaders are encouraged to understand the following key legal and ethical issues, and take relevant risk management steps to protect the church, ministry workers and small group attendees.

Screening, Training and Supervising of Small Group Facilitators

Church leaders should consider developing written screening guidelines to assure that small group facilitators are spiritually mature believers who have relevant life experience to lead the small group topics that are assigned to them. Other recommended screening protocols include: (1) an application form that, in part, documents a prospective facilitator's relevant background experience, personal testimony and requests the names of two to three personal references; (2) reference checks; (3) a criminal and Child Protective Services background check; and (4) a personal interview with each prospective facilitator. In addition, training and supervision of small group facilitators are essential for ensuring safe, biblical and effective spiritual care programming. Well-organized training and supervision addresses: (1) small group curriculum

and resources; (2) group dynamics and facilitation methods (e.g., guidelines regarding crosstalk and feedback); and (3) general administrative protocols.

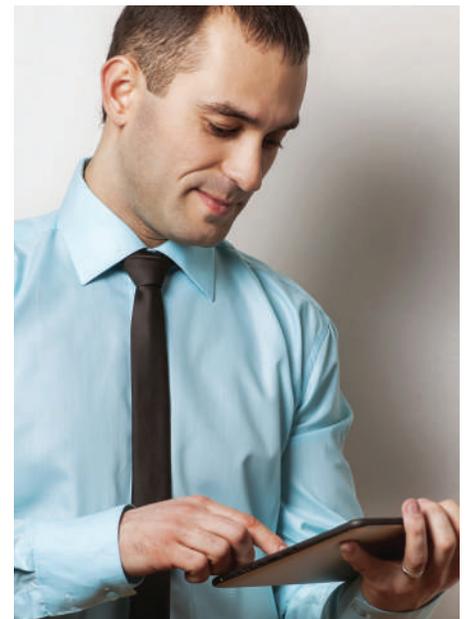
Confidentiality

Church leaders should assure that facilitators and attendees clearly understand confidentiality in the spiritual care small group context. Ethical Standard 1-630-b of the 2014 *AACC Code of Ethics* states, in part, "Christian counselors do not promise or guarantee confidentiality in family and group counseling, but rather explain the problems and limits of keeping confidences.... We communicate the importance of confidentiality and encourage family or group members to honor it, including discussions of consequences for its breach...." The

principles set forth in Ethical Standard ES1-630-b are prudent for church-based spiritual care small groups, even though facilitators may only moderate discussion and not provide counseling. The development of a spiritual care small group participation form is encouraged that, in part, explains the parameters of confidentiality in the small group.

Guarding Against Sexual Misconduct

Steps should be taken by church leaders to deter sexual misconduct and false allegations of sexual misconduct in small group settings. For instance, consider: (1) disallowing dating between small group facilitators and attendees; and (2) requiring small group facilitators to have meetings at the church rather than their homes or the homes of small group members. In addition, small group ministry supervisors are encouraged to maintain regular meetings with their facilitators to monitor group activities and any issues that may arise (e.g.,



transference, addictions, significant mental health problems, etc.).

Electronic Communications as a Ministry Tool

The Barna Group recently reported that in a recent study “more than two-thirds of pastors (65%) say they think social media will be a significant part of their ministry over the next two years...”¹ Church leaders should consider adopting an “Electronic Communications Policy” that, in part, provides guidelines regarding social media use by spiritual care small group attendees and other church ministries. For instance, guidelines for posting content on Web sites owned or controlled by the church could: (1) prohibit either the disclosure of personal information or the posting of pictures of small group attendees without written authorization from a church leader and the individual(s) at issue, and/or their parents if the individuals are minors; (2) require that Christian moral standards be upheld in electronically transmitted content; (3) prohibit the posting of logos or other creative works that are subject to copyright or trademark protection without appropriate legal authorization; and (4) make clear that information posted on a social media site is not confidential. Church leaders are encouraged to evaluate with their attorney the legal and ethical issues relevant to potential small group facilitator use of electronic communications in ministry activities (e.g., texting and social media). The church’s attorney can help church leaders develop overall risk management guidelines for an Electronic Communications Policy that is relevant to their specific ministry programming.

Protecting Your Ministry from Discrimination Claims

In light of developing law in various jurisdictions relating to same-sex marriage and discrimination based on sexual orientation and gender identity, it is recommended that church leaders review,

with their attorney, the law relevant to their organization and its various activities and programs. They should consider the prudence of developing by-law provisions and administrative policies that articulate the church’s theological positions regarding marriage and human sexuality.

In addition to the above issues, church leaders should talk with their insurance agent to be assured that the church has adequate liability insurance for small group spiritual care ministry (e.g., (1) small group liability coverage; (2) counseling acts liability coverage (if counseling is applicable to small group activities); (3) discriminatory acts liability coverage; and (4) directors and officers liability coverage). ❖

The information is current as of the date that it is written. This article is provided solely for general educational purposes and does not constitute legal advice between an attorney and a client. The law varies in different jurisdictions. Consultation with an attorney is recommended if you desire legal advice.



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Endnote

¹ The Barna Group. (2013, June 12). “The Risk of the @Pastor.” Retrieved on December 22, 2013 at <https://www.barna.org/barna-update/congregations/615-the-rise-if-the-pastor#>.

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Leadership Principles for Small Groups and Recovery

One of the most interesting things for me to do with this column is write about leadership and, at the same time, connect it to the theme of each particular issue. Occasionally, that can be a bit difficult, especially if the topic is something like “caring for the elderly.” However, this issue was one of the easiest. I immediately knew what I wanted to say, so let’s get to it.

Success in organizations, churches, teams or families requires certain dynamics for positive outcomes, in exactly the same ways that small groups and recovery do. Effective leaders make sure those dynamics are present and ongoing. While we are limited in space here, I want to highlight two ways small groups and recovery depend on similar leadership dynamics that other systems require in order to succeed.

First, group research shows that one of the strongest predictors of a successful small group is *clear expectations*. For a group to do well, and recovery to go well, the leadership must help members know what is expected from them, from the leader, and from the process itself. In leadership parlance, it is often cited as vision, mission, goals, etc. The terms differ, but the construct is this: for humans to get somewhere, they need to know where they are going and what is expected of them. Articulating these objectives is the responsibility of leaders, and to execute against that vision is the role of each individual.

In small groups, leadership must also ensure the same processes are operational. What is the purpose and mission of this group? What is expected of me as a member when we get together? What will the leader do that is different than what I will be doing? Where are we going? What are the tasks that will lead to success? How will we know we



are making progress? Strong groups have leaders who, in a very non-controlling way, are able to give some order and structure to the path. It is the same for leading an organization or team—expectations must be clarified.

In my book, *Boundaries for Leaders*, I talk about these factors as a three-pronged focus of “attention, inhibition, and working memory” or, in other words, the executive functions. A leader helps a group execute when he or she knows what to attend to, what to inhibit

in the group, and how to keep things current.

Second, group research shows another strong predictor of a healthy group is something called *cohesion*. It is the “stickiness” of the group... its ability to form a unity or oneness with a strong bond. Otherwise, you do not really have a group or a team but, instead, a collection of individuals. So what adds to *cohesion* and what can a leader do to make sure it occurs in a group during recovery or in an organization?

Simply said, cohesion comes from the “perceived need of the group by the individual members.” A group that has oneness, or unity, or stickiness represents an environment where each member feels a need for the entire unit. It is that experience of, “I need to get to my group on Wednesday” vs. “Oh, no... it’s Wednesday. I have to go to group tonight. I would rather watch TV.” The people feel a real need to be there because something happens that they depend on and need. The opposite is also true; the group needs for members to be there because they bring something to that group that makes the whole process function.

So, what does the leader do to build cohesion? In my thinking, members feel a need for the group when they go through “transformational moments.” These can be defined as experiences where they are in one state of mind, or

feeling, or thinking, and then something happens in the group that transforms that state of being to a different focus: confusion to clarity, not knowing to understanding, fear to courage, aloneness to feeling connected, lost to having direction, etc. So it is incumbent upon the leader to make sure the group is a place where this transformation is happening over and over... and when it is not, bring it to the attention of the group to address. A group is able to provide these opportunities if a leader is providing and nurturing an atmosphere where people can bring their gifts and personhood to the group experience. It is the same for a leader of a team or organization—he or she must be aware that the team or business is providing those kinds of experiences for each individual so everyone feels like they need the rest of the team in order to win. That is cohesion at its core.

Whether you are working with a CEO, pastor, small group leader or serve as one of these yourself, give strong attention to those two factors and they will add to the successful outcome of your enterprise. Make sure people know where they are going and what is expected of them, how they win, and that the group is providing what they need from each other to accomplish these tasks. If you, as a leader, are taking an ongoing inventory of those processes, or helping other leaders do that, better outcomes will follow. ✦



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Self-help and Mutual-aid Support Groups

Male Spouses of Women with Breast Cancer

Jones, J.M., Lewis, F.M., Griffith, K., Cheng, T., Secord, S., Walton, T., Bernstein, L.J., Maheu, C. & Catton, P. (2013). Helping Her Heal-group: A Pilot Study to Evaluate a Group Delivered Educational Intervention for Male Spouses of Women with Breast Cancer. *Psycho-Oncology*, 22, 2102-2109. Doi: 10.1002/pon.3263.

This was a pilot study of a support group for male spouses of women who were being treated for breast cancer. Jennifer Jones and her colleagues recruited 54 male spouses through their wives (N = 54) who were patients at a hospital in Toronto. The husbands participated in a Helping Her Heal-group program that was an adaptation of a protocol derived from Albert Bandura's work as a social psychologist and another model of adjustment to breast cancer. Husbands and wives both completed pre- and post-intervention measures, as well as three-month follow-ups. Forty-one couples completed follow-up assessments post-intervention.

Results suggest a moderate increase in skills, such as self-care and support for their wives, as well as improved feelings of self-efficacy. Husbands were also interviewed and those transcripts were analyzed. Themes that emerged from qualitative analysis suggest improved communication and listening skills, better insight into their spouse's experience and the value of self-care. In the area of communication, one husband shared, "I've learned a lot about effective listening.... That was the biggest revelation to me, and also a big challenge. I'm taught to think and reason things out. I understand that is a very good way to approach physics and the mechanical world, but it's not



necessarily the best way to approach human relations" (p. 2,106).

This was a pilot study with encouraging findings. A larger study that focused on efficacy is the next step, but these results certainly provide support for the potential benefit of educational groups for male spouses of women diagnosed with cancer.

Social Identity in Recovery Groups

Buckingham, S.A., Frings, D. & Albery, I.P. (2013, April 15). Group Membership and Social Identity in Addiction Recovery. *Psychology of Addictive Behaviors*, Advance online publication. doi: 10.1037/a0032480.

Sarah Buckingham and her colleagues considered both social identity theory

and self-categorization theory in an interesting set of studies of group membership and social identity. In Study 1, they looked at 61 participants in a mutual aid support group for alcohol and narcotics (Alcoholics Anonymous and Narcotics Anonymous). Study 2 was of 82 ex-smokers.

Study 1 examined the social identities of "recovering addicts" and "addicts" among participants in these mutual aid support groups. They were looking at identity preferences and differences on self-efficacy and outcomes, such as relapse. The label itself was not as important as the preference for that label: "The greater the preference for 'recovering addict' identity compared to the 'addict' identity, the higher the level of reported self-efficacy" (p. 5).

The greater the difference (in the mind of the participant) between the “recovering addict” identity and the “addict” identity, the more likely they were to report a decrease in appetitive behavior. This seems to support prior research in which “one’s perception of being part of a group promotes identification with similar others” and access to “peer support and learning vicariously from other group members’ experiences” (p. 5). It is not just an identity, however: “The preference for an identity, compared to a previously known identity, and the evaluative differentiation between identities that were related to self-efficacy and positive health outcomes” (p. 5).

Study 2 looked to replicate the first study with a population of people who were quitting smoking. It used the designation of “smoker” and “ex-smoker.” The results of Study 2 provided additional support for the idea that evaluative differences and identity preferences (as “ex-smokers”) are related to positive health outcomes. That preference for identity was associated with self-efficacy, which was related to less relapse and appetitive behavior.

These studies are fascinating, in part, because they tap into the role of identity-related processes among people attempting recovery. By identifying with others who are making similar attempts, and by contrasting their shared identity with that of another group, there is a sense of self-efficacy that can contribute to positive health outcomes.

Women with Postpartum Depression

Anderson, L.N. (2013). Functions of Support Group Communication for Women with Postpartum Depression: How Support Groups Silence and Encourage Voices of Motherhood. *Journal of Community Psychology*, 41 (6), 709-724. Doi: 10.1002/jcop.21566.

LaKesha Anderson of Indiana State University conducted a phenomenological study of 27 women who participated in one of three kinds of groups.

The women were all aged 18 or older and had given birth. Most (N = 23) of the participants self-identified as having symptoms similar to those seen in postpartum depression. The groupings were: (1) experiencing postpartum depression and participating in a support group; (2) experiencing postpartum depression, but not in a support group; and (3) not experiencing postpartum depression, but attending a support group.

Anderson conducted interviews that allowed participants to elaborate on their experiences of postpartum depression. A main finding was the importance of receiving support from others who had similar experiences. The mothers reported different kinds of support: informational (“related to advice giving”), emotional (“fosters feelings of care, love, and security”), and tangible (“receiving aid from others to help solve practical problems”) (p. 715).

Participants mentioned three different kinds of support group involvement: local mothers’ groups, working mothers’ groups, and postpartum depression support groups. Different groups provided different experiences with support. Mothers who were in a local mothers’ group experienced social outlets and tangible expressions of support. They enjoyed connecting with other mothers. Women who attended the working mothers’ groups benefitted from pragmatic support—tangible expressions of support, information, and solutions. Unfortunately, for women with postpartum depression, these kinds of groups did not tend to facilitate discussion of those unique experiences. Women in the postpartum support groups benefitted from being with others who faced similar circumstances and experiences. There was comfort and validation found in these groups.



This was a captivating study of the lived reality of women who report symptoms of postpartum depression. The researcher was able to provide more in-depth analysis of the kinds of issues that arise and the different experiences women have with encouragement and support groups.

Interpersonal Climate of 12-step Groups

Rynes, K.N., Tonigan, J.S. & Rice, S.L. (2013). Interpersonal Climate of 12-step Groups Predicts Reductions in Alcohol Use. *Alcoholism Treatment Quarterly*, 31 (2), 167-185. Doi: 10.1080/07347324.2013.771983.

This was a study examining whether the quality of social interaction in self-help (12-step) groups predicts a decreased in alcohol use. Kristina Rynes, J. Scott Tonigan and Samara Rice interviewed 130 participants from community Alcoholics Anonymous (AA) groups, substance abuse treatment programs, and advertising/word of mouth. Participants were an average age of 38.65 (SD = 9.6 years) and most were either divorced or single (78.5%). Just over half (53.8%) were male. The highest percentage of participants were Hispanic (43.1%), followed by non-Hispanic white (35.4%), American Indian or Alaskan Native (15.4%), African-American (2.3%); and 3.8% did not specify ethnicity.

The researchers were looking at whether AA member perceptions about group engagement (“interpersonal social climate;” p. 179) would predict alcohol and drug use. The findings support the role of small group cohesion in both following the 12-steps and in abstinence from alcohol: “The findings... [show] that increased disclosure of sensitive information and active engagement in reasoning things out (e.g., group engagedness) in 12-step groups predicts significant decreases in drinking intensity and marginal increases in days abstinent from alcohol” (p. 179).

These findings are consistent with existing research on the importance

of group cohesion in 12-step groups. Christian counselors may want to consider ways to facilitate cohesion and related aspects of the social climate in their work with similar groups.

Single-gender vs. Mixed-gender Substance Abuse Groups

Greenfield, S.F., Cummings, A.M., Kuper, L.E., Wigderson, S.B. & Koro-Ljungberg, M. (2013). A Qualitative Analysis of Women's Experiences in Single-gender versus Mixed-gender Substance Abuse Group Therapy. *Substance Use & Misuse*, 48, 750-760. Doi: 10.3109/10826084.

Shelly Greenfield and her colleagues conducted a qualitative study to explore the experiences of women in a women's (single-gender) recovery group and a mixed-gender drug-counseling group. Twenty-eight women completed semi-structured interviews and had been randomly assigned to one of two group conditions. Most of the women were Caucasian (97.2%) and identified alcohol (82.6% of the single-gender group; 100% of the mixed-gender group) as their substance of concern.



Both groups were offered a weekly, 90-minute format over 12 weeks; the mixed-gender drug-counseling group was an empirically supported, manualized protocol. The single-gender women's recovery group offered “women-focused content” (p. 751), such as women's family and social relationships and comorbid concerns (e.g., depression, eating disorders).

Grounded theory analysis suggested a model of women's experiences in single-gender groups as compared to mixed-gender groups. Differences were noted in *self-perceptions* (e.g., being able to express all facets of themselves), *perceptions of the group* (e.g., using the same language, having their needs met), *characteristics of communication* (e.g., honest, empathic, emotional), and *discussion topics* (e.g., the effects of spouses on recovery).

In the mixed-orientation group, self-perception was more constrained and guarded, while the group atmosphere tended to lack empathy. Communication in the mixed-gender group reflected differences between men and women, and discussion topics felt constrained although there were some insights from males that might not have been present in the single-gender group.

This is an interesting study that seems to support what some women request: single-gender support groups for their recovery. It is certainly a consideration when resources allow for this kind of tailored offering. ✦



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A Healing Community: The Vital Component...

– Jim Cress and Marnie Ferree

1. The foundational truth is that sexual addiction is
- a. all about pleasure
 - b. a need for control
 - c. an intimacy disorder
 - d. driven by anxiety

Care Group Leadership and Spiritual Formation...

– Stephen P. Greggo

2. Hurts are healed not by speaking them aloud, but by inviting...
- a. constructive input from church leadership
 - b. others to sit with us in that experience
 - c. others to relate their experiences
 - d. others to objectively point out our sin

Celebrate Recovery: Equipping the Local Church...

– David O'Brien

3. Celebrate Recovery was highlighted in the movie
- a. Fireproof
 - b. Joshua
 - c. Home Run
 - d. Second Hand Lions

Expanding Your Practice: Starting and Running Effective...

– Paul H. VanValin

4. In outpatient process group therapy
- a. people share information and receive feedback
 - b. people share problems and get help to make changes
 - c. research validated techniques are employed
 - d. none of the above

The Healing Power of Relationships – Tim Clinton

5. Psychologists found that only 15% of therapy outcome is due to
- a. family history and background
 - b. personality type
 - c. specific techniques and interventions
 - d. therapist/client relationship

Healing the Soul in Community

– Sue Kim-Ahn and Monte Fisher

6. Which of the following is **not** a compulsory guideline for the DR group?
- a. maintain confidentiality and anonymity
 - b. practice good listening
 - c. work at problem solving
 - d. make sure everyone has time to talk

Life Crisis Ministry: The Intersection of Counseling and...

– Steve Grissom

7. Facilitators for DivorceCare, GriefShare, and Single & Parenting
- a. are not in a counseling role
 - b. are trained in facilitation
 - c. are encouraged to maintain a counselor referral list
 - d. all of the above

Overcoming Resistance to Recovery Programs

– Steve Arterburn and David Stoop

8. Which is **not** true regarding the 12-step program
- a. three Bible passages were important in its development
 - b. the concept rose out of a Bible study group
 - c. the 12 steps can be seen as a sanctification path
 - d. healing the addiction also heals character defects

Recovery Groups and Christian Formation – Gary W. Moon

9. The VIM model of transformation is
- a. vision, intention, means
 - b. vision, integration, means
 - c. vitality, intention, method
 - d. vision, integration, method

Using Small Groups as a Christian Model for Healing

– Jennifer Cisney Ellers

10. Small groups end up ineffective or destructive when
- a. there is no skilled leadership
 - b. there is no screening of group members
 - c. members attend without a true desire to heal
 - d. all of the above

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3. Be able to integrate spirituality and faith-based constructs into the delivery of care.

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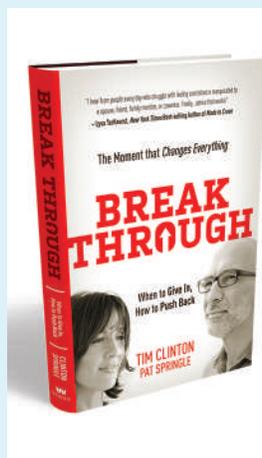
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The Healing Power of Relationships

Eight kids. Rural Pennsylvania. It is amazing the lessons you quickly learn when growing up in a large family. From resolving conflict to regulating difficult emotions, from loving unconditionally to listening well... I owe much of who I am today not to my doctoral degree, but to my family.

It was an entertaining, yet safe, place for self-exploration and discovery. In those formative years, I learned the importance of how to give, forgive and compromise. I gained purpose and security from the larger identity of our family “clan.” I learned that rules and authority are important, but not always perfect. And, most of all, I experienced the fidelity of love in the gut-wrenching moments of life.

Looking back on my childhood from the perspective of being a seasoned therapist, I can certainly testify to the tremendously influential power of relationships. As human beings, created in the image of the triune God, we are relational at the core. “It is not good for the man to be alone” (Genesis 2:18), God spoke, referencing not only the biblical design for marriage, but also the fundamental human wiring to be known and loved. Just as a husband is called to leave his past life to “cleave” to his wife, we, as the Body of Christ, are also called to hold on to one another for dear life—the literal meaning of “cleave.”

Relationships are central. We organize our lives around family, friends, co-workers, neighbors, even fellow parishioners. Relationships can be the greatest source of joy, delight and satisfaction, yet also the greatest cause of pain and brokenness. Comparison. Jealousy. Gossip. Backbiting. Betrayal. Anything that has immense power for good also has great potential for hurt and chaos. As a result, many of us

draw back, hiding behind well-crafted defenses that hold others at arm’s length. Therein lies the tragedy: While we ache for change, begging God to transform us and set us free from sinful habits, we sabotage the greatest agent of change. Poet and novelist, Wendell Berry, describes it, “Healing is impossible in loneliness,”¹ and in the words of an old Jewish proverb, “He who goes too far alone, goes mad.”

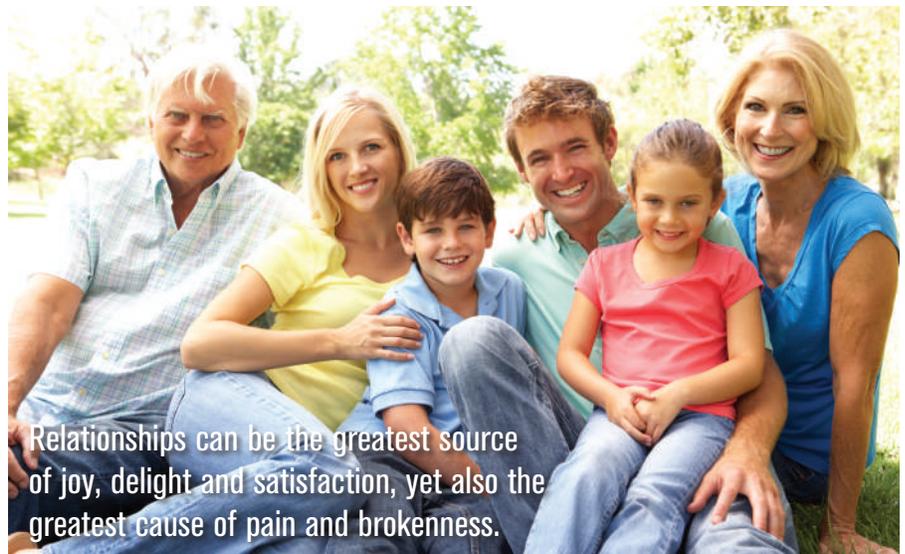
Healing, growth and change do not happen in a vacuum. There is a sacred bonding that takes place when people take the risk of vulnerability, baring their souls to one another and pouring out their deepest hurts, fears, hopes and dreams. No wonder King Solomon said “two are better than one” (Ecclesiastes 4:9) and the Apostle Paul challenges believers, “[C]onfess your sins to one another and pray for one another, that you may be healed” (James 5:16).

Regardless of the context—whether professional group psychotherapy or a church-based support group—transformation blossoms in the context of relationship. Exploring the most influential factors in psychotherapy, psychologists, Michael Lambert and

Dean Barley, have discovered that only 15% of outcome variance is due to specific techniques and interventions, with a much larger influence being tied to the power of the relationship itself.²

According to social worker, John O’Neill, “There is sort of a medical assumption that if you do the treatment better, the treatment causes the change, not the human factors, the common factors.... So we emphasize technique, and we make out the therapist as hero and healer. What’s more important is how the therapist comes across to the client, how they [clients] interpret us connected to their context—that’s the real deal.”³ At the end of the day, empathy, warmth, unconditional positive regard, listening, and seeking to understand go a long way, correlating more highly with positive treatment outcomes than particular interventions. These constructs are significantly more evident within group therapy settings, with trickle-down effects on other therapeutic environments, including growth-oriented and topic-specific groups.

Group therapy researcher and pioneer, Dr. Irving Yalom, suggests, “Therapy should not be theory driven,



Relationships can be the greatest source of joy, delight and satisfaction, yet also the greatest cause of pain and brokenness.

but relationship driven.”⁴ However, it is far more than just a good therapeutic idea... this is the heart of the Body of Christ—κοινωνία. The concept of koinōnía speaks to intimate fellowship, an increased sense of community, and sharing life together. The Apostle Paul challenges us, “[L]et us consider how we may spur one another on toward love and good deeds, not giving up meeting together, as some are in the habit of doing, but encouraging one another...” (Hebrews 10:24-25).

Throughout the New Testament, many, if not most, of the admonitions given are placed within the context of relationship:

- Comfort one another (1 Thessalonians 4:18)
 - Forgive one another (Colossians 3:13)
 - Build one another up (Romans 15:2; 1 Thessalonians 5:11)
 - Serve one another (Galatians 5:13)
 - Bear one another’s burdens (Galatians 6:2)
 - Be kind, tenderhearted, and forgiving toward one another (Ephesians 4:32; Romans 12:10)
 - Care for one another (1 Corinthians 12:25)
 - Show hospitality to one another (1 Peter 4:9)
 - Minister one to another (1 Peter 4:10)
 - Pray for one another (James 5:16)
- Not surprisingly, the 11 key factors

developed by Yalom that enhance therapeutic change echo closely, including instilling hope, altruism, socializing techniques and the corrective recapitulation of the family. I think it is no coincidence we can trace the science of change back to the Word of God—in Jesus Christ who is the author and perfecter of our faith (Hebrews 12:2).

In today’s increasingly postmodern world, nihilism reigns—the idea that life is without fundamental purpose, meaning or value. In this context, how easy it is to label others and diagnose a problem without truly understanding the heart of the matter. Christian psychologist, Larry Crabb, suggests, “The problem is disconnected souls. What we need is connection! What we need is a healing community!”⁵

Healing community. I cannot think of a better way to describe the mission of the Church, which theologian and anti-Nazi dissident, Dietrich Bonhoeffer, describes as the ultimate “community of love.”⁶ In the face of nihilism, relationships infuse life with meaning and purpose. Our work as Christian therapists is not ultimately about finding the “perfect” intervention but, instead, inviting our clients on a journey to know themselves, God, and their fellow man more deeply. Ultimately, we are both broken and healed in relationship. ✚



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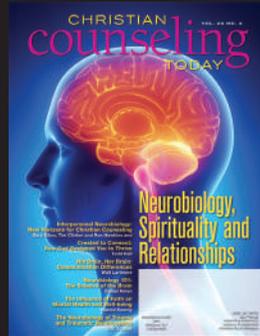
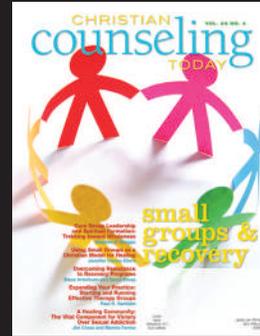
Care at Liberty University, and co-founder of Light Counseling, Inc., a clinical practice serving children, adolescents, and adults. He is the author of several books, including *God Attachment* (Howard Books), *The Popular Encyclopedia of Christian Counseling* (Harvest House), and his most recent, *Break Through* (Worthy Publishing).

Endnotes

- 1 Berry, W. *The Art of the Commonplace: The Agrarian Essays of Wendell Berry* (Berkeley, CA: Counterpoint), 157.
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- 6 Kelly, G. and Nelson, F.B. *The Cost of Moral Leadership: The Spirituality of Dietrich Bonhoeffer* (Grand Rapids: Wm. B. Eerdmans Publishing), 9.

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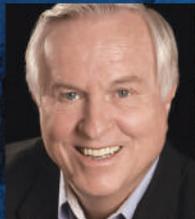
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