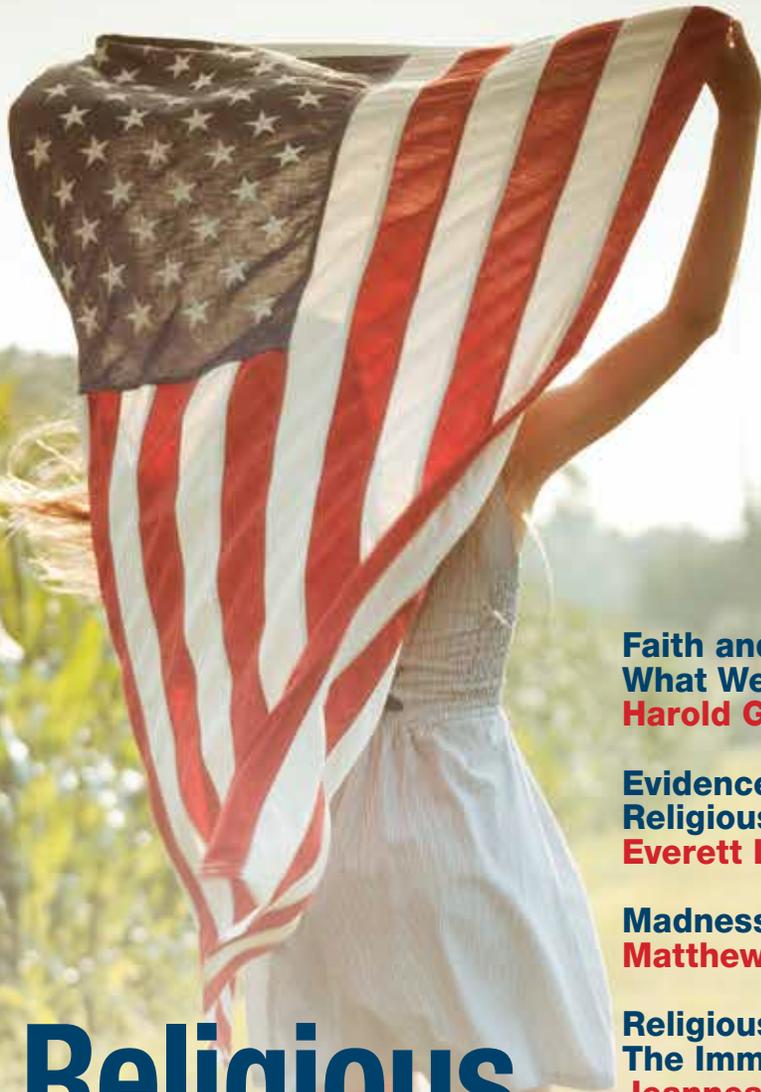


CHRISTIAN VOL. 25 NO. 2
counseling
TODAY



**Faith and Mental Health:
What We Know**
Harold G. Koenig

**Evidence-based Treatments,
Religious Liberty, and Humility**
Everett L. Worthington, Jr.

Madness and Grace
Matthew S. Stanford

**Religious Liberty Infringement:
The Imminent Clash in Mental Healthcare**
Jeanneane Maxon and David E. Jenkins

**Religious Freedom:
The Impending Threat
Against Christian Counselors
and Education Programs**
Mathew Staver

Progressing Backwards
Janet Parshall

**Religious
Liberty and
the Road
Forward**



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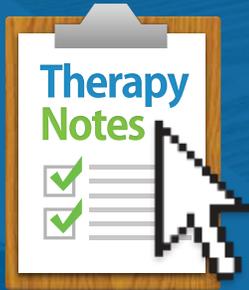
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F41.8 Other Specified Anxiety Disorder

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contents

FEATURES

10 **Faith and Mental Health: What We Know**

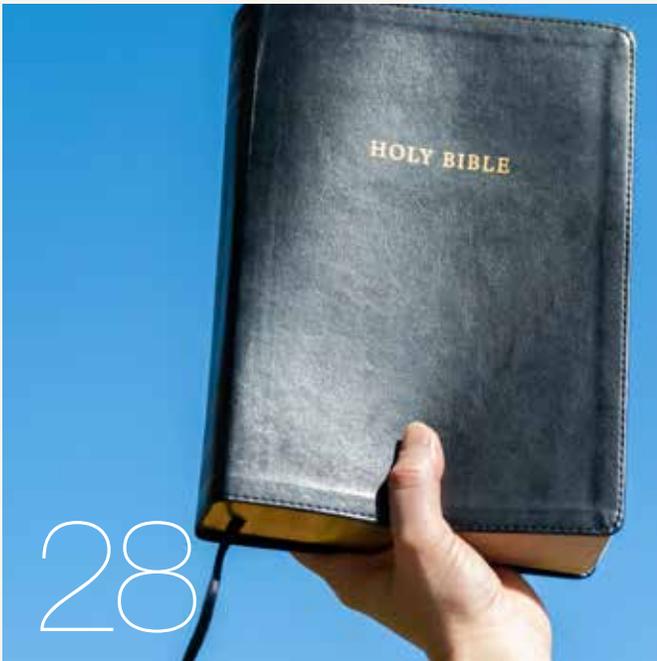
by Harold G. Koenig. Professor of Psychiatry and Behavioral Sciences and Associate Professor of Medicine at the Duke University Medical Center, Harold Koenig, reviews what we know about the relationship between religious faith and various dimensions of health. He also discusses the recent controversy over these findings and addresses the complexity when examining these relationships in observational studies.

16 **Evidence-based Treatments, Religious Liberty, and Humility**

by Everett L. Worthington, Jr. The efficacy of evidence-based treatments (EBT) has been delivered in psychoeducational and psychotherapy groups worldwide for quite some time. Licensed clinical psychologist and researcher, Ev Worthington, Jr., examines EBTs through his personal journey and experiences to determine their effectiveness. He advocates that every counselor must take the research seriously in deciding what works for each patient and shares some life lessons he has learned along the way.

22 **Madness and Grace** *by Matthew S. Stanford.* CEO of the Hope and Healing Center & Institute, adjunct professor of psychiatry, and researcher, Matthew Stanford, applies the story of Geel from the 7th century to illustrate that serious mental illness has been part of the human experience throughout recorded history. Long before effective treatments or an understanding of the brain's role in mental illness, Christian communities stepped forward to care for the broken. Matthew proposes that we rethink mental healthcare so the Church can be an adjunct to professional mental healthcare resources and assist individuals in psychological distress.





28 Religious Liberty Infringement: The Imminent Clash in Mental Healthcare by *Jeanneane Maxon and David E. Jenkins*. The threat to religious freedom for Christian Mental Health Professionals (CMHPs) is evident today more than ever. Attorney, Jeanneane Maxon, and clinical psychologist and professor, David Jenkins, express how conflict emerges when the government and our culture require Christians to violate their sincerely held religious beliefs regarding caregivers and care recipients. They strongly assert that there are solutions that uphold the value of LGBTQ+ individuals while also maintaining the religious rights of CMHPs.

34 Religious Freedom: The Impending Threat Against Christian Counselors and Education Programs by *Mathew Staver*. Founder and chairman of Liberty Counsel, Mat Staver, cautions us on how Christian counselors and counseling programs are at the tip of the spear regarding impending threats to religious freedom and client-directed autonomy. The most serious threat is the bill known as the “Equality Act,” H.R. 5 that, if passed, would force all schools, Pre-K through college, to accept all aspects of the LGBTQ agenda. Mat encourages all counselors and educators to speak up and become involved at the local, state, and federal levels to provide expertise and guidance to lawmakers.

38 Religious Liberty and the Road Forward by *Erwin Lutzer*. Today, in our collapsing culture, our freedoms are being eroded. Pastor, author, and radio host, Erwin Lutzer, provides some convincing examples of how our religious liberties have been compromised and inspires Christians on the importance of fighting for our freedom.

42 Multicultural Competencies: A Young Professional’s Request for Guidance by *Mercy Connors*. Licensed Professional Counselor and Director of Program Development and Professional Relations at AACC, Mercy Connors, shares her personal experiences regarding the challenges associated with the changes in today’s counseling profession. She stresses the importance of multicultural competencies in understanding other cultures and perspectives that help provide a new appreciation for the differences in clients from a faith-based standpoint.

46 Modern Hostility to Truth: How Should Pastors and Counselors Understand and Protect Free Exercise of Religion? by *Jenna Ellis*. Religious liberty is all about recognizing the truth that Christ is the head of the Church, not the government. However, this essential truth has been largely forgotten and neglected in favor of government mandates ushered in under the auspices of “accepted science.” Attorney and podcast host, Jenna Ellis, delivers a strong message on why, as Christians, we are obligated to a duty of exercising our faith in every area of life to safeguard our freedom.

52 Progressing Backwards by *Janet Parshall*. Skilled nationally syndicated radio program host, Janet Parshall, warns how progressive Christianity is seeping its way into evangelical churches and bringing deadly confusion and devastating disobedience to the truth of God’s Word. Janet offers guidance on recognizing the deceptive threads that are weaving their way through this deceiving worldview.



departments

- 8 From the Heart** by Tim Clinton
- 56 The Word Applied** by Ted Cunningham
- 58 Looking Inward** by Diane Langberg
- 60 Reflections** by Gary Moon
- 64 Shrink Notes** by Michael Lyles
- 66 Law, Ethics & Liability** by Jeanneane Maxon
- 70 Leadership Psyc** by Gregory Jantz
- 72 Research Digest** by Fernando Garzon
- 76 CounselQuiz**

Tim Clinton, Ed.D., LPC, LMFT, BCPCCC, is president of AACC, the largest and most diverse Christian counseling association in the world. Dr. Clinton also serves as the Executive Director of the Liberty University Global Center for Mental Health, Addiction, and Recovery. He is the co-host of “Dr. James Dobson’s Family Talk,” heard on nearly 1,400 radio outlets daily. Licensed as a Professional Counselor and Marriage and Family Therapist, Dr. Clinton is recognized as a world leader in mental health and relationship issues and spends much of his time working with Christian leaders and professional athletes. He has authored or edited nearly 30 books, including his latest, *Focus on the Future: Your Family, Your Faith, and Your Voice Matter Now More than Ever*. Dr. Clinton and his wife, Julie, have two children and a granddaughter.

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CHRISTIAN counseling TODAY

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

PRESIDENT AND PUBLISHER: Tim Clinton
VP OF PUBLICATIONS/EDITOR-IN-CHIEF: Mark Camper
GRAPHIC ARTIST: Amy Cole
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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 2017 by AACC, Inc. All rights reserved. ISSN #1076-9668



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Religious Liberty, Faith, and “Go Time”



The COVID-19 pandemic, lockdowns, physical loss, racial unrest, tension, trauma, rioting, election chaos, impeachment trials, suppression, censorship, division, COVID Delta variant, hurricanes, wildfires, Afghanistan disaster, the new threat of increased terrorism... the list goes on. What an upside-down and insane world in which we live.

The bottom line is this—the ride we are on isn't in your daddy's Oldsmobile. Times are changing. People are exhausted, hurting, confused, angry, anxious, depressed, and struggling for clean air. And if you are a believer, you might get branded as a Christian nationalist if you like the wrong tweet or raise your flag too high. I do not think I have ever been more alarmed and troubled in my spirit about what is happening in the

world around us.

What is becoming clear is that the religious liberties we hold dear and enjoy in America are being challenged at every turn, bringing serious reflection, fear, and concern. In this edition of *Christian Counseling Today*, we are stepping out and have attempted to identify and address some of today's threatening trends and issues. As you already know and will observe in this issue, there are some incredibly strong thoughts, findings, challenges, and differences of opinions about where we are in this hour and what the road forward will and should look like.

Through the years, I have learned a vital lesson—that many of those who are vocal often work to silence, shame, stigmatize, marginalize, and even demonize others, especially Christians. Sadly, we see it in the mental health field. Our modern-day

world has become so broken and tense that our silence in the face of it is not an option. The good news is there is a stirring going on among people of faith.

I have also learned that while living peacefully with others is the goal, unfortunately, that will not always happen. I know that Christ is a “rock of offense to those who reject Him.” When you identify your life in the Lord and take up your cross and follow Him, men will not always speak peaceably about you. When you stand for, and with, the One acquainted with grief and sorrow, the One who thought it not robbery to leave the glories of heaven and humble Himself to become our Redeemer, even to death on the cross, you have chosen to be with the One the crowd cried out to crucify.

As such, Paul also reminded us

that we should regard other fellow sojourners, especially those who love and respect Christ. In Galatians 6:10 (ESV), Paul wrote, “So then, as we have opportunity, let us do good to everyone, and especially to those who are of the household of faith.” My mother would bluntly have said it this way, “Watch your mouth and how you behave and be sure to encourage those who love the Lord.” Social media has revealed our hearts and lackluster love for God and one another. Just take a look at some previous Twitter or Facebook remarks—they tell a lot about a person. The truth is, we embarrass ourselves and appear to lose a great deal of ground due to our comments and opinions.

With that said, consider this issue of *CCT* a fire starter on religious liberty issues in mental health. We have

much to discuss and learn together, as there is a “clear and present danger” on the horizon. Some individuals and organizations are motivated to dismiss and hurt the work of Christ and faith leaders in mental health. Therefore, consider this a “shot across the bows” to those who would work to scrub out why and how God is necessary in mental health. We will work tirelessly to understand, mobilize, collaborate, and eradicate the silence, shame, and stigma toward those who provide and seek faith-based mental health services. And we will advocate for and stand strong on the importance of faith in mental health.

It’s “Go Time!” Let the next level conversations begin—and may they be salted with the tender love of God, under the deep convictions and guidance of the Holy Spirit, and anchored in our relationships with Christ. ✦



TIM CLINTON, ED.D., LPC, LMFT, BCPCC, is president of AACC, the largest and most diverse Christian counseling association in the world. Dr.

Clinton also serves as the Executive Director of the Liberty University Global Center for Mental Health, Addiction, and Recovery. He is the co-host of “Dr. James Dobson’s Family Talk,” heard on nearly 1,400 radio outlets daily. Licensed as a Professional Counselor and Marriage and Family Therapist, Dr. Clinton is recognized as a world leader in mental health and relationship issues and spends much of his time working with Christian leaders and professional athletes. He has authored or edited nearly 30 books, including his latest, *Focus on the Future: Your Family, Your Faith, and Your Voice Matter Now More than Ever*. Dr. Clinton and his wife, Julie, have two children and a granddaughter.



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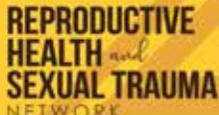
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FAITH AND MENTAL HEALTH: WHAT WE KNOW

The field of religion and mental health is growing rapidly. An increasing number of peer-reviewed publications in mainstream journals report positive effects of religious faith on health and well-being. The importance of more recent research is that these studies, more rigorously designed and statistically controlled compared to earlier research, are mainly confirming the findings reported previously.

This latest research shows that devout religious faith and practice—faith that not only influences one’s beliefs, attitudes, and behaviors but is also a central factor in determining those attitudes and behaviors—predicts better mental, social, family, behavioral, and physical health. Of course, this does not mean that a lack of faith is the primary reason for psychological and/or social problems. Indeed, it is clear that genetic factors affect vulnerability to various mental disorders, explaining 30–40% of the likelihood of having such problems (Sullivan et al., 2000). Furthermore, developmental influences (adverse childhood experiences) and stressors during adulthood (uncontrollable life events and circumstances) also influence a patient’s current mental state. Many of these have nothing to do with the person’s religious faith and may even make that faith stronger. Therefore, it is important to remember that a person’s faith is only one of many factors that may be affecting his or her mental health.

I will now briefly review what we know about the relationship between religious faith and various dimensions of health, discuss a recent controversy over these findings, and address the issue of complexity when examining these relationships in observational studies.

Mental Health

In a systematic review of the published literature conducted prior to 2010, Koenig and colleagues (2012) found that 272 of 444 quantitative studies (61%) reported less depression among those who were more religious, 106 of 141 studies (75%) found less suicidal thoughts, attempts, and completions, 147 of 299 studies (49%) found less anxiety, 240 of 278 studies (86%) reported less alcohol use and abuse, and 155 of 185 studies (84%) found less drug use/abuse. Furthermore, those scoring higher on religiosity were more likely to experience greater self-esteem in 42 of 69 studies (61%), greater psychological well-being in 256 of 326 studies (79%), greater hope in 29 of 40 studies (73%), greater optimism in 26 of 32 studies (81%), and greater meaning and purpose in 42 of 45 studies (93%). These studies often suffered from various flaws in design and statistical analyses that critics emphasized (Sloan et al., 1999).

Since 2010, however, many studies (including large prospective cohort studies conducted by the Harvard T.H. Chan School of Public Health) have reported better mental health among those engaged in religious practices, such as attending religious services, praying/meditating, or engaging in religiously motivated acts of self/Divine forgiveness. These findings include less depression, higher self-esteem, greater emotional expression, greater emotional

processing (Chen & VanderWeele, 2018; Long et al., 2020; Chen et al., 2021), more positive future expectations (Lalayants et al., 2020), greater hope (Koenig et al., 2020; Long et al., 2020; Chen et al., 2021), less anxiety/PTSD (Chen & VanderWeele, 2018; Chen et al., 2021), faster recovery from PTSD (Currier et al., 2015), lower rates of completed suicide (VanderWeele et al., 2016; Koenig 2016), and less substance use and abuse, especially in young adults (Haber et al., 2012; Cucciare et al., 2016; Lalayants et al., 2020; Chen et al., 2021).

In terms of treatment, a meta-analysis of 97 clinical trials by Captari et al. (2018) found that religiously/spiritually (R/S)-tailored psychotherapy was superior to no treatment (Hedge’s $g=0.74$, $p<0.000$ for psychological and spiritual outcomes), as well as to non-R/S psychotherapies ($g=0.33$, $p<0.001$, for psychological outcomes; $g=0.43$, $p<0.001$, for spiritual). In more rigorous additive studies, R/S therapies were also marginally superior to standard psychotherapy on psychological outcomes ($g=0.13$, $p=0.26$) and moderately superior on spiritual outcomes ($g=0.34$, $p<0.000$). Spiritual outcomes were assessed by meaning and purpose, existential well-being, connection with others, and relationship with God (many of these involving or bordering on positive psychological outcomes). These findings, many from randomized controlled trials (RCTs), confirmed the conclusions of the previously mentioned observational studies.

Social Health

The benefits of religious faith on social health were reported in more than 80% of studies conducted prior to 2010 (Koenig et al., 2012) and in many more rigorously conducted studies since (Koenig et al., 2022). For example, among the 13,700 older adults in the U.S. Health and Retirement Study who were followed for up to 10 years, the effect of attend-

HAROLD G. KOENIG

ing religious services at baseline on increasing social integration was more than twice as strong in those attending weekly or more vs. never ($B=0.20$, $p<0.003$) than in those attending less than weekly vs. never ($B=0.08$, $p<0.05$), indicating a gradient in effect (Chen et al., 2021). The findings were similar in 68,300 participants in the Nurses' Health Study-II that followed participants for up to 12 years ($B=0.27$, $p<0.003$, compared to $B=0.12$, $p<0.003$, respectively) (Chen et al., 2021). The most advanced currently known statistical methods were used to assess effects in these extensive prospective studies. The same pattern of results was found when examining the effects of religious attendance on loneliness (Chen et al., 2021).

Likewise, family health is also impacted by religious involvement. In a 20-year prospective study of 446 parents and children, Spilman et al. (2013) found that parental religiosity during offspring adolescence predicted offspring religiosity, positive marital interactions, and positive parenting during offspring adolescence. In turn, offspring religiosity during adolescence and positive parenting during offspring adolescence predicted improved offspring romantic relationships during adulthood and positive offspring parenting interactions with their children. Similarly, in a 45-year follow-up of 220 adolescents, Silverstein et al. (2019) found that religiously involved adolescents provided more social assistance to their mothers 45 years later, particularly when their mothers were widowed. Religiously active children felt emotionally closer to their mothers and lived in closer proximity to them, helping to explain these findings. Thus, it appears that religious involvement enhances family functioning within and across generations.

Behavioral Health

Those who are more religious also live healthier lifestyles. In our systematic review of studies published prior to 2010, more religious individuals were less likely to smoke in 123 of 137 studies (90%), more likely to exercise or be physically active in 25 of 37 studies (68%), more likely to consume a better diet in 13 of 21 studies (62%), and less involved in risky sexual activity in 82 of 95 studies (86%) (Koenig et al., 2012). Since then, several sizable cross-sectional and prospective studies have replicated these results for smoking in the U.S. (Bailey et al., 2015; Chen & VanderWeele, 2018; Chen et al., 2021) and other countries (Pawlikowski et al., 2019). This result is also true for physical activity and exercise (Ahrenfeldt et al., 2018), diet (Wen et al., 2019), and less risky sexual activity leading to sexually transmitted diseases (Chen & VanderWeele, 2018).

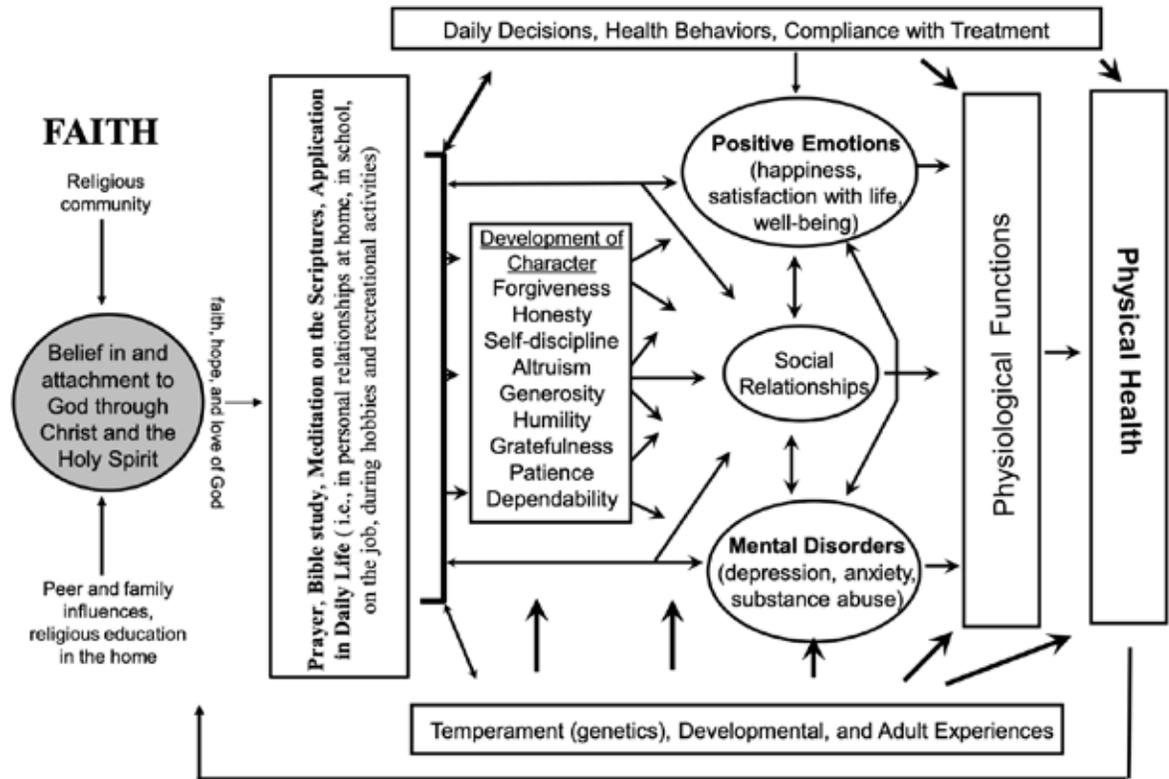
Physical Health

Not surprisingly, better mental, social, family, and behavioral health translate into better physical health. One of the best indicators of physical well-being is longevity. Although affected by many factors, including genetics/heredity and early developmental experiences, important influences on longevity also include healthy beliefs, attitudes, and behaviors. In our systematic review of research conducted prior to 2010, a total of 121 prospective studies had examined the relationship between religiosity and mortality (Koenig et al., 2012). Of those, 82 (68%) found that those who were more religious lived significantly longer than those who were less religious. This conclusion was particularly true for those who frequently attended religious services.

These findings have been replicated repeatedly in more recent studies with improved design and statistical control for potential confounders. For example, in a survey of nearly 75,000 female nurses, Li and colleagues (2016) at the Harvard School of Public Health examined the effects of religious attendance on survival during a 16-year follow-up. Results indicated that compared to non-attendees, those who attended religious services less than once per week were 13% less likely to die during follow-up ($HR=0.87$, $95\% CI=0.81-0.92$), those attending about once per week were 26% less likely ($HR=0.74$, $95\% CI=0.70-0.78$), and those attending more than once a week were 33% less likely ($HR=0.67$, $95\% CI, 0.62-0.71$). These findings were noteworthy despite the fact that investigators took a highly conservative approach to the statistical analyses, rigorously controlling for frequency of religious attendance in 1992 and excluding those with cardiovascular disease or cancer before 1996 (the baseline, when religious attendance was measured as a predictor of future mortality).

In addition, many demographic, socioeconomic, social, mental, behavioral, and physical health variables were controlled. Again, these findings indicated a "gradient of effect" (p for trend <0.001) such that mortality during follow-up decreased in a dose-response fashion as the frequency of religious attendance increased. When they examined factors that may have explained this relationship, they found that greater social support, fewer depressive symptoms, less cigarette smoking, and greater optimism explained 23%, 11%, 22%, and 9%, respectively, of the variance in overall mortality risk. Numerous extensive longitudinal studies in both Christian and non-Christian majority populations have reported similar findings within the past two to three years (Lawrence et al., 2019; Li et al., 2020; Løkken et al., 2020; Hill et al., 2020; Chen et al., 2021). The robust findings on physical health (indicated by these longevity studies) are significant despite the *indirect* effect of religious involvement on physical health through psychosocial pathways (see Figure 1).

Figure 1. Theoretical model illustrating the pathways by which religious involvement (FAITH) may impact physical health (adapted from Koenig et al., 2012)



Controversy

Although considerable research has documented these benefits, the size of the effect has recently been challenged by Dutch researchers who conducted a meta-analysis of 48 longitudinal observational studies (Garssen et al., 2021). This analysis focused on psychological distress and well-being (excluding numerous other mental, social, and behavioral outcomes). They reported only a small overall effect of religiosity on mental health and well-being ($r=0.08$, 95% CI=0.06-0.10); for religious attendance, the result was only slightly larger ($r=0.11$, 95% CI=0.06–0.15). These reviewers concluded that their findings “raise the question whether further research into the contribution of R/S [religion/spirituality] to mental health (well-being, depression, anxiety, distress, life satisfaction, quality of life) is worthwhile.” Note that results from clinical trials of R/S interventions were not included.

In response, Koenig et al. (2021) wrote a strong rebuttal that criticized the meta-analytic methods and conclusions of the study. Although the discussion that ensued (including Garssen and colleagues’ response to the critique; 2021b) is too lengthy to summarize here, those interested in this scientific debate would benefit from reading these papers.

Complexity

Part of the argument laid out by Koenig et al. (2021) emphasizes the complexity of studying the relationship

between religiosity and health. This is especially true when examining the relationship between religiosity and mental health over time in observational studies. For example, religious involvement regularly changes in response to fluctuations in mental health. This means that researchers conducting prospective studies are examining two moving targets, each changing at different speeds, often responding to largely unknown influences (thereby increasing variance and weakening the overall effect).

Furthermore, measures used to assess religious involvement often have different meanings (carry different weights) in various religious groups that make up the sample. For example, the frequency of reading the Bible for Southern Baptists means something quite different in terms of devoutness of faith than it does for Catholics from the Northeast, who may emphasize weekly religious service attendance.

These are just two examples of the challenges that researchers face when studying the relationship between religiosity and mental health. What has surprised me most during the past 37 years of exploring the relationship between religiosity and health is that we can detect a significant association at all, given the extraordinary complexity that characterizes this relationship. In fact, the current findings are probably only the “tip of the iceberg.” As research methods are refined, and more accurate and sensitive measures of religiosity are utilized, much stronger effects will likely be observed in the future.

... when a person's life is centered on his or her faith—particularly a Christian faith that is manifested by a **love of God** and **love of neighbor**—it has the potential to maximize that individual's mental, social, family, behavioral, and, yes, even physical health....

Conclusions

In hundreds, if not thousands, of quantitative scientific studies, religious faith has been found to impact mental, social, behavioral, and physical health across the lifespan. For this reason, there is every motive for clinicians to utilize the religious beliefs and practices of patients during counseling to enhance their mental health. This does not mean that clients never use their religious beliefs in a neurotic or unhealthy manner (which also needs to be addressed). However, it does mean that when a person's life is centered on his or her faith—particularly a Christian faith that is manifested by a love of God and love of neighbor—it has the potential to maximize that individual's mental, social, family, behavioral, and, yes, even physical health, thereby increasing the chances of a happy, meaningful, productive, lengthy, and healthy life. ✦



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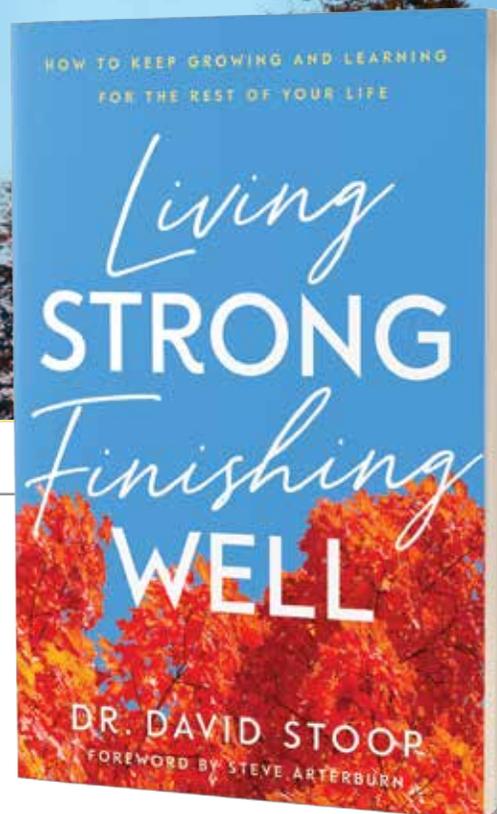
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EVIDENCE-BASED TREATMENTS, RELIGIOUS LIBERTY, AND HUMILITY

I developed the REACH Forgiveness treatment in the 1990s. Since then, more than 30 randomized controlled trials (RCTs) have supported its efficacy (Worthington, 2020). These have shown it to be effective when framed secularly and accommodated for Christians. It has been delivered in psychoeducational and psychotherapy groups, individual, couple, and family therapy, DIY workbooks, local congregations, large communities worldwide, on the Internet, and at Christian and secular colleges and universities. Additionally, it has been presented by doctoral-level licensed practitioners, master's-level counselors, bachelor's-level people in and not in psychology, and people who do not have degrees. REACH Forgiveness is an evidence-based treatment (EBT). Does that mean I should use it with every person dealing with hurts, offenses, and injustices? Well, it ain't that simple.

Misuse of EBTs Can Threaten Religious Liberty

EBTs are not themselves any threat to religious liberty. However, if insurance companies, state licensing boards, and even the general professional community insist that only scientific evidence counts, then that could pose a threat. It could inhibit counselors from offering treatments not supported by many RCTs. Also, it could force counselors to tell clients that religious interventions are “experimental,” which could hinder patients’ wishes.

Fortunately, numerous studies support religiously accommodated treatments (for a recent meta-analysis, see Captari et al., 2020). Captari et al. (in press) reviewed seven existing meta-analyses that investigated EBTs. They found that most religiously accommodated EBTs are as efficacious as secular ones. Meta-analyses establish that, *on average*, EBTs are effective. Yet, individually, many treatments are not productive. Even REACH Forgiveness, which has considerable scientific evidence supporting its use, works on the average but not the same in every study, as some patients do not benefit from this treatment. Other types of “evidence” must be considered before we decide to use any therapy.

A Personal Odyssey

I have treated patients psychologically, developed treatments, trained counselors, and spoken with people worldwide about psychological treatments over a career in clinical psychology beginning in 1974—earlier if you want to count the psychological advice I gave as a naval officer and telephone counselor on a crisis hotline. Perhaps my professional odyssey can help us learn some lessons about

EBTs. I assume that no reasonable Christian counselor would knowingly treat a vulnerable, broken person—that is, a person like us—who has asked for treatment without feeling that *evidence* supports the counselor’s treatment. But what kind, and how much evidence is sufficient?

Theological evidence. I served as a naval officer from 1970 to 1974, teaching nuclear physics. When I became a Christian in 1970, the transformation helped me focus on a counseling career. I took courses in personal adjustment and crisis counseling and read Paul Tournier and Rollo May, which helped me develop an approach to helping. My evidence base was, I believed: 1) my theology was correct, and 2) my helping approach was consistent with extracts from existential counseling. It was uncontaminated by extensive counseling experience or scientific data, but I was certain my approach was supported by adequate evidence.

Book learning and fledgling counseling experience. In 1974, I went to graduate school to study Counseling Psychology at the University of Missouri-Columbia. I supplemented coursework with reading books on psychology and counseling approaches (especially cognitive-behavioral therapy) and counseling books by Christians—Gary Collins, Jay Adams, Clyde Narramore, and, my favorite, Larry Crabb. I began to accumulate experience on psychotherapy with Christians who were struggling and wanted their religious beliefs, values, and practices to count in their treatments. While I still felt my theology was essentially correct, a bit of the certainty that my approach was not entirely evidence-based was eroded by not being able to help some patients.

EVERETT L. WORTHINGTON, JR.

In the 1980s, my experience broadened, but some patients did not improve. After receiving my Ph.D. in 1978, I took an assistant professor position at Virginia Commonwealth University (VCU). I formulated a Christian-oriented approach that used Reformed-theology as a filter for psychological findings. My evidence base now included many (often contradictory) psychological and Christian readings and experiences at teaching, training, and supervising counseling. Contradictions niggled at my certainty. My own counseling experience played a more significant role as I saw three couples a week, directed a university clinic, supervised six therapists, and was a clinical supervisor for two community agencies. However, not all patients improved. The more I learned, the less confident I became in the evidence supporting my counseling.

Managed care mandated scientific support. At the end of the 1980s, managed care transformed most psychotherapy into short-term, research-supported interventions to ameliorate psychological symptoms. Suddenly, research findings (my own and those by others) joined my other bases of evidence—my theological interpretation of Scripture, my experience of practical theology within the Church (i.e., prayer for people, etc.), my experiences counseling Christian couples, and other psychological reading sources—in that rough order.

The 1990s. The research supporting counseling efficacy accelerated through the 1990s—including research I was publishing. I proudly cited that research when it supported my experience, theorizing, training approach, and supervision. I was certain (almost) that I was conducting “evidence-based” treatments (except for those pesky failures with some clients). Looking back, now I can see that I touted the research when available. Yet, when I used some methods,



I ignored that they had no research evidence support. I am sure you can see the cognitive error I was making. *Confirmation bias* had been operating even from my fledgling days in the Navy. I attended to the evidence that supported my pre-existing beliefs.

Three major turns happened in the mid-1990s. All three reinforced the discordant evidence that had nagged at my certainty all along. First, I accepted an appointment as Chair of the Virginia Mental Health Planning Council, which put me in regular contact with advocates, families, and administrators of the community service boards and mental hospitals in Virginia. The stakeholders in treating severe mental disturbance in adults and severe emotional disturbance in children and adolescents often had different views and priorities. All had to be taken seriously. Second, my mother was murdered in 1996. That event disrupted my personal and professional life. I shifted my emphases to studying forgiveness more often than religion, spiritual counseling, or hope-focused couples counseling. Third, I started traveling internationally, exposing myself to different cultures and systemic wrongs in various cultures. Evidence-based treatments were not always efficacious across cultures. The bases of my “evidence” for effective treatment of psychological problems and mental illness were continually jockeying for positions of importance.

2000 to today. By around 2005, clinical psychology had begun to insist on research support for treatments. The research base for EBTs has broadened and deepened. By sheer growth, efficacy research must be taken seriously by every

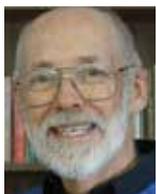
counselor in determining what works for each patient. Yet, my personal struggles challenged a simplistic reliance on data. My brother committed suicide in 2005, and my wife has suffered from chronic pain since 2008. EBTs cannot undo such suffering. I emerged in 2008 with my faith intact but my certainty about my (or *any*) theology's adequacy in shambles. The weight of discordant evidence I accumulated since the beginning had reached a tipping point. Life has forced me to question what I count as the most authoritative evidence for treating people.

Lessons Learned

What lessons have I learned?

- I desire to use the most supported EBT I can in every case.
- Different times in life have rearranged my hierarchy of evidence. Effective Christian treatment is a fluid dance among science, theology, theory, and both professional and personal experience.
- We cannot muscle health into existence, not our own, our loved ones, or our patients, and not through our faith, prayers, or using the most heavily data-supported EBTs. Rather, we are the clay in God's (the Potter) hands. Life builds humility into us if we let it. Certainty melts away if we consider the bigger perspective. So, I must avoid dogmatic statements about what kind of evidence is most important.
- Discordant evidence and contradictions keep popping up.
- I am prone to confirmation bias, overlooking discordant data, so I need to examine any feelings of sureness under the magnifying binoculars of critical reasoning and spiritual discernment.
- The best treatment for each patient at this particular moment is, in some ways, a moving target—and not just because science keeps changing, but patients, patients' needs, and counselors keep changing too. I would like to think that we abandon some (probably incorrect) certainties of our youth so we no longer put so much confidence in science, our own theology, our own professional and personal religious experiences, and our own discernment and wisdom. However, as life moves us toward humility, we embrace and hold tight to the only rock in the wild hurricane of life—Jesus—as we seek to wisely discern how to treat each patient at each instance. ✦

The best treatment for each patient at this particular moment is, in some ways, a moving target—and not just because science keeps changing, but patients, patients' needs, and counselors keep changing too.



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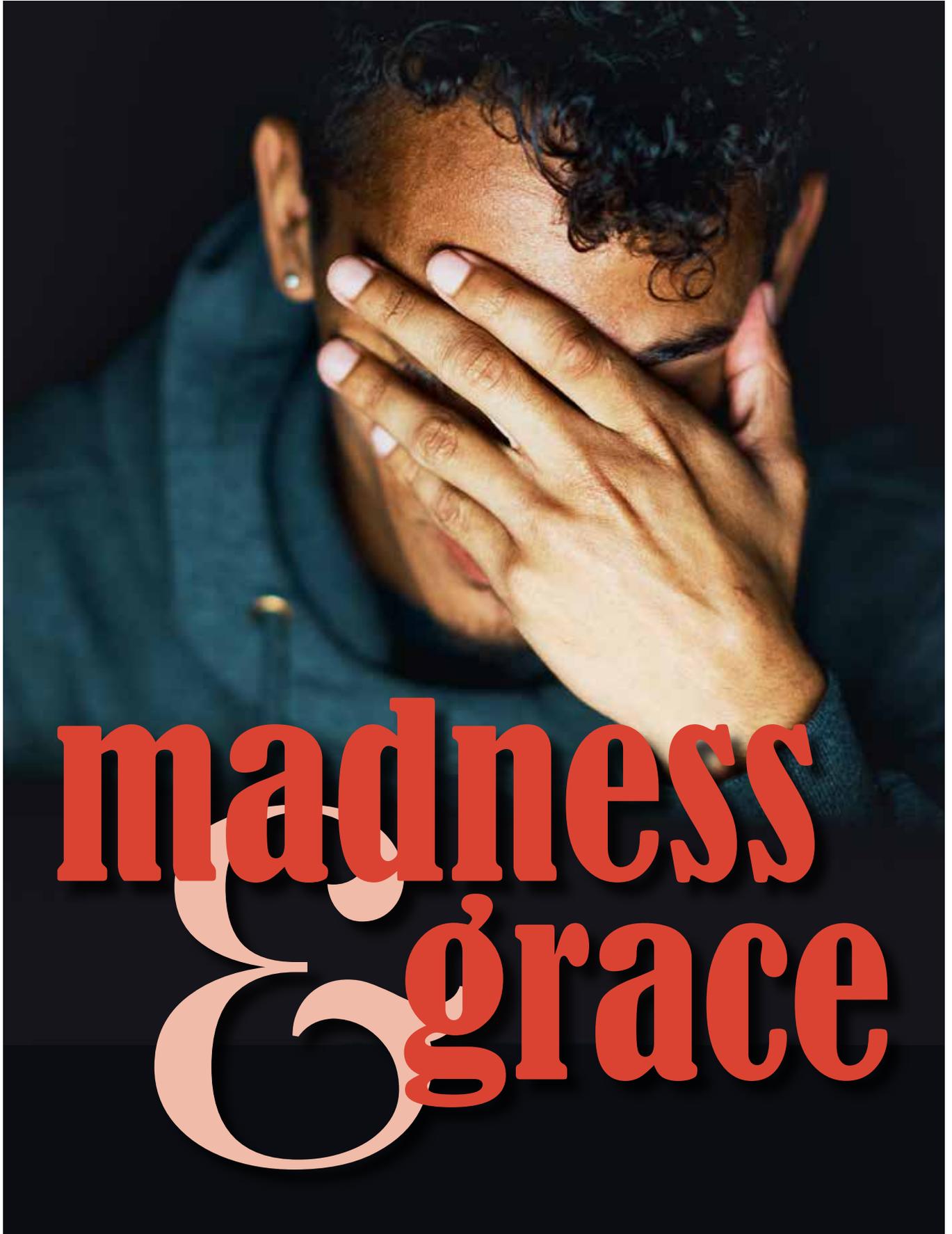
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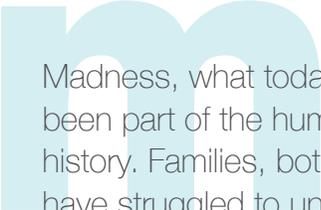


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madness & grace



Madness, what today we call serious mental illness, has been part of the human experience throughout recorded history. Families, both present and in the distant past, have struggled to understand the strange thoughts, emotions, and behaviors displayed by their afflicted loved ones. More often than not, these ill individuals and their families have been stigmatized, shamed, and mistreated by the fearful and naïve. However, one light in the dark history of madness has been the involvement of the Church in the care of the broken. Long before effective treatments or an understanding of the role the brain plays in mental illness, Christian communities stepped forward to care for the “least of these.” One of the best examples of this is the famous “village of lunatics,” the Belgian town of Geel.

The story of Geel (pronounced *Hyale*) begins in the 7th century with a young Irish princess named Dymphna. The daughter of Damon, a tribal king of Oriel, Dymphna and her mother were devout Christians while her father still followed the ancient pagan rites. When Dymphna was 14-years-old, her mother suddenly died causing her father to be overcome by grief. As time passed, Damon sank deeper into depression at the loss of his wife, making it difficult for him to effectively rule as king. To raise his spirits, the men of his court suggested he consider a second marriage. Damon agreed on the condition that his new queen be as beautiful as his former wife. Searching throughout all of Ireland, no woman could be found that was as beautiful as the former queen, with the exception of Dymphna, who was the very image of her mother. Mad with grief, Damon decided that Dymphna should become his wife and take her mother’s place as queen. To escape her father’s sinful passions, the young princess fled during the night with her priest, Father Gerebran, and two loyal servants. Finding Dymphna gone in the morning, an enraged Damon sent his men out across the countryside to find her.

MATTHEW S. STANFORD



God is sending those broken by mental illness to the Church. Imagine what could happen if churches were equipped to serve as the front door to the mental healthcare system.

A year would pass before a small band of Damon's men, still searching for Dymphna, stopped at an inn outside the Belgian village of Geel. While paying their fees, they were intrigued to find that the innkeeper had seen their strange Irish coins before. The innkeeper explained that a group living nearby paid for goods with the same type of coins. Dymphna had been found! The men immediately sent a messenger back to Ireland to inform Damon. When the king learned of Dymphna's whereabouts, he personally traveled to Geel to retrieve his runaway daughter. Threatening Dymphna, the king commanded that she return home to become his wife or he would have Father Gerebran killed. Dymphna refused. Damon ordered his men to kill the priest in front of her. Again, Damon demanded his daughter take her mother's place as his wife, and she refused. Overcome by rage, Damon struck down the young princess with his own sword. Leaving the bodies behind, the king and his men returned to Ireland. The people of Geel buried the princess and her priest in a nearby cave.

Six hundred years later, early in the 13th century, excavation in and around the cave accidentally unearthed Dymphna's remains. Legend has it that several men and women suffering from madness in the area were miraculously healed at the discovery of the grave. Word of miraculous healing for those with madness quickly spread throughout the region. Families began bringing their afflicted loved ones to pray at Dymphna's grave with the hope that they might be healed too. As more and more families made the pilgrimage to Geel for a miracle, the priests of nearby St. Maarten's chapel built a shrine to hold Dymphna's relics. Dymphna was canonized by the Church in 1247 and, in 1349, a church honoring her was built in Geel. Within a short time, so many pilgrims came from across Europe seeking healing for the mentally ill that a small infirmary was constructed next to the church to help house them. While some did find healing, most did not. Many of the disappointed families

used this opportunity to rid themselves of mentally ill relatives by simply leaving them at the church and returning home. It was not long before the sanctuary and infirmary were overflowing. In desperation, the priests reached out to the townspeople for help. Out of charity and Christian piety, the people of Geel began taking the mentally ill into their own homes. Many of them would go on to live out the remainder of their lives with these new families. Thus, a tradition of care began that has continued for 700 years. In 1938, the community reached an all-time high when a total of 3,736 mentally ill “boarders” were placed with families in Geel. Today, a modern psychiatric center sits on the site of the old infirmary next to the Church of St. Dymphna, and Geel families willing to take in a mentally ill individual have been incorporated into the modern mental healthcare system. In 2019, 185 individuals were living as “boarders” in Geel. If peasant farmers of the Middle Ages, empowered by their faith, could step into an impossible mental health crisis and transform tens of thousands of lives, how much more might believers do today? The Church still has a significant role to play in caring for those living with mental illness, and this small Belgian town teaches us that compassion, grace, and love are powerful “treatments.”

A Divine Opportunity

Research over the last seven decades has consistently demonstrated that individuals in psychological distress are more likely to seek assistance from a clergy member before a primary care physician or psychiatrist. This is especially true in minority groups. Viewed through the eyes of faith, it is obvious that this is not an accident but rather a divine opportunity for the Church to take the lead in caring for those afflicted by mental illness.

There appear to be three main reasons why people struggling with mental health problems seek out the assistance of clergy before other professionals. The first is the ease of access. In many communities, there is a church on every corner, and they do not charge for their services. Thus, barriers related to transportation and finances are removed. Second, churches are healing communities called by God to care for those in need. Historically, the counsel of a wise and godly pastor has been valued in times of distress. Finally, mental illness strikes at the very heart of what it is to be human, our reason and emotions. This causes most to ask the bigger questions of life, such as, “Who am I?” and “Do I have value?” These are questions for which only faith has an answer.

Unfortunately, a majority of clergy report feeling inadequately trained to recognize the presence of mental illness in those they counsel. This is not surprising, given that few seminaries in North America provide any formal

mental health training for their students, despite the fact that clergy are just as likely to have people with serious mental illness seek their assistance as are psychiatrists. As a result, less than 10% of distressed individuals seeking counseling from clergy are referred to a mental health professional. In addition, few faith communities offer programs, services, or resources for congregants living with mental illness, even though most of these individuals and their families report that they desperately want their churches to be more involved in their care.

Making a Difference

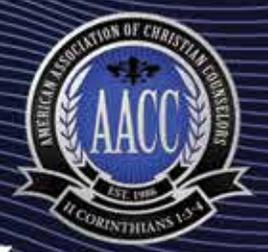
God is sending those broken by mental illness to the Church. Imagine what could happen if churches were equipped to serve as the front door to the mental healthcare system. This would mean that individuals in psychological distress who seek out assistance from the Church would be quickly identified and referred for professional care. In rethinking mental healthcare, what if churches were equipped not only to be effective front doors but also places where therapeutic support was available on site? These services would not replace professional mental healthcare but instead, serve as an adjunct to those resources. Basic helpful interventions, such as psychoeducation, mental health coaching, and support groups, are ideal for implementation in a church setting. Services such as these, led by non-professionals, have been shown to effectively manage symptoms and maintain stability and have the added benefits of minimal cost and maximum accessibility. For the Church to transform the mental healthcare system, not every congregation needs to be involved at the same level; it is only necessary that each person becomes involved. ✕

NOTE: This article consists of excerpts from Matthew Stanford's latest book, *Madness & Grace: A Practical Guide for Pastoral Care and Serious Mental Illness*, published by Templeton Press (2021) and is used with permission.



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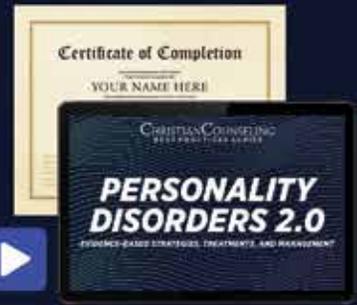
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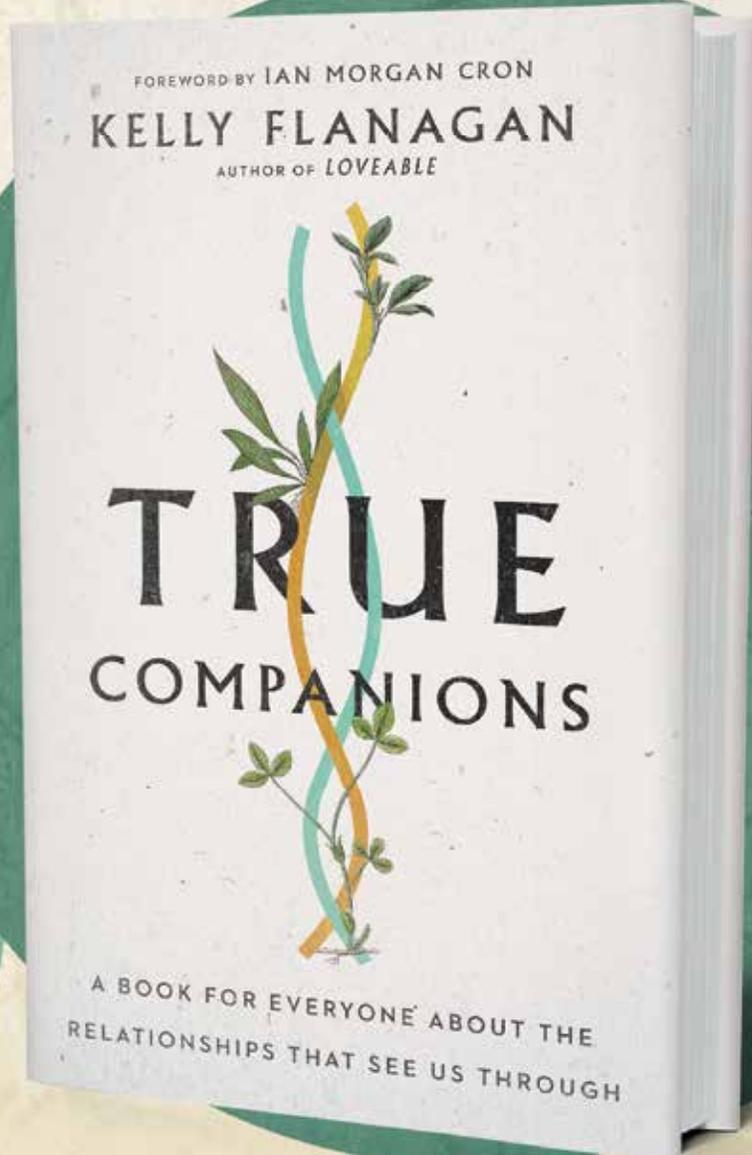


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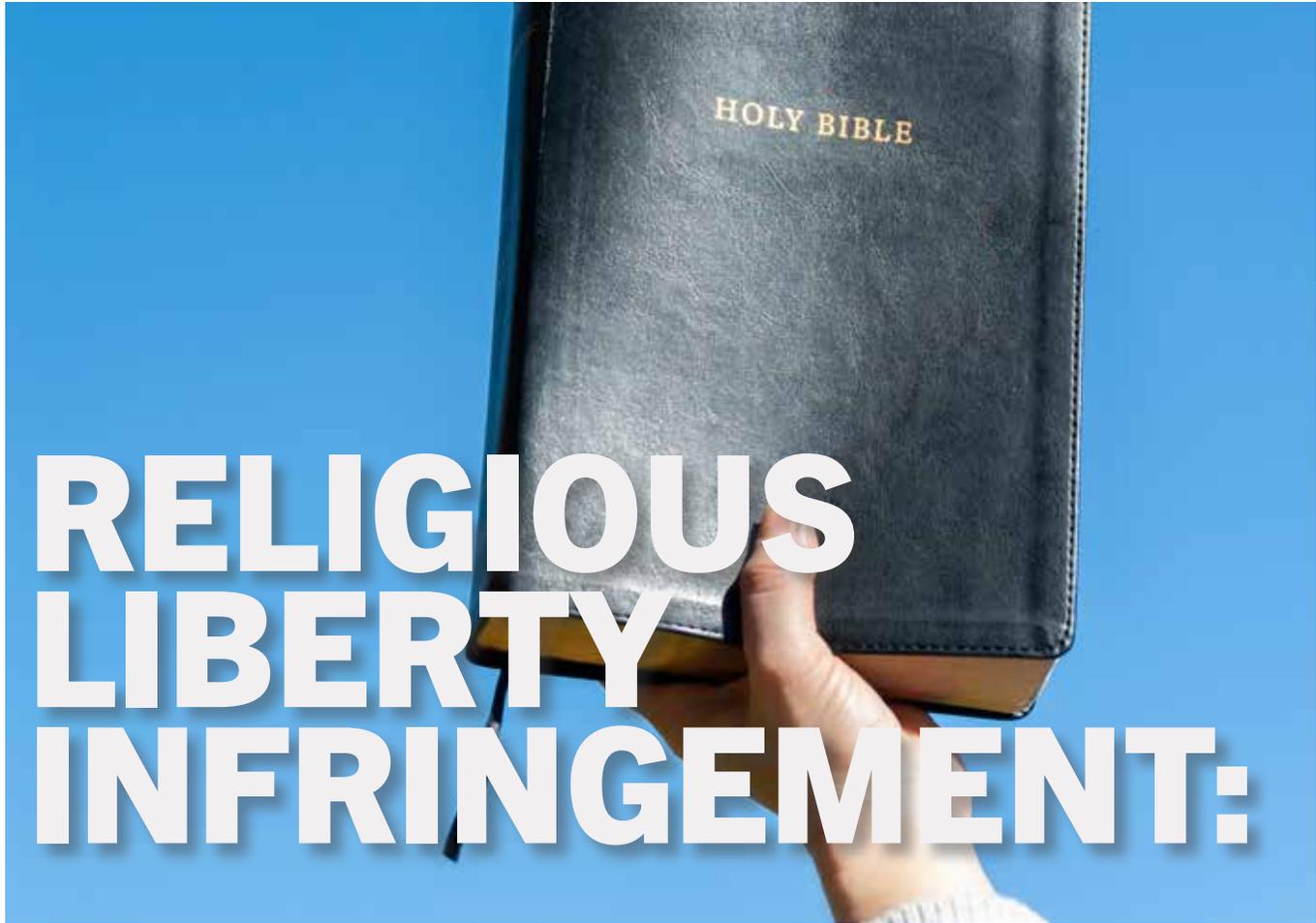


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The Imminent Clash in Mental Healthcare

More than 200 years ago, in 1791, the United States Congress adopted the Bill of Rights, establishing the first 10 amendments to the U.S. Constitution. The first line of the First Amendment states, “Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof....” Throughout our history, the United States government protected, elevated, and even cherished freedom of religion for all citizens. This included when they were in professional capacities, although federal courts have been hesitant to interfere in the regulation of professions. Recent developments, however, threaten the continued protection of individuals in certain professions, particularly Christian healthcare providers.

The threat to religious freedom for Christian Mental Health Professionals (“CMHPs”) primarily converges in the treatment of LGBTQ+ individuals. As Christians, we strongly believe that all individuals should be treated with care, compassion, and fairness. At the same time, we recognize that God has established immutable standards related to biological sex, gender, and His design for marriage and human sexuality. A conflict emerges when the government requires us to violate these sincerely held religious beliefs of caregivers and care recipients or when our culture demands the same. We strongly assert that there are solutions to this problem that uphold the value of LGBTQ+ individuals while also upholding the religious rights of CMHPs.

Until very recently, the government has offered protection to CMHPs against the opposing cultural demands. In the early 1990s, the U.S. Congress unanimously passed the Religious Freedom Restoration Act (“RFRA”), signed into law by Presi-

dent Clinton. RFRA mandated that laws restricting religious freedom be reviewed under the “strict scrutiny” standard in federal courts. This means that for a law restricting religious freedom to be constitutional, it must satisfy a “compelling government interest” and be implemented in the least restrictive way to serve that interest. This standard is rarely met, hence the name “strict” scrutiny. Also, in the most well-known decision addressing values-based conflicts between CMHPs and LGBTQ+ individuals, the 6th Circuit Court of Appeals ruled in favor of a Christian counseling student who opted to perform a value-based referral when a prospective client requested counseling for a same-sex relationship. In reaching its decision, the 6th Circuit stated, “Tolerance is a two-way street.”¹ To date, no other Circuit has contradicted the 6th Circuit’s ruling.

In 2019, the Trump administration issued a regulation through the U.S. Health and Human Services Department referred to as the “Final Conscience Rule.” The stated purpose of this regulation was “[to] broadly protect individuals, health care entities, and providers from discrimination in health care by government or government funded entities because of the exercise of *religious belief* or *moral conviction*.”² Unsurprisingly, major professional mental health organizations issued statements opposing the Conscience Rule, specifically highlighting potential conflicts related to LGBTQ+ issues and professional codes of ethics. The protections provided by the Conscience Rule have been short-lived, and the fate of RFRA is precariously uncertain. There are also implications for the future of “conscience clause” legislative efforts at the state level.

Until this year, the U.S. Congress declined to elevate the protections of LGBTQ+ individuals to the same standard as “protected classes” and First Amendment Rights (i.e., Freedom of Religion, Speech, Press and Assembly). Historically, protected classes have included race, religion, national origin, age, sex (as opposed to “gender”), pregnancy, familial status, veteran status, and disability. This changed when the House passed the so-called “Equality Act” in February of 2021. At the time this article is written, the Act is under consideration in the Senate. If the Act does not pass the Senate, it will most certainly be reintroduced in future years.

If enacted, the Equality Act will dramatically change course by adding “sexual orientation” and “gender identity” as protected classes to existing federal nondiscrimination laws. Additionally, it would prevent employers, including religious organizations, from making workplace and employment decisions based on sincerely held religious beliefs regarding human sexuality and God’s design for marriage. According to the Alliance Defending Freedom (ADF), a conservative Christian non-profit advocacy group, the Act “would also force individuals to speak messages that violate their beliefs under the threat of punishment”—messages such as requiring professionals to only affirm marriage relationships other than a biological male and a biological female or to refer to transgender individuals using their non-biological sex descriptors (e.g., referring to a biological man as “woman”).



JEANNEANE MAXON AND DAVID E. JENKINS



Perhaps most concerning is that the Equality Act will dismantle the protections provided by RFRA. Section 1107 states, “The Religious Freedom Restoration Act of 1993 (42 U.S.C. 2000bb et seq.) shall not provide a claim concerning, or a *defense to a claim*... or provide a basis for challenging the application or enforcement of a covered title.”³ This means that if a patient sues a CMHP under the Equality Act, the protections afforded under RFRA cannot be evoked as a defense.

How the Equality Act will play out in the day-to-day practices of CMHPs is yet to be seen. Demoting religious freedom and creating a new “protected class” in LGBTQ+ individuals will undoubtedly lead to conflicts within the Christian counseling arena and laws imposed by the government and courts. Lingering questions include:

- Will CMHPs be subject to increased lawsuits from LGBTQ+ patients?
- Will the AACC Code of Ethics be challenged as a violation of the Equality Act?
- Will Free Speech and Freedom of Religion rights of CMHPs and clients trump the provisions of the Equality Act?
- Will the secular affiliation organizations for mental health providers (e.g., APA, ACA, AAMFT, etc.) be more emboldened to attack CMHPs and their biblically-based values?
- Will professional ethics support person-affirmative approaches for clients who prioritize spiritual and religious beliefs over issues related to their sexuality?

It is important to consider that the religious liberty infringement referred to in the title of this article has mental healthcare recipients (i.e., clients, patients, etc.) and providers in view. It is also imperative to remember that human sexuality is only one area of diversity within multicultural counseling. There are numerous other areas, including race, ethnicity, language, age, disability, class status, education, and, importantly, religious or spiritual orientation. Rightly or wrongly, for good or for bad. However, issues involving human sexuality are the hottest “flashpoint” for the imminent clash in mental healthcare.

The “Q” in the fluid initialism, “LGBTQ+,” implies that questioning one’s sexuality is an essential aspect of this area of diversity. However, professional mental health associations’ codes of ethics increasingly allow for only one way

to answer—only in the “affirmative” direction, even when there is a conflict with a client’s own values, including involving spiritual and religious beliefs even though behavioral science shows there are other ways to answer. Articles in professional journals too often claim or strongly imply that the only ethical resolution is for the client and mental health provider (MHP) to change their spiritual and religious beliefs and personal values as a means of reducing or resolving the conflict. Anything else is presented as *de facto* discrimination, lack of multicultural competence on the MHP’s part, and evidence of the need for remediation or removal from the mental healthcare profession. Although not a direct comparison, this professional mindset is reminiscent of the era of the “one-size-fits-all” approach to addiction service provision, where if clients dared to choose a different path for resolving problems in living, they were assigned all kinds of labels and names, even in their clinical records. Moreover, if counselors helped them in what has always been an evidence-based way, they were often viewed as lacking competence and causing harm to their clients, perhaps to the point of not being appropriate for the profession.

Unfortunately, this view does not fully honor foundational moral principles of professional ethics, such as the client’s welfare, client autonomy, and informed consent. It also does not honor the “Q” in the LGBTQ+ initialism. Additionally, it certainly does not do justice (another ethical principle) to the diversity area of spirituality and religion. How are clients who experience conflict or distress between their spiritual and religious beliefs and their sexual attractions and orientation best served if there is only one direction this exploration can lead in the context of spiritual/religious accommodative mental healthcare? While the ethics codes themselves still allow for this type of competent care, the prevailing interpretation of those codes does not.

Despite the perceived and actual threats to CMHPs who proceed with clients wishing and needing to “question” in the context of their counseling, there is ethical guidance in this era of uncertainty and, perhaps, even hostility. Two examples of this guidance are the Sexual Identity Therapy (SIT) Framework (Throckmorton & Yarhouse, 2006) and *Resolving Distress Between Faith-based Values and Sexual and Gender Diversity: A Guide for Mental Health*

Professionals by the Reconciliation and Growth Project (2017). It is important to note that these approaches are not sexual orientation change efforts (SOCE) or affirmation-only efforts (AOE). Both methods affirm the personhood of the client in a holistic manner and avoid the reductionism toward only or mainly affirmation of their sexuality over even the client's spiritual and religious beliefs and values. Additionally, ethical referral, once due diligence of the CMHP has been accomplished, is acceptable even when issues of values differences remain between the provider and the recipient. This is not, though, endorsement of coercive imposition of counselor values or client abandonment. It is, in fact, just the opposite since client welfare, autonomy, informed consent, and justice are valued and affirmed.

Understanding the importance of worldview is vital when facing this imminent clash between religious liberty and mental healthcare. Formative and foundational beliefs about God, human beings, the universe, and the world in which we live are directly involved and reflected in the few key issues presented in this article. Are human beings the present culmination of chance impersonal evolutionary processes that have shaped finite energy and matter over billions of years? Are human beings the only image and likeness bearers of a personal God still active who purposefully self-disclosed when creating a universe in six periods of day and night through His spoken word and resultant energy and matter?

Mental health professionals who believe they are God's children, siblings of Jesus Christ, and co-heirs with Him and His ambassadors may be entering into extremely challenging times where their faith will be tried and tempered in ways they have never experienced. As counseling professionals, we must approach our professions, and particularly our clients, with ethical competence, biblical wisdom, and behavior consistent with justice, mercy, and humility (cf. Micah 6:8). Our prayer is that, at least in some way, this article contributes to that end. ✦



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Endnotes

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Are human beings
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of years? Are
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only image and
likeness bearers
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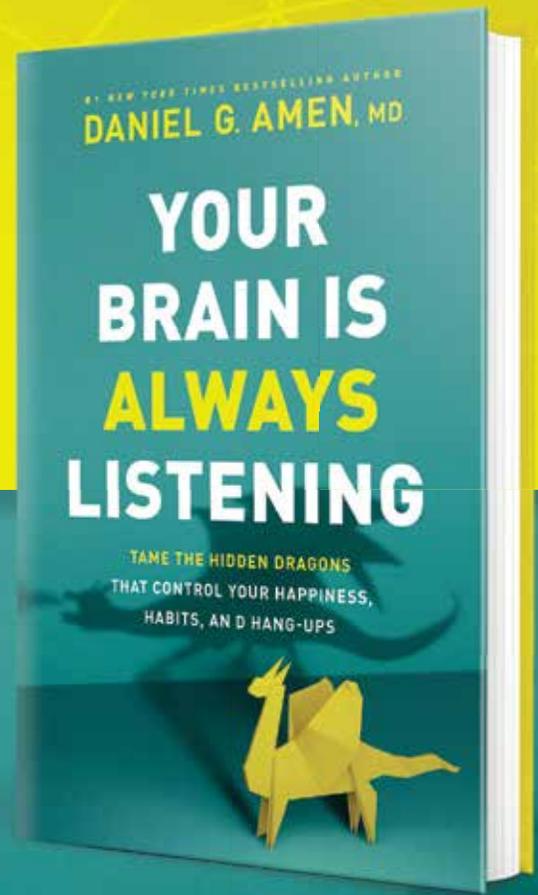
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- The Sex Therapy Profession (August 14, 2021)
- Gender and Sexual Attraction and Sexual Identity (September 11, 2021)
- See website for course in October - December 2021.

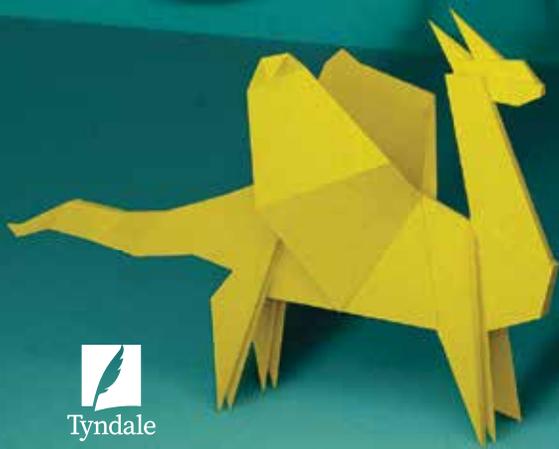
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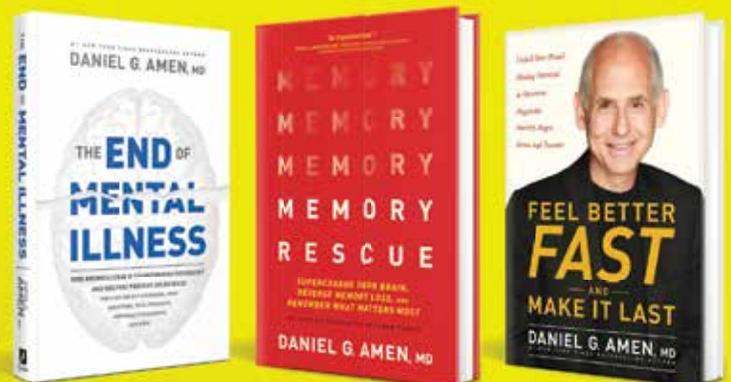


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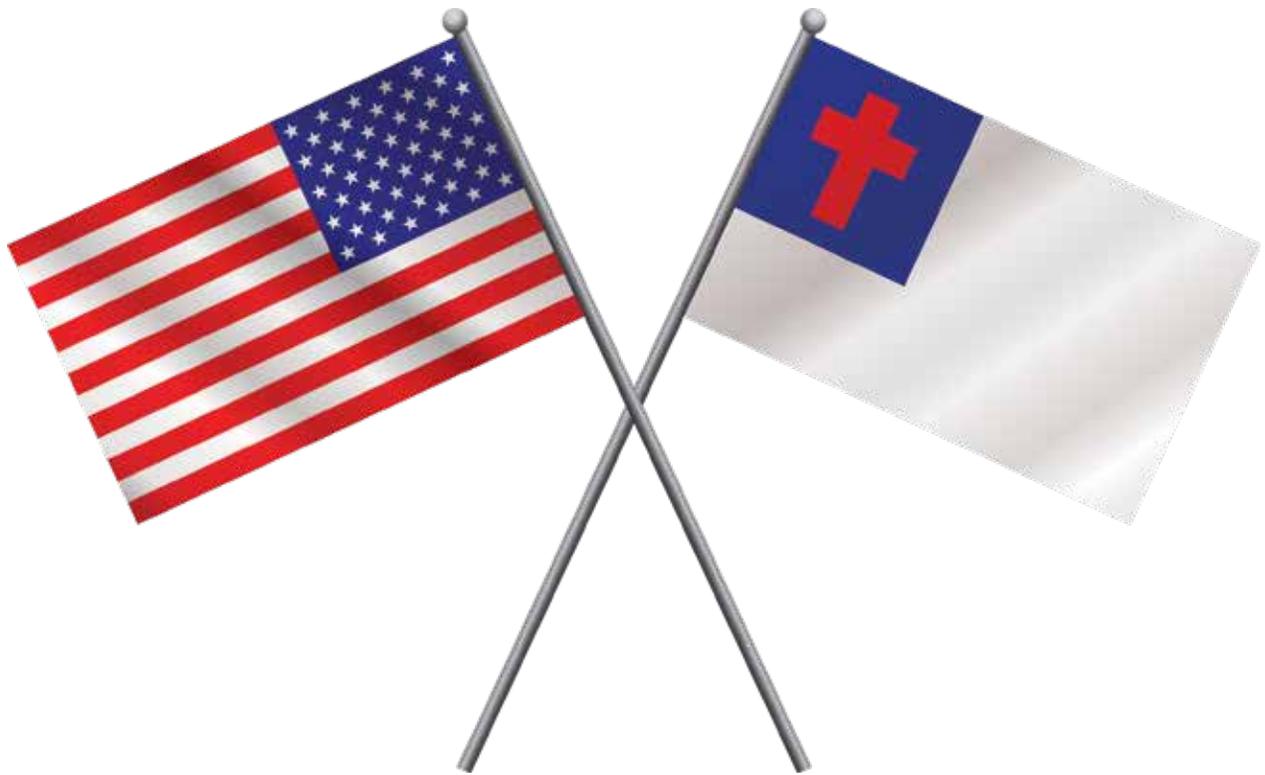
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RELIGIOUS FREEDOM

The Impending Threat Against Christian Counselors and Education Programs



Christian counselors and counseling programs are at the tip of the spear regarding impending threats to religious freedom and client-directed autonomy.

The “Equality Act”

The most serious threat to Christian counselors and education programs is the bill known as the “Equality Act,” H.R. 5 by its U.S. House bill number and S. 393 by its U.S. Senate bill number. For brevity, I will refer to the bill as “HR 5.” HR 5 passed in the U.S. House and is now pending in the U.S. Senate, where it has 49 co-sponsors.

The LGBTQ lobby has targeted faith-based schools, using the so-called “Equality Act” to force all schools, Pre-K through college, to accept all aspects of the LGBTQ agenda. Failure to comply with HR 5 will result in lawsuits by the U.S. Department of Justice, private lawsuits, potential loss of tax exemption and accreditation. If this bill passes, religious freedom and faith-based education will be in serious trouble.

The LGBTQ Human Rights Campaign (HRC) has submitted a list of demands to the Biden administration to strip schools and colleges of their accreditation if they do not comply with and affirm the LGBTQ agenda.¹ Of course, this ultimate agenda includes a total ban on client-directed counseling based on a specific viewpoint.

The Broad Scope of HR 5

The bill amends many federal laws and will result in a massive expansion of the federal government over matters to which it never had authority. In addition to expanding its reach over the private sector, HR 5 will force federal, state, and local governments, including private and public schools, to comply with its demands.

The category of individuals who could allege discrimination under the bill is broad and undefined. The bill applies to anyone who is “actually” LGBTQ or “perceived” to be LGBTQ. Thus, it will apply even if the person is not LGBTQ.

A complainant could allege discrimination by claiming that the employer or place of public accommodation allegedly “perceived” or “believed” that the person was LGBTQ or the person had some relation (friend, familial, or otherwise) with another who was LGBTQ. The breadth of HR 5 allows a complainant to bring a claim even if the person is not LGBTQ.

Under HR 5, a place of public accommodation is not limited to a “physical place or facility.” In other words, HR 5 also includes the Internet, social media, Web sites, and e-mails. Publications and communications on these platforms or through these channels will be subject to this expansive bill. Providers that allow content that some deem to be covered by HR 5 will be forced to censor otherwise lawful communications.

HR 5 is expansive in its reach and imposes a broad spectrum of LGBTQ into every corner of society. For example, the Senate bill states that the Q in LGBTQ stands for “Queer.” What does “Q” include, and how is it different than LGBT? While Q can mean “questioning,” the Senate bill states it means “Queer.”

The advocacy group, LGBTQ Nation, states the “Q in LGBTQ can signify other sexual orientations and gender identities not covered by the acronym’s preceding letters. If you’re gender-neutral, non-binary, agender, genderfluid, pansexual, asexual, solosexual or something else not covered by LGBT, the Q has got you covered!”² LGBTQ Nation continues: “A queer definition is actually hard to provide because the word itself goes far beyond mere sexual orientation or gender identity.”³ *Cosmopolitan* also notes, “Queerness is an umbrella term that is both an orientation and a community for those on the LGBTQIA+ spectrum.”⁴ “The vagueness of the term is intentional—queer is an identity created for anyone outside of the heterosexual norm and meant to be inclusive and create a sense of acceptance.”⁵

The umbrella term “Queer” includes about 549 sexual paraphilias. Professor Anil Aggrawal published a book, *Forensic and Medico-legal Aspects of Sexual Crimes and Unusual Sexual Practices*, with a “comprehensive appendix of paraphilias... cited in the scientific and lay literature.”⁶ *The Merck Manual*, a medical reference published by the American pharmaceutical company Merck & Co. that covers a wide range of medical topics, includes “Pedophilic Disorder (Pedophilia)” under its category of “Sexuality, Gender Dysphoria and Paraphilias.”⁷ And the manual states, “Paraphilias involve sexual arousal to atypical objects, situations and/or targets (e.g., children, corpses, animals).”⁸

Noncompliant counselors and schools could be sued by the Department of Justice and private individuals. Churches, religious organizations, and schools could lose tax exemption, and schools or specific counseling programs could lose accreditation. Colleges and universities that lose accreditation will be devastated. Students will not be eligible for student loans, nor will most graduate schools accept applicants from unaccredited schools. Law students who graduate from an unaccredited school will not be able to take the bar exam—meaning they will not be lawyers. The same is true for many professional degrees.

HR 5 and the Federal Religious Freedom Restoration Act

HR 5 takes the unprecedented step of revoking the federal Religious Freedom Restoration Act of 1993 (RFRA) as a claim or defense. This clear intent of HR 5 is to coerce people of faith, churches, and religious organizations and schools into compliance.

In 1993, RFRA was passed unanimously in the U.S. House, 97-3 in the Senate, and was signed into law by President Bill Clinton. It was supported by liberals, moderates, conservatives, Democrats, Republicans, and Independents, but HR 5 states RFRA cannot be raised as a claim or defense.

Talk Therapy and Client-directed Counseling

The current version of HR 5 does not expressly ban talk therapy wherein a *client* seeks help to manage or change unwanted same-sex attractions, behaviors, or gender confusion. However, there is little doubt that the bill will be used directly or indirectly against such counsel.

One of the stated reasons for the bill is expressed as follows: “The discredited practice known as ‘conversion therapy’ is a form of discrimination that harms LGBTQ people by undermining individuals’ sense of self-worth, increasing

MATHEW STAVER

The best defense is not to be on the defensive.

suicide ideation and substance abuse, exacerbating family conflict, and contributing to second-class status.”⁹ By using the political term “conversion therapy,” the bill clearly means that any talk therapy to help clients pursue their self-directed goal of change is “discrimination.”

In addition to HR 5, counselors and education programs face threats from state and local laws that ban talk therapy, which, like HR 5, use the words “conversion therapy.” Currently, 20 states, the District of Columbia, Puerto Rico, and 94 local cities or countries have such laws. These laws begin in California and spread to New Jersey. The Ninth Circuit Court of Appeals in *Pickup v. Brown*¹⁰ upheld the California law, and the Third Circuit Court of Appeals in *King v. Christie*¹¹ upheld the New Jersey law.

In June 2018, the Supreme Court overruled the *Pickup* and *King* decisions in *National Institute of Family and Life Advocates v. Becerra*¹² (*NIFLA*). The Court rejected the lower court’s newly minted “professional speech” category, warning that classifying speech as “professional speech” and then reducing the level of Constitutional protection was dangerous. Following the *NIFLA* decision, Liberty Counsel won a major victory at the Eleventh Circuit Court of Appeals in *Otto v. City of Boca Raton*,¹³ in which the Court struck down counseling bans enacted by the City of Boca Raton and Palm Beach County in Florida. The Court ruled that such laws banned speech based on viewpoint and content and thus violated the First Amendment. This decision is controlling in Florida, Georgia, and Alabama.

It is just a matter of time to get a counseling ban case to the Supreme Court to overturn the counseling bans nationwide. Based on the *NIFLA* precedent, I am confident these counseling bans will meet their ultimate demise. In the meantime, however, special interest groups are pressuring the Biden administration and the Department of Education to force schools to censor what is being taught in the classroom. Any adverse action will no doubt be met with litigation.

The Road Ahead

Every counselor and school providing counseling programs should take the threat of HR 5 seriously. This threat has been pending for some time, but each year bills that are similar to HR 5 inch closer to passing. Members of Congress must hear from counselors and educators. Counselors and educators must also work with legislators on the state and local levels.

With respect to religious organizations and schools, the Supreme Court has been favorable to religious freedom claims, even when religious freedom collides with LGBTQ.

The best defense is not to be on the defensive. That is why counselors and schools must become involved at the local, state, and federal levels to provide expertise and guidance to lawmakers. However, if HR 5 passes or similar state or federal laws pass, they must be challenged in court. The time for passivity is over. If counselors and educators do not speak up now, tomorrow may be too late. ✦



MAT STAVER, J.D., is the founder and chairman of Liberty Counsel, a nonprofit, litigation, education, and policy organization dedicated to advancing religious freedom, the sanctity of life, and the family since 1989 by providing pro bono assistance and representation on these and related topics.

Endnotes

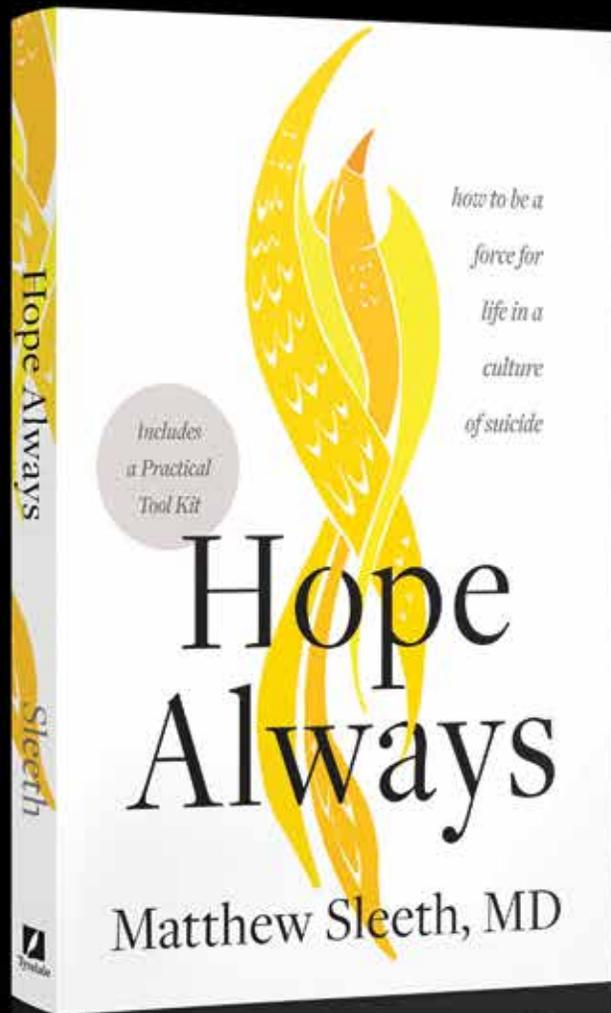
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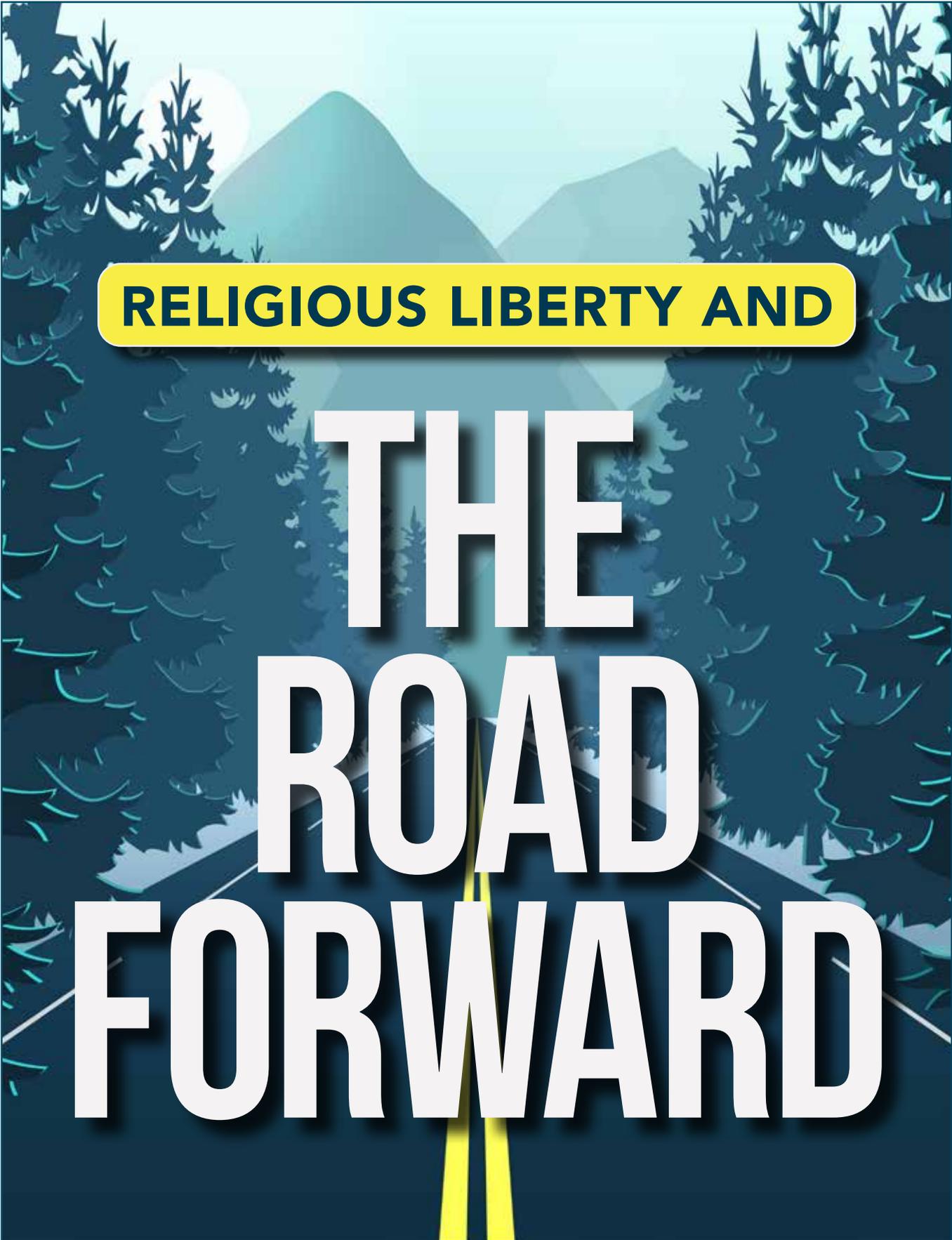
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RELIGIOUS LIBERTY AND

THE ROAD FORWARD

Frederick Douglass, a slave who fought for his rights back in 1860, wrote, “Slavery cannot tolerate free speech. Five years of its exercise would banish the auction block and break every chain in the South.... [Freedom of Speech] is the dread of tyrants. It is the right which they first of all strike down.”¹

Freedom of speech is the dread of tyrants!

Sometimes I meet Christians who think that fighting for religious freedom is not very important; after all, the Church has survived for centuries without such freedoms. However, it would be difficult to make that argument with Christians in Korea. The Church in South Korea has prospered, but their brothers and sisters in the north have been hounded, imprisoned, and killed. Only a remnant has survived; the difference is freedom of religion or lack of it.

Today, in our collapsing culture, our freedoms are being eroded in two ways. One is cultural; as we know, the pressure to hide our convictions is increasing daily. Recently, an attorney told me that a student who tweeted, “Black babies matter, too,” was vilified and censored for saying something that is obviously true. This attorney also told me of another well-respected university student who was elected to a position on the student council. This student went online and warned that some videos (one was about the American Civil Liberties Union (ACLU) and the other about Black Lives Matter) had “anti-Christian views.” As a consequence, students were invited to a meeting to have a recall election. For four hours, this student was vilified and voted out of office as might be expected. He ended the meeting by simply reminding the students that God loved them all.

Speech codes in our universities and colleges have intimidated both students and faculty, fearing they might use the wrong word and be called names. We frequently hear stories about jobs lost or people being marginalized for expressing an opinion, even an opinion that would have been acceptable just a year or two ago. This cultural pressure is forcing many Christians to self-censor. Most retreat into silence, lest they become a target of the trolls on social media. Today, power has replaced truth, and rational discussion has given way to outrage.

Another way our freedoms have been abridged is by SOGI laws (Sexual Orientation and Gender Identity laws) that coerce everyone to accept and live out certain beliefs about human sexuality. Recently, I met Barronelle Stutzman, owner of Arlene’s Flowers, in Richland, Washington. This grandmother served a customer by the name of Robert Ingersoll for nearly 10 years but referred him to another flower shop when he requested that she make a floral arrangement to celebrate his same-sex wedding. The ACLU joined with the Washington Attorney General and filed a personal lawsuit against her, and in 2017, she lost in the Washington Supreme Court. Then, just a few months ago, the Supreme Court of the United States refused to hear her appeal, so she stands to lose everything. For seven years, her life has been upended, and as she said, “At the age of 76, it’s about too late for me to start over.”

In another case, two employees of a nationwide store chain were fired because they would not wear a uniform with a Black Lives Matter logo and a Rainbow, affirming the LGBTQ agenda. Their case is pending. As someone rightly said, “Laws have consequences, bad laws have victims.”

What is to be done? Each Christian must ask: What risks am I willing to take for the sake of my convictions and conscience? Where will I draw the line? There are some hills worth dying on, and there are others that we can tolerate. The mother who is caring for her children may not be directly affected by the culture or laws that are eroding our freedoms. However, the businessman will have to decide if he is willing to satisfy his diversity department and write a letter of apology for being born white. The student at the university will have to determine if he or she is willing to affirm his or her faith in Christ and accept the consequences as Jesus asked us to do (Matthew 5:12, John 15:18-21).

ERWIN W. LUTZER

IF WE ARE NOT PERSONALLY AFFECTED BY CULTURAL OR LEGAL PRESSURE, WE MUST ASK, WHAT CAN WE DO TO HELP...?

If we are not personally affected by cultural or legal pressure, we must ask, what can we do to help others who are directly threatened or suffer for their faith? For example, a teacher in a public school in Chicago was told that it is not enough for him to tolerate same-sex marriage; if he does not celebrate it, he could lose his job. For him, this is a line in the sand that he dare not cross; he cannot celebrate what God has condemned. Question: If he were to lose his job because of his convictions, would other members of the body of Christ rally around him and support him, perhaps even financially? We must ask: In what ways can we help those who are paying the price, financial or otherwise, for their convictions? As Barronelle Stutzman told some of us, “Don’t just stand *behind* me, stand *with* me!”

Let us also support those organizations that are fighting battles on our behalf. Recently, I spoke at the annual conference of ADF, the Alliance Defending Freedom, a coalition of attorneys who take cases—often all the way to the Supreme Court—seeking to maintain our religious liberty. They are fighting legal battles and standing for the First Amendment and the freedoms guaranteed in our founding documents. They are the tip of the spear in our desire to keep America free.

When German theologian and religious reformer, Martin Luther, made his famous declaration, “My conscience is held captive by the Word of God...,”² he fully expected to be put to death the next day. The fact that he escaped this fate is a story for another day. However, the idea that a single monk would elevate his conscience above the pope and a thousand years of tradition was unthinkable. When he died, he did not know that he had planted a seed that eventually bore fruit; he had begun a movement that would be articulated and promoted by others to bring freedom of religion to Europe and eventually to us in America. God never allows us to see all the good that we do, but a single Christian standing for truth, regardless of the cost, can have an impact that is far beyond anything we could imagine.

Freedom of conscience can be costly but worth the risks. It is not just a fight for freedom for ourselves but also for the generations that will follow. And, even when we lose, we must be willing to accept the consequences. “Therefore let those who suffer according to God’s will

entrust their souls to a faithful Creator while doing good” (1 Peter 4:19, ESV).

It is not necessary to win on earth in order to win in heaven. So, my question is: What contribution are you and I willing to make to preserve our freedoms? Frederick Douglass was right; freedom is the dread of tyrants. And the more of us who will not bow to the pressures of culture and unfair laws will help maintain those freedoms.

Let me assure you we cannot remain faithful without prayer and repentance. We have neither the wisdom nor the willpower to stand against our present culture and the legal tsunami engulfing us. Like Jehoshaphat, the King of Judah, we say, “... we are powerless against this great horde that is coming against us. We do not know what to do, but our eyes are on you” (2 Chronicles 20:12, ESV). The path forward is with prayer and courage.

“Men fight for liberty...” said English writer and poet, D.H. Lawrence, “... and win it with hard knocks. Their children, brought up easy, let it slip away again, poor fools. And their grandchildren are once more slaves.”³ Let that warning ring in our ears. ✕



PASTOR ERWIN W. LUTZER, M.A., TH.M., is Pastor Emeritus of The Moody Church in Chicago, where he served as Senior Pastor for 36 years. His radio program, *Running to Win*, is heard on several hundred stations in the United States and several other countries. Pastor Lutzer has written numerous books, including his latest, *We Will Not Be Silenced: Responding Courageously to Our Culture’s Assault on Christianity* (Harvest House Publishers).

Endnotes

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multicultural competencies

*A YOUNG PROFESSIONAL'S
REQUEST FOR GUIDANCE*

While sitting at my desk contemplating the changes in the counseling profession, all I can think is, “How did we get here?” and “How do we go on from here?” As a newly licensed clinician, I have seen my profession change, and I do not like what I see. My hands are proverbially tied by those who do not either wish to understand or seek to understand how faith and therapy work so well together.

Let me tell you a little of my story. My heartbeat is multicultural competencies. I lived it for my entire dissertation as I tried to understand how faith, family, and culture intersect with missionary kids raised in the field. I loved the fact that my profession understood, acknowledged, and addressed the different cultural aspects of a person, that each individual is unique with his or her own lens to see and know their world. After graduating, I started the long process to become licensed, something I did not want to do but found necessary at the end of the day.

Community care is where I found myself, and cultural competencies again played such a huge part in my development as a therapist. As many of you remember, becoming licensed was an arduous road, but it brings great satisfaction to know you are “approved” by your state to help others. There came a day in community care where I could not do it anymore. I could not sit across from hurting people and not tell them I was praying for their well-being. That was the day I quit because I knew it was more important for me to integrate faith in my profession, as that truly is our only hope. Ultimately, I, a young licensed Christian counselor, was in conflict with my profession and faith. Young professionals like myself need guidance.

Multicultural competencies have brought significant advancement in understanding other cultures and perspectives and have given mental health professionals a new appreciation for differences in our clients. These competencies have opened avenues for communication, compassion, and clinical work that were not available in previous years due to misunderstanding or lack of awareness on the part of clinicians. This has made a world of difference for some clients and given them what they always desired—recognition from mental health professionals as unique human beings. Ethical and legal advancements have also been made to show the importance of these competencies to the point that if affirming therapy is not given to an individual based on one of the multicultural areas, a therapist may have to appear before the review board for his or her license.

Consistent with the trend in multicultural counsel and practice, and exploding on the scene, is the clarion call for awareness, affirmation, and competencies in working with faith-based clients. For the last 30 years or so, we have witnessed a massive shift in recognizing the importance of a person’s faith and mental health. Interestingly, many clients who seek mental health services want their faith addressed within therapy sessions. Even more, faith is significant in the outcome of thera-

peutic services. Studies also demonstrate the importance of therapeutic alignment between the therapist and client and spiritually-oriented therapy and techniques in the therapeutic encounter. Unfortunately, a considerable faith gap often exists between those who provide therapeutic services and those who seek their services. Even more alarming, there seems to be a growing concern over religious liberty in mental health, raising caution and potentially bringing spiritual harm, and even persecution, to those with significantly held religious beliefs.

Calls for establishing competencies for therapeutic work with the more religiously oriented U.S. population, and even sensitivity training in educational institutions and private practices, have been rejected, ignored, or minimally executed to this point. Unfortunately, it seems like not all multicultural competencies are considered equally important. The LG-BTQ+ community has witnessed significant advancements within the counseling world, and race-based trauma and treatment have risen. It appears, however, that people of faith are being forgotten or marginalized.

It could be said that religion is the forgotten multicultural competency since it can “go against” some of the other multicultural competencies. As clinicians, it is our duty, our responsibility, to help and advocate for everyone to the best of our abilities. When we are out of our league, so to speak, it is imperative that we do an ethical referral based on competency and not belief.

Not affirming someone’s faith would be similar to not affirming one’s gender identity or ethnicity. It is so inherent to who the person is that an individual and his or her faith

MERCY CONNORS

cannot be divided. Therefore, it would be appropriate to say that clinicians who are not providing faith-affirming therapy are committing spiritual violence toward their clients and violating a crucial component to multicultural competency in their practices.

Here is the inherent issue... what does a clinician do when a client's faith and another multicultural area directly conflict? For example, what should a clinician do if a client is struggling with his or her sexual orientation or gender identity, but still holds to their spiritual beliefs? Some states in the U.S. are making the decision for clinicians by saying that if they do not affirm the sexual orientation or gender identity of the individual, only one aspect of the multicultural picture of the person, clinicians can be put up for review by their licensing boards. How is it that one multicultural facet of a person trumps another? Both are important but can be incongruent. Is the clinician to leave the client to tread water in this challenging situation without offering to help bring unity between the two aspects for self-preservation purposes? How is that ethical? How is it fair, then, to do this type of work with a client only to have him or her come back years later and accuse the clinician of impropriety because the client's beliefs have changed?

Our noble helping profession is being tied in unmanageable knots by individuals who are not looking at the whole person, which is the basis of multicultural competency. It is our duty and responsibility to protect what we hold dear in the counseling profession—our ethical responsibility to care for every person so we do no harm and try to help bring about changes that alleviate pain and brokenness. We are not always successful, but we document our efforts and our clients' responses to show our due diligence in each case. My request in all of this is a conversation on how to navigate these difficult waters and serve our profession and clients well from a faith-based standpoint in these critical areas. From one burden-bearer to another, we need guidance. ✦



MERCY CONNORS, PH.D., earned her doctoral degree in Professional Counseling from Liberty University and is a Licensed Professional Counselor for the state of Virginia. Dr. Connors is the Director of Program Development and Professional Relations with the American Association of Christian Counselors. She is happily married to Jesse Connors, Founder of TrueLife.org, and has three children and one waiting for them in heaven.

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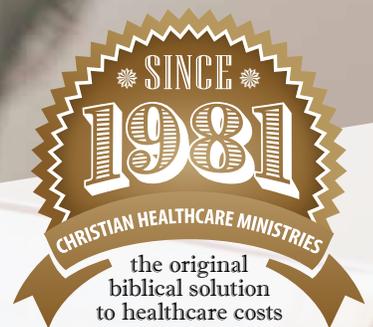
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As Heard On





MODERN HOSTILITY TO TRUTH:

**How Should Pastors and Counselors Understand
and Protect Free Exercise of Religion?**

Religious liberty is all about recognizing the following truth: Christ is the head of the Church, not the government. That should be all the clarification the government needs. However, this essential truth has been largely forgotten and neglected in favor of government edicts ushered in under the auspices of “accepted science.”

This truth has become further distorted in practical application because of the general emphasis on protections *for* exercising religion rather than protections *against* compelled participation in conduct that violates our religion. The language of the Constitution (First Amendment) provides that, “Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof...,” thus expressly including prohibitions on government for both proscribing *and* prescribing religious exercise. This is a critically important point. We do not have compulsory church attendance (akin to compulsory education) laws in the United States, and the history of this element of religious freedom is a fascinating study. However, what defines compelled action that is inherently religious, and therefore objectionable, is still an ongoing legal and legislative battle today.

We must look no further than the instances of bakers and florists who object to participating in events that violate their conscience based on their religious faith. When we analyze the protections our Constitution rightly provides for biblical counseling, pastoral teaching, and parental rights, the government should neither compel nor prohibit participation in conduct that is not viewpoint neutral. In other words, the state cannot discriminate based on the message advocated. The Supreme Court has recognized viewpoint neutrality as one of the major tests for legitimate government action. However, what constitutes “neutrality” has been overshadowed by the god of our age—“science.”

Many of the recent and ongoing attacks on religious freedom come from the extreme leftist position that secularism, or “trust the science,” should be our country’s established religion and viewpoint. Many of the leftist saints are doctors, and their words must be trusted as the prevailing point of view. According to that new religion, Christians should be compelled to participate in whatever they define as “what the science shows,” even when participation violates the tenets of our faith and conscience.

Of course, the secularists would not frame it this way because their goal is to excise God from society completely. They advocate for their position as effectively religious viewpoint neutral because it is for “health and safety,” importantly including mental health in that broad category. However, the reality is that secularism is a belief system and worldview. Demanding, for example, that counselors “trust the science” and participate in gender-affirming pronouns that do not match the biological sex of a person, or other conduct the left claims is “science,” is just as much First Amendment territory as practicing our faith in affirming God created men and women, with gender as an immutably biological characteristic and inextricably linked to sex. Government forcing me to affirm or participate in conduct and speech that are contrary to my faith is a violation of my religious freedom, even if it is based on “science.”

JENNA ELLIS

As Americans, we are truly blessed to live in a country that recognizes the truth in our highest law of the land and free to believe and act according to our conscience and faith.

So, in every instance, we must go back to the Constitution and the underlying philosophy upon which our First Amendment was designed. When we look at the state's role, our founders began with unanimous recognition of self-evident truth that our rights are God-given. The sole legitimate duty of civil government is to preserve and protect our rights. This includes the right of each person to determine for themselves what they believe about God and how they want to participate or not in religious activities, which can and should be defined broadly for the purposes of First Amendment protections.

What one person may not consider an inherently religious activity, another absolutely would. This is why conscience protections are incredibly significant, regardless of what the state believes is the prevailing science on the matter. If the state is left to inquire into the adequacy of "religious activity," it most certainly would not determine cake making or gender pronouns to be similar in nature to baptism or church attendance.

The obvious danger of this is that it leaves the state to determine the best standards and practices for Christians in the areas of counseling, pastoring, parenting, or education. It is not hyperbole to suggest that religious persecution is happening today in America—it is coming in the form of compelling Christians to participate in, and affirm a viewpoint on, essential truth that is fundamentally in conflict with our religion. To assert a position or view (whether in speech or conduct) that is expressly against Christianity is to compel the Christian to deny Christ and affirm a heretical position.

When it comes to parental rights, biblical counseling, and pastoral care and teaching, Christians must be able

to exercise their religious freedom by *affirming* and *participating* in religion and religious beliefs and *rejecting* and *withdrawing* from speech and conduct that are contradictory. When the state compels viewpoints on best practices for faith-based counseling, the government violates the right of conscience and free exercise for Christian counselors to provide biblical counseling. For example, prohibiting detransition therapy, or "conversion" therapy, or any other viewpoint contrary to the biblical position on human sexuality is an attempt by the state to coerce religious exercise to endorse its preferred view.

Our founders properly understood that the role of civil society and government is to *protect* the family and the Church's positions to choose for ourselves what we believe about God. The point of the First Amendment is to protect our first freedoms—speech, association, and free exercise of religion. We have to be free to speak, together, about truth.

We must be free as families to choose a counselor and attend church based on our sincerely held religious beliefs. Pastors must be free to teach the full truth and counsel based on the biblical worldview of every aspect of the Gospel, including the truth about sin and its effects on humanity. Christian counselors must be free to provide faith-based counseling, regardless of the cultural majority view and the state religion of "prevailing science."

Why is it that "secular" counselors can advocate and advise for no-fault divorce, abortion, medications, interventions, health measures, and remedies that are from their own sincerely held beliefs about God (expressly rejecting biblical truth on these matters) and the human condition, but Christian counselors, pastors, and parents cannot... or are told they "should not" in many areas?

As Americans, we are truly blessed to live in a country that recognizes the truth in our highest law of the land and free to believe and act according to our conscience and faith. In fact, that is precisely what faith is—belief in the truth of God and acting according to that truth. If we can merely believe in God but cannot speak or act on it, we no longer exercise religion.

We cannot abdicate the responsibility of exercising our faith in favor of the state determining best practices for us. The Bible says, "All Scripture is given by inspiration of God, and is profitable for doctrine, for reproof, for correction, for instruction in righteousness, that the man of God may be complete, thoroughly equipped for every good work" (2 Timothy 3:16-17, NKJV).

As Christians, we must carefully and vigilantly safeguard our freedom to exercise our religion in every area of life, including the Church, the counseling room, the classroom, the public square, and around the dining room table. There is not one place or area of life that God's commands do not touch and concern and, therefore, *obligates* Christians to a duty of *exercising* our faith—believing and acting—in every area of life. ✠



JENNA ELLIS, J.D., is an attorney and special counsel with the Thomas More Society. She is a Newsmax contributor and the host of "The Jenna Ellis Show" podcast with Salem Podcast Network. Previously, she served as a senior adviser and personal counsel to President Donald J. Trump. Ms. Ellis earned her J.D. from the University of Richmond T.C. Williams School of Law.



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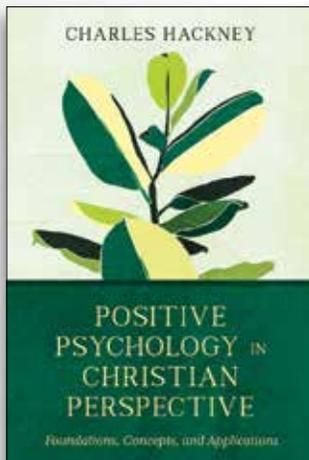
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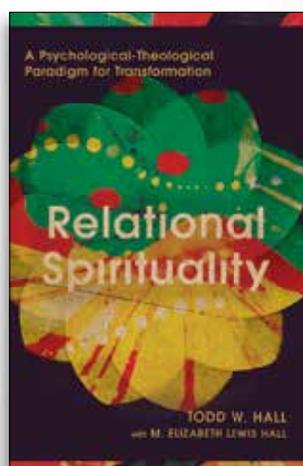
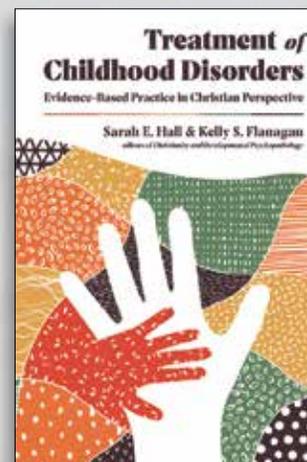
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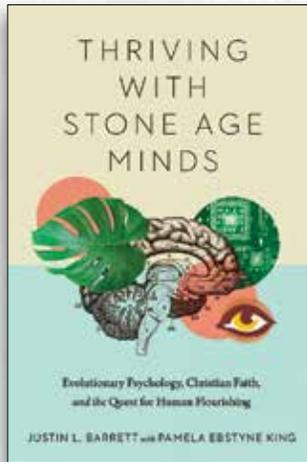
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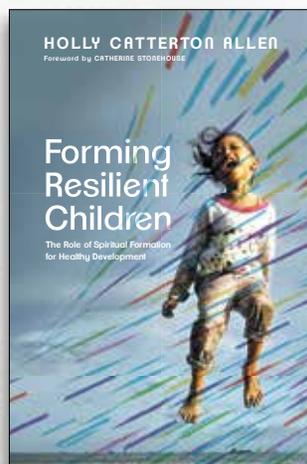
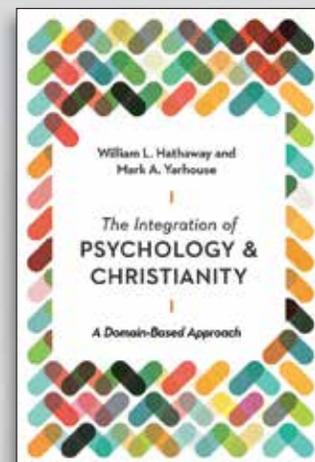
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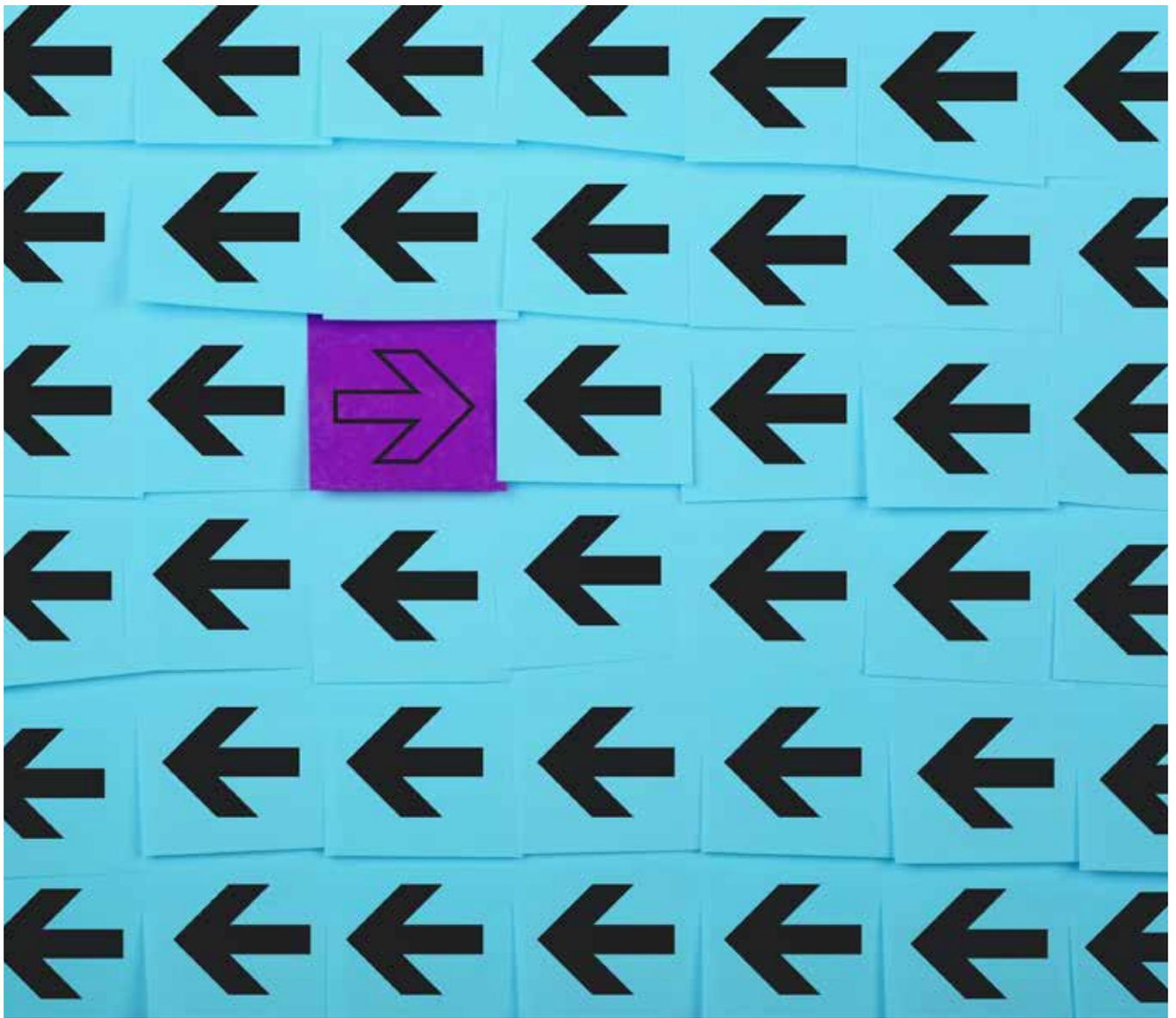
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PROGRESSING BACKWARDS

“For the time will come when people will not put up with sound doctrine. Instead, to suit their own desires, they will gather around them a great number of teachers to say what their itching ears want to hear. They will turn their ears away from the truth and turn aside to myths.”

– 2 Timothy 4:3-4, NIV

In the classic movie, *The Ten Commandments*, directed by American film producer, Cecil B. DeMille, the Angel of Death was portrayed as a luminous green fog that slithered through the night sky, down the streets of an Egyptian village, passing by the doors of homes where, in obedience, the blood of a lamb had been spread. For those homes unprotected by the blood, the wailing sounds of grief began to echo through the city as the firstborn males of those households were struck dead, exactly as Pharaoh had been warned by God’s messenger, Moses.

Today, there is a new Angel of Destruction, less obvious to the eye but equally deadly from a spiritual perspective. It is called progressive Christianity, and it is seeping its way into evangelical churches and bringing with it deadly confusion and devastating disobedience to the truth of God’s Word.

Since ideas have consequences, how do we recognize those that are toxic, particularly when the results of a bad idea can be damaging and deadly? A friendly-sounding phrase like “progressive Christianity” might not strike us as dangerous, which is why we need to recognize the deceptive threads that weave their way through this worldview.

A Radical Redefinition of Jesus

We do not come up with our own construct on who Jesus is because He tells us who He is several times in Scripture. In John 14:6, Jesus proclaims, “I am the way and the truth and the life. No one comes to the Father except through me.” He is the only way to God, for He *is* God incarnate. Progressive Christianity tells us otherwise.

One “woke” Web site states that Jesus *isn’t the only way* to God, declaring: “The power of the Christian faith to transform lives does not require it to be exclusively true. Exclusivity is born out of fear. The fear that there is one train to God and if you aren’t on the right train, you’ll go to hell. We believe there are many trains and God welcomes them all.”¹

Progressive Christianity does not see the completed act of Calvary as the final atonement for our sins. Instead, it sees the Cross as a condemnation of the character of God. This thinking actually argues that a God who sends His Son to die is committing some kind of “cosmic child abuse.” Jesus, the suffering Savior, is not exalted in such “progressive” thinking; HE is brought low.

JANET PARSHALL

RATHER THAN CALLING OUT FOR A SAVIOR, PROGRESSIVE IDEOLOGY TELLS US THERE IS NO NEED FOR A SAVIOR BECAUSE WE WERE NEVER REALLY SEPARATED FROM GOD.

Feelings Supersede Truth

In 2016, the Oxford dictionary chose “post-truth” as their “Word of the Year.” *Post-truth* is defined as “relating to or denoting circumstances in which objective facts are less influential in shaping public opinion than appeals to emotion and personal belief.”² Progressive Christianity runs on feelings.

Entwining its way through this worldview is the notion that what one feels about a matter *is* the truth. “I don’t think homosexuality is wrong; I have a friend...” “I think I am a good person, and God is love, so He would never send me to hell...” “I feel Christianity should adapt to the modern age because things change...” There is a complete rejection of the concept of absolute, knowable truth.

Progressive Christianity turns God into Mr. Rogers, believing that He “likes you just the way you are.” There is no concept of original sin, our fallen nature, or the need for repentance. The word “love” becomes a kind of snake oil tonic used to wipe away the need for imputed righteousness. Rather than calling out for a Savior, progressive ideology tells us there is no need for a Savior because we were never really separated from God. After all, they posit, God is love. While He is that, He is also holy and cannot countenance sin. However, that part of His character does not make some people “feel” good.

An Abandonment of Belief in the Word of God

Progressive Christianity does not see the Bible *as* the Word of God but rather a book that “contains” the Word of God. One progressive author, Brian D. McLaren, put it this way: “The Bible is not considered an accurate, absolute, authoritative, or authoritarian source but a book to be experienced and one experience can be as valid as any other can. Experience, dialogue, feelings, and conversations are equated with Scripture while certitude, authority, and doctrine are to be eschewed! No doctrines are to be absolute and truth or doctrine must be considered only with personal experiences, traditions, historical leaders, etc. The Bible is not an answer book.”³

In a progressive worldview, the Bible is but one of many sources that can help bring about the experience of the “sacredness and oneness of life,” but there are also diverse sources of wisdom for a spiritual journey. This is directly oppositional to what the Bible says about itself: that it is God-breathed (2 Timothy 3:16), written by God through humans (2 Peter 1:20-21), God’s Word is truth (John 17:17), authoritative (James 1:22), sufficient (2 Peter 1:3), and powerful (Hebrews 4:12). This is an either/or situ-

ation—either progressive Christianity is right about the Bible, or historical Christianity is right. These two mutually exclusive positions are a universe apart.

We are warned in the Bible that the day is coming when we will no longer receive “sound doctrine” (2 Timothy 4:3). The advent of progressive Christianity tells us that day is now. These progressive ideas are not just problematic—they are anathema. It is not just “another Gospel” they espouse—but a demonic deformity of the person of Jesus... a grotesque misrepresentation of His Word and a trampling underfoot of His truth.

It might sound socially acceptable to talk about loving people, as progressives often do, but Dr. Francis Schaeffer, the great theologian and apologist, underscored why progressive Christianity must be addressed: “Truth always carries with it confrontation. Truth demands confrontation; loving confrontation nevertheless. If our reflex action is always accommodation regardless of the centrality of the truth involved, there is something wrong.”⁴

Progressive Christianity cannot be accommodated. Rather, it should be viewed as the “Angel of Death.” Without the blood of the lamb covering our hearts and minds through the power of God’s Word and the precepts of His unchanging truth, we will surely turn away from the truth and turn aside to myths—the very definition of spiritual death. ✕



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Endnotes

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Encouraging Believers through Challenging Political Seasons



The Church is divided today in a way that I have not seen in my 25 years of ministry. Some members of our church are frustrated because they think I have been too patriotic, while others think I haven't been patriotic enough. Some believe I have talked about politics too much; some believe not enough. For many leaders, this is a lose-lose season.

I love the United States of America. I pledge allegiance to the flag at Branson, Missouri music shows, my son's high school basketball games, and when I am invited to speak at clubs like Rotary. I grew up singing the national anthem at

Wrigley Field before the Chicago Cubs began play. Every 4th of July, my family is on our pontoon boat on Table Rock Lake eating hot dogs and enjoying fireworks. However, I am not a nationalist, and I do not worship our nation. Our nation is not perfect and needs some work, but as Winston Churchill once said, "... No one pretends that democracy is perfect or all-wise. Indeed it has been said that democracy is the worst form of Government except for all those other forms that have been tried from time to time..."¹

There is nothing wrong with loving your nation, so long as you have a heart for all the nations of the

world. To be on mission with Jesus, we are called to have a heart for all nations. Jesus said, "Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely I am with you always, to the very end of the age" (Matthew 28:19-20, NIV). One day, all believers "from every nation and all tribes and peoples and tongues" (Revelation 7:9) will worship Jesus together. I long for that day.

Let me encourage you with some of the same encouragement I have been sharing with our church family

Jesus reminds us in the parable of the wise and foolish builders that anyone building on a foundation other than Him will eventually fall “with a great crash” (Matthew 7:27). We do not crash because of the storms of political seasons that hit us; we crash because of weak foundations. Jesus is a strong foundation.

in Branson, Missouri, this past year. We need to heed the Apostle Paul’s exhortation to submit, do good, and pay taxes in Romans 13:1-7, but we also need to rest, vote, and pray.

First, rest. Rest assured knowing nothing the government does will ever bring down the Church. Jesus told Peter, “And I tell you, you are Peter, and on this rock I will build my church, and the gates of hell shall not prevail against it” (Matthew 16:18, ESV). The Church is built on the Rock, Christ Jesus.

Many of my dear friends were shaken to the core over the last national election. I heard them say, “If our candidate loses the election or if this law gets passed, it will be game over for us.” My follow-up was, “Do you mean game over for the Church or the nation?” I was shocked at how often that question was met with a blank stare. Some could not see the difference between the two, but we need to understand that we have dual citizenship—citizens of heaven first and our nation second.

Our foundation is Jesus. Never build your house or life upon the sand of a political party or candidate. Jesus reminds us in the parable of the wise and foolish builders that anyone building on a foundation other than Him will eventually fall “with a great crash” (Matthew 7:27). We do not crash because of the storms of political seasons that hit us; we crash because of weak foundations. Jesus is a strong foundation.

We want members of our congregation to be involved in government

on every level. The Lord knows we need godly men and women leading and shaping policy in this country. Be passionate about your political party’s platform, but do not make it your foundation. We can be at peace because God is sovereign over the United States and all nations. Job 12:23 (NIV) reminds us, “He makes nations great, and destroys them; he enlarges nations, and disperses them.” God is still on the throne, and I need not fret as I do my part as a citizen of heaven and then as a citizen of the United States.

Let’s also remain calm for the children. They are watching and listening. Pastor Andy Stanley in Alpharetta, Georgia, stood before his congregation during a heated political season and said, “Many of you have grown weary and you’ve lost heart, and the reason is, you have fixed your eyes on a political system, you have fixed your eyes on a political leader, you have fixed your eyes on the good ‘ol days, you’ve fixed your eyes on the economy and you are growing weary and you need to knock it off! And I’ll tell you why—because you are scaring the children.”²

Second, vote. Do not be that person who complains and then skips the vote. Do your part. In 2016, evangelicals struggled with the election. I saw a major divide in the Church and within many denominations. We were united in our essential beliefs but divided over the character of the candidates.

I believe life begins in the womb, marriage is between a man and

woman for a lifetime, and all men and women are created in the image of God and have intrinsic value. When I vote, my convictions drive my political views and ultimately determine how I vote. Never allow a political party’s platform to steer your theology.

Third, pray. The Apostle Paul urged Timothy to pray for those in authority, and it applies to us today: “I urge, then, first of all, that petitions, prayers, intercession and thanksgiving be made for all people—for kings and all those in authority, that we may live peaceful and quiet lives in all godliness and holiness” (1 Timothy 2:1-2, NIV).

Sometimes it feels as though prayer is all I can do. However, know this, not only do I pray for our leaders, but I also pray for you. Every pastor, leader, coach, counselor, teacher, and influencer reading this column needs prayer. It has been a tough season but be encouraged amid the onslaught of opinions. Take a break, but do not quit. With Jesus as your foundation, you can weather the storms that beat against your house, church, and nation. ✠



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- ¹ *The worst form of government.* International Churchill Society. (2017, March 20). <https://winstonchurchill.org/resources/quotes/the-worst-form-of-government/>.
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True Freedom as Servants of God



The word liberty is well-used in this country. It has been called for, sought after, and spoken about countless times. Many have died seeking it. Patrick Henry wanted liberty or death. If we look up the word “free,” it essentially means the power to do as one pleases. You can eat what you want, marry who you want, and believe what you want. In much of the West, it is a cherished right, and many lives have been lost in order to preserve it. The word “freedom” means close to the same thing. It means you are free from oppressive restrictions imposed on you by some authority.

However, any thinking person realizes that freedom is not *carte blanche*. You cannot do whatever you want whenever you feel like it. We are not free to sexually abuse a child. We are not free to run a red light. We are not free to shoot someone because we do not like his or her shoes. There are laws, boundaries, and requirements. We are free to break them but not without consequences, and those consequences will often greatly restrict our own freedom.

History teaches us that humans desire and seek freedom for themselves and others close to them. We want freedom, prosperity, justice, and safety for us and ours. Many, many wars have been fought for these reasons. And many have strongly believed that their personal freedom in arenas important to them is the top priority. We often see freedom as being accorded to us and having to do with circumstances, positions, rights, and beliefs. I choose where to live, what job I do, who I marry, what books I read, and where I worship. There are, and

When we fail to honor or give dignity to another human, one made in the image of our God,
we are not like our Lord. Where we are not like Jesus, we are a slave to sin.

have been, many places around the world where these freedoms have not been present. Many women have had no choice about who they marry. Many people have lived in countries where only certain books can be read. And in our country, we, who stand for liberty, have barred groups of people from living in specific neighborhoods, doing certain jobs, and worshipping in particular churches—all while speaking about and insisting on liberty. For example, Native Americans were not given the right to vote until 1924, four years after women achieved suffrage.

What are we really talking about when we speak of freedom or liberty? How are we to define this concept? Liberty cannot simply be self-centered, nor can it merely denote external circumstances. Jesus spoke to us about freedom. He said, "... everyone who commits sin is a slave of sin" (John 8:34, NASB). That statement means we are all slaves, for none of us is sinless. Those who commit sin live in bondage no matter what they tell themselves or others. We can say we are free. We can fight wars and make laws to define and protect our freedoms. However, if we are humans, we sin and are therefore not free. We can delude ourselves. We can write about freedom, defend our liberties, and fight against those who would destroy them but, in essence, we are still slaves. Just as Jesus said, "So if the Son sets you free, you will be free indeed" (John 8:36, NIV).

In the United States Declaration of Independence, we quote Thomas Jefferson, who said, "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and

the pursuit of happiness."¹ We believe in these rights. We protect them. And we break them. In breaking them and treating a single human as inferior, we sin; and if we sin, we are slaves. We denied all those we enslaved of life, liberty, and the pursuit of happiness. We denied women, black people, and Native Americans the right to vote. When we fail to honor or give dignity to another human, one made in the image of our God, we are not like our Lord. Where we are not like Jesus, we are a slave to sin. Not only have we damaged someone our God loves, but we have also damaged ourselves. We have denied another liberty, and in treating them in such ways, we have also become enslaved.

Peter, fisherman and denier of Christ, a slave to sin until Christ set him free, said this: "Act as free people, and do not use your freedom as a covering for evil, but use it as bond-servants of God. Honor all people..." (1 Peter 2:16-17, NASB). You see, you and I are not free. We are slaves no matter what. The question is, *whose* slave? We are either a slave to sin or a slave of God Himself—which is, in fact, true freedom. It also means that if we are the true servants of our God, we will, like His Son, be free indeed. And if, then, we are truly free, our lives will look more and more like the life of our Lord regardless of the externals that try to govern us. No law can protect us from sin... only Christ can do that. And no law can keep us from loving the God who became a servant so we might be free. There are many faithful servants spread across history who were told where to go, what to do, and how they could worship. Their responses were not those of rage, dehumanizing others, or demands that the world

look like them. They set their faces as servants of the Most High God and committed to being His bond-slave, bearing His character into this world no matter how they were treated. The world will be made new someday. Until that day, we will live on a broken planet amidst a broken humanity greatly loved by our Father. May we, as His slaves, live bearing His fragrance and bringing Him down into flesh and blood in our midst.

German pastor, theologian, and anti-Nazi dissident, Dietrich Bonhoeffer, penned *Letters and Papers from Prison*. He was a man who stood for Christ and against not just Hitler, but also the Christendom of his day. While he was not free, he wrote the following, "May God in his mercy lead us through these times; but above all, may He lead us to himself."² ✠



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six continents. She directs a group practice in Jenkintown, Pennsylvania, and her most recent book is *Redeeming Power: Understanding Authority and Abuse in the Church*.

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¹ National Archives and Records Administration. (n.d.). *Declaration of Independence: A transcription*. National Archives and Records Administration. <https://www.archives.gov/founding-docs/declaration-transcript>.

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Today's Political Climate: Is it Time for Christ-followers to Bravely Step into the Messy, Mystical Middle?

It has been a great privilege to write this column for more than a decade. Including other periodicals, such chances to offer reflections go back over three decades. And through those years, I have always stayed away from one topic. Politics.

I calculated that if I was going to spend so much time on one divisive topic, religion, I had better stay far away from the other. But there was another reason. I had thought that my political views were boringly moderate because very few political candidates have ever lit me up with excitement. However, the idea that I was a moderate was misguided.

I recently took a comprehensive test of political views that was supposed to identify a person's political party. And it did. In fact, the test identified six different parties for me. And, as it turns out, I have very strong political views—in each party. It's just that neither of the two major parties holds more than a minority of them. According to the test, I am about 25% Democrat, 25% Republican, 25% Libertarian, and 25% a mishmash that could be labeled "Green-Constitutional-Christian Democrat."

I guess I like my politics like I like my religion. When it comes to religion, I enjoy swimming in each of the six "Streams of Living Water," the great traditions of the Christian faith. And I would feel that a part of my soul was malnourished if I was forced to pick just one. To continue the mixed metaphor, for me to be confined to one tradition of the Christian faith or identified with only one political party



would be like deciding to eat from only one food group. Why would I do that?

So, given a track record of avoiding political discussion, and at the risk of drawing fire from both sides and a few more, the present and polemical political climate has brought me to the place of saying, enough is enough. It is time for Christ-followers to move away from the angry, fundamentalist fringes and migrate to the messy, moderate, mystical middle.

Help from Psychometric Theory

During my six years in Fuller's Schools of Psychology and Theology, I was very fortunate to have Richard Gorsuch as my major professor and dissertation chair. Richard was a nonsense-function-over-form-pens-in-

the-front-pocket research psychologist. His credentials were very impressive. Raymond Cattell had been his major professor, and he liked to refer to his advisees as Ray's academic grandchildren. I liked that, even if I bore very little resemblance to my grandpa.

Richard had edited the *Journal for the Scientific Study of Religion* for 10 years, had written a book on factor analysis, and had developed his own statistical software package, UniMult. His speech was precise, and footnotes were available. His heart was pure gold.

One day during class, Richard challenged his psychometric theory students. He stated that when it comes to large groups or populations, there is always more variance within a group than between two groups. "Pick any

two groups: male, female; veggie lovers, meat lovers; Baptist, Methodist; black, white. Then pick any variables: height, weight, religious beliefs, introversion, generosity, etc. You will always find that there is more variance within any one group than between the two comparison groups.”

It was a challenge he left us with for a while. And when we discovered that no one could bring evidence to invalidate Richard’s claim, something very healing happened. Very subtly, he had created a profound argument against divisive ideas that can fester into realities like racism *and* identity politics.

The Things We Don’t Know

Imagine the following situation. You are enjoying a cup of coffee and breakfast at your favorite restaurant. A person at a nearby table engages you in a casual conversation. After a few interchanges, you hear that person tell you, either: “I saw a black person this morning” or “I saw a white person this morning.”

Other than the obvious questions—“I wonder why this person used race as a description?” and “I wonder what this person just disclosed about him or herself?”—what information has been communicated about the person your conversation partner described?

Do you know if the person being referenced by race is an introvert or extrovert? No. Do you know if they are more prone to make decisions with their head or heart? No. If they are more intuitive or scientific in terms of taking in new information? No. If they view deadlines as firm and non-negotiable or a good time to get started? No. That’s right, you do not know anything about the person’s Myers-Briggs® profile, and we are just warming up.

You do not know the person’s Enneagram number, you know nothing about the contours of their

Minnesota Multiphasic Personality Inventory profile, and you are clueless concerning height, weight, age, family dynamics, or car preference. Nothing has been communicated about all-important character variables—the orientation of one’s heart and will. You also do not know the person’s vocation, level of education, religious orientation, or whether they are rich or poor. You don’t even know the person’s political party, nor do you know who they voted for in the most recent presidential election.

The bottom line is, Richard Gorsuch is correct. There is always more variance within a group than between two groups. On average, we will always have more in common with those at the center of the group we are *not* in than those at the opposite end of the group in which we find ourselves.

I miss you, Richard, and your no-nonsense approach to finding truth, especially when I turn on the nightly news.

Help from Dr. Jesus

Speaking of no-political-nonsense approaches to truth, I do not think there has ever been a better time to look to another very smart social psychologist, Dr. Jesus.

As we have discussed in this space, Jesus had a number one teaching point. It was the present availability of a whole and holy way to live—eternal living, life in the kingdom of the heavens—right here, right now. It was the only solution for anger and contempt that was washing over the culture wars of His day. And it still is. He presented a vision for placing our kingdom (our effective will) back inside God’s kingdom (the realm of God’s effective will), which is nothing but pure love. Progressive union with God is learning to live in love.

But that sounds impossible. It is. And that brings us to Paul’s number one teaching point. It is the

methodology for how to make Jesus’ only theme a reality. Being in Christ and Christ being in us is the way. It is a pathway of humility, forgiveness, and other-centered love. It is a pathway of healing. Sozo, of course, means salvation, but it carries an even deeper connotation—healing. It is a hospital term more than a courtroom term.

Well-known philosopher and my mentor, Dallas Willard, thought that one of the best spiritual formation passages in all of Scripture is Colossians 3:1-17. Imagine these words of Paul being applied today. Imagine those at the edges, both edges, the angry, fundamentalist fringes, “taking off” greed, anger, rage, malice, slander, contempt, and lying. Imagine the same ones “putting on” compassion, kindness, humility, gentleness, and patience and becoming willing to listen to, and bear the burdens of, others while pursuing forgiveness, as God forgave, and putting on a love that promotes true and lasting unity.¹

It is at the angry, egocentric fringes, the place where individuals try to impose their wills on others, where we find spiritual insanity. These are the self-centered, compassionless places that have festered into slavery, human trafficking, economic greed, and all manner of social disparity. And it is also the angry, egocentric fringes that offer only false solutions of “an eye for an eye” (even when the one you wish to blind has not harmed you). These are the places that give us shallow-thinking, identity politics, and the desire to overthrow one flawed form of government and replace it with another—even if the “new” form of order has, at its extreme edges, the potential to become an old form that has resulted in the death of more than 20 million in Russia and is presently imprisoning and torturing people for their religious convictions in China. God, deliver us from the self-centered, angry, ego-driven, know-it-all, fundamentalist fringes.

There is another way. It is a path that will involve becoming brave and humble enough to journey away from the fortified hinterlands to the mystical middle. It is in the center of God's heart and our own that we can find a place of becoming renewed in the knowledge and image of our loving and uniting Creator. It is in this marvelous, mystical middle where we find the place, a Holy of Holies deep within the soul, where, as Paul declares, there is no Gentile nor Jew, slave nor free, white nor black.

It is in the chamber of our truest self, our Imago Dei, where we find a love so pure that it longs to listen from the heart to the pains of others—a place where the will to win melts into a desire to help and serve, a place where we realize that we all have far more in common with each other than we have differences that divide.

It is the place where, as Martin Luther King dreamed, we are identified by our character instead of the color of our skin. It is the place where when we look into the eyes of our neighbors, we truly see the face of Christ. It is the place I long to live for more and more moments each day.

Reflection

Beneath our conscious, everyday self, the self we tend to identify with, a much deeper, more mysterious ground fills out the reality of who we really are—in our depths resides the Christ self that is increasingly drawing us into a living communion in which all that is false, all that is inauthentic in us gets stripped away. We have only to consent to the discipline of this process and trust in God's mercy and love.² ✦



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Endnotes

- ¹ See Colossians 3:5-11.
- ² This reflection is taken from a meditation by the Abbot of the New Skete Monastery. It appeared in *Companions of New Skete*, July 19, 2021, the day I was to turn in this Reflections column. His reflection is on Colossians 3:8-11.

Reclaim Freedom

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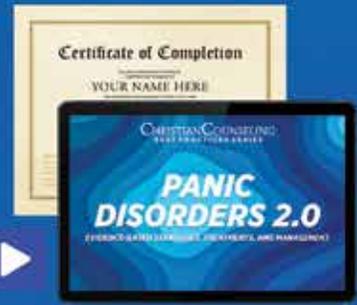


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Clinical Review: Pharmacotherapy of OCD and Related Disorders

Obsessive compulsive disorder (OCD) is a clinical syndrome that affects one in 100 adults. It is characterized by intrusive, unwanted thoughts (obsessions) and compulsive behavioral rituals that can cause significant impairment. Obsessions can revolve around themes of aggression, contamination, sexuality, hoarding, religiosity, somatic concerns, or symmetry/order.

Compulsive rituals may involve cleaning, checking, counting repetitively, arranging in order, or hoarding. The Yale-Brown Obsessive Compulsive Scale is used to quantify the nature and degree of impact of this syndrome. Effective treatment approaches for OCD always involve Cognitive Behavioral Therapy (CBT) with exposure and response prevention (ERP). Pharmacotherapy has an important role, along with CBT and ERP therapies, in reducing the intensity and frequency of symptoms. This review focuses on the range of pharmacotherapy options in OCD.

Traditional pharmacotherapy has focused on the usage of antidepressants that enhance serotonin transport in the brain. These drugs have been shown to have probable to partial efficacy in controlled trials. Within these categories, the following are the FDA approved options for OCD:

- Clomipramine (Anafranil) – for children and adults 10 years old and over
- Fluoxetine (Prozac) – for children and adults seven years old and over
- Fluvoxamine (Luvox) – for children and adults eight years old and over

- Paroxetine (Paxil) – for adults over 18 years old
- Sertraline (Zoloft) – for children and adults six years old and over

Other antidepressants interact with serotonin systems and are used “off-label.” These include citalopram (Celexa), escitalopram (Lexapro), venlafaxine (Effexor), and duloxetine (Cymbalta). These drugs have similar efficacy rates in large groups of patients but may differ significantly in their effectiveness and side effect profile with individuals. In general, these drugs are used in dosage ranges higher than those for depression or anxiety disorders. Thus, side effects worsened by higher dosages (weight gain and sexual dysfunction) can be significant barriers to patient compliance. Citalopram is limited to 40mg /day due to the risk of cardiac arrhythmia at higher dosages.

These medications can take up to 10-12 weeks for significant effects to occur. In many patients, other drugs are added to these antidepressants to “augment” the effectiveness if substantial benefits have not occurred. Atypical neuroleptics, such as risperidone (Risperdal), quetiapine (Seroquel), ziprasidone (Geodon), aripiprazole (Abilify), and olanzapine (Zyprexa), have been useful as augmentation drugs in combination with selective serotonin reuptake inhibitor (SSRI) antidepressants. However, these drugs can worsen OCD if used alone without an SSRI. Older antipsychotics, such as haloperidol (Haldol), may be helpful as an augmentation strategy if the OCD patient also has tics. A few experimental strategies have limited efficacy reports and include gabapentin (for anxiety), phenytoin

(for angry outbursts), tramadol, inositol, and St. John’s Wort. Monoamine oxidase inhibitor (MAO) antidepressants have been used as monotherapy in patients with OCD and panic attacks. Buspirone (Buspar) can be used in combination with SSRIs to help with anxiety. However, buspirone must be dosed in low to moderate ranges to reduce the risk of serotonin syndrome from too much serotonin stimulation.

Glutamate modulating agents are recent options in the treatment of OCD. Glutamate is the most extensive excitatory neurotransmitter system in the brain. It is involved with facilitating neuroplasticity, neuromodulation, and neuronal connectivity when present in the proper amounts. In excessive amounts, glutamate can overstimulate neuronal networks and cause damage by the process of “excitotoxicity.” Low levels of glutamate during brain development are being studied as one potential etiology of several brain illnesses. Glutamate is released and transmitted between synaptic clefts in the brain like other neurotransmitters, with the assistance of glial cells. If neurons were golfers, glial cells are “caddies” to the neurons. They are involved in several processes that regulate temperature, provide structural integrity, fight pathogens, provide nutrition, access hydration, stimulate neuronal fertilizers (BDNF), and normalize levels of glutamate in neuronal transmission.

Evidence from neuroimaging, cerebral spinal fluid studies, and genetics support the theory that glutamate dysfunction may contribute to OCD. Thus, agents that help normalize glutamate activity may help decrease the frequency and intensity of OCD

symptoms. Memantine (Namenda) is a drug used to reduce the progression of dementia. It modulates glutamate activity by blocking one of the post-synaptic receptors for glutamate (and glycine) called NMDA (N-methyl-D-aspartate). Memantine is used as an augmentation drug in combination with antidepressants. The dosage starts at 5 mg per day and increases to 20 mg per day.

NAC (N-acetyl cysteine) is an antioxidant that is derived from the amino acid, cysteine. It modulates glutamate activity by increasing the uptake by glial cells from synaptic clefts. It is used as an augmentation agent at dosages of 600-1,200 mg twice per day. It should not be used in patients with asthma and is usually given with a multivitamin plus vitamin C. Anticonvulsants, such as lamotrigine (Lamictal) and topiramate (Topamax),

block glutamate transmission and have been studied as augmentation strategies with SSRI type antidepressants. Non-pharmacological approaches, such as Transcranial magnetic stimulation (TMS) and Deep brain stimulation (DBS), are active areas of investigation as alternatives to pharmacotherapy in unresponsive OCD patients.

Several of these OCD pharmacotherapies are used “off-label” (aka – not FDA approved) with several disorders that are theoretically related to OCD. SSRI antidepressants are used in patients with body dysmorphic disorder (BDD) in dosages similar to OCD. SSRI antidepressants and NAC are used with skin picking disorder (excoriation). NAC and atypical neuroleptics, such as olanzapine (Zyprexa) and aripiprazole (Abilify), have also been studied in the hair-pulling disorder, trichotillomania. ✖



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Additional Resources

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The Continued Uncertainty of SOCE

Sexual Orientation Change Efforts (“SOCE”) were first regulated by California in 2012, when California amended section 15 of the California Business and Professions Code to say, “Under no circumstances shall a mental health provider engage in sexual orientation change efforts with a patient under 18 years of age,” and “Any sexual orientation change efforts attempted on a patient under 18 years of age by a mental health provider shall be considered unprofessional conduct and shall subject a mental health provider to discipline by the[ir] licensing entity...”¹

Upon the enactment of the California law, anti-SOCE laws exploded across the country. To date, 20 states have enacted an anti-SOCE law.² Additionally, close to 100 cities, counties, or municipalities throughout the nation have passed an anti-SOCE law. Currently, there is no federal anti-SOCE law.

Common Elements and Concerns of Anti-SOCE Laws

Anti-SOCE laws have a few elements in common.

- They only apply to minors (at least for now).
- They apply regardless of the desires of the client or the client’s parents.
- They direct state licensing agencies to discipline the mental health provider (MHP) for any violations.

Several ethical and legal concerns have developed from these laws:

- How will MHPs know when the line is crossed between counseling and engaging in SOCE?

- Are anti-SOCE laws constitutional violations of MHP’s rights to Freedom of Speech?
- Is it ethical to prevent a client from directing his or her own treatment?
- Could anti-SOCE laws be extended to adults?
- Could a federal anti-SOCE law be enacted?

Numerous organizations supporting anti-SOCE laws have argued that the potential damage to a minor supersedes the client’s right of self-determination, including the American Psychological Association (APA)³ and the American Counseling Association (ACA).⁴ The American Association of Christian Counselors (AACC) has defended a client’s right of self-determination, saying, “The AACC is concerned about a client’s right to have his or her faith values respected within the therapeutic milieu.... The AACC is advocating that every client has a fundamental right to self-determination in therapy.”⁵ Respecting self-determination is also referenced in the AACC Code of Ethics.⁶

Legal Questions Involving Anti-SOCE Laws

The primary consideration in the courts has been whether anti-SOCE laws violate the free speech rights afforded to citizens under the First Amendment of the U.S. Constitution. Of course, not all speech is protected by the Constitution (e.g., obscenities, defamation, and blackmail).

This issue becomes trickier when determining what *types* of speech are protected in the realm of *businesses or professions*. Consider, for example, mandatory warning labels

on cigarettes. While a state may constitutionally mandate the warning label (considered “commercial speech”), the state may not prohibit a cigarette salesperson from sharing political or religious viewpoints with a customer (considered “private speech”). Some courts have carved out a third category of speech for professionals, where speech is part of the service an individual would pay for, known as “professional speech.”⁷ When evoked, “professional speech” most commonly applies to cases of professional therapists and even lay counselors.

Lawsuits Involving Anti-SOCE Laws

Three lawsuits of significance have emerged in light of the passage of numerous anti-SOCE laws. The first of which challenged the California anti-SOCE law. *Pickup v. Brown*, later *Welsh v. Brown*,⁸ was brought by conversion therapist, David Pickup, who was joined by other conversion therapists—two anonymous minors and their parents. The district court ruled in favor of the California law against the therapist. The case was appealed to the 9th Circuit, where the Court ruled that free speech was not implicated and, using rational basis review (the lowest standard of review),⁹ upheld the anti-SOCE law.¹⁰

In 2013, the 3rd Circuit heard a similar case involving New Jersey’s anti-SOCE law. It determined that the speech in question is “professional speech” demanding a review under “intermediate scrutiny”¹¹ (the medium level of review), also ruling in favor of the anti-SOCE law.¹²

In 2018, the U.S. Supreme Court heard *NIFLA v. Becerra*.¹³ Although

When evoked, “professional speech” most commonly applies to cases of professional therapists and even lay counselors.

not an SOCE case, the Supreme Court found that there is no carve-out for “professional speech” and “strict scrutiny,”¹⁴ the highest level of review, applied in a case involving pro-life pregnancy help centers. In *NIFLA*, the Court mentioned *Pickup* and noted that it had never made an exception for professional speech. Nonetheless, the 9th Circuit refused to revisit its decision in *Pickup*. The following year, the Supreme Court declined to hear an appeal on the 9th Circuit’s decision;¹⁵ thereby, leaving the 9th and 3rd Circuit decisions in favor of the anti-SOCE laws intact.

In 2020, however, the 11th Circuit heard a case involving Florida’s anti-SOCE law and came to a different conclusion than the 9th and 3rd Circuits. In *Otto v. City of Boca Raton*,¹⁶ the Circuit court ruled in favor of the therapist by finding the anti-SOCE law to be unconstitutional, relying on the U.S. Supreme Court’s decision in *NIFLA*, creating a circuit split.

The Current Uncertainty of SOCE

Ultimately, it will take the U.S. Supreme Court to resolve the circuit split. When and if that will happen is very uncertain. While there is no bill currently in play, it is foreseeable that the U.S. Congress could enact a federal anti-SOCE law applicable to minors. Less likely, but always possible, is that a state or the federal government would extend anti-SOCE laws to adults.

How, Then, Should a Therapist Act?

First and foremost, Christian MHPs must obey the law, where the state’s law does not conflict with God’s law.¹⁷ That being said, Christian MHPs should also stand up for the rights of clients and themselves. This can be done by speaking to legislators, advocating for a client’s right to self-determination, or even by filing a lawsuit under the right circumstances. At a minimum, Christian MHPs must stay informed about this issue. ✦

The information contained in this column is provided for educational purposes only. Nothing in this column should be construed as legal advice, and readers should seek advice from a qualified attorney within their jurisdiction for concerns/questions on specific matters. Law varies from jurisdiction to jurisdiction.



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Endnotes

- 1 CA B.P.C art. 15 §§ 865 - 865.2. Available at: https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=1.&article=15 (accessed 17 July 2021).
- 2 CA, NJ, OR, DC, IL, VT, NM, CT, RI, WA, HI, DE, MD, NH, NY, MA, CO, ME, UT, and VA.
- 3 See <https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf> (accessed 17 July 2021).
- 4 See <https://www.counseling.org/docs/>

default-source/default-document-library/reparative-therapy-resolution-letter-head_edited.pdf?sfvrsn=8ed562c_4 (accessed 17 July 2021).

- 5 2019. Quote by Eric Scalise, then a Vice-President at AACC.
- 6 ES1-120-f and ES1-300. Available at: <https://www.aacc.net/wp-content/uploads/2020/06/AACC-Code-of-Ethics-Master-Document.pdf> (accessed 17 July 2021).
- 7 <http://intermediatescrutiny.com/2016/02/professional-speech-doctrine/>.
- 8 *Pickup v. Brown*, No. 2:12-cv-02497-KJM-EFB, (E.D. Cal. Sep. 15, 2015).
- 9 For more explanation on “rational basis” review, see https://www.law.cornell.edu/wex/rational_basis_test (accessed 17 July 2021).
- 10 See <https://cdn.ca9.uscourts.gov/datastore/opinions/2013/08/29/12-17681.pdf> (accessed 17 July 2021).
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- 16 No. 19-10604 (11th Cir. 2020). Available at: <https://law.justia.com/cases/federal/appellate-courts/ca11/19-10604/19-10604-2020-11-20.html> (accessed 17 July 2021).
- 17 Mark 12:17, Romans 13:1-2.

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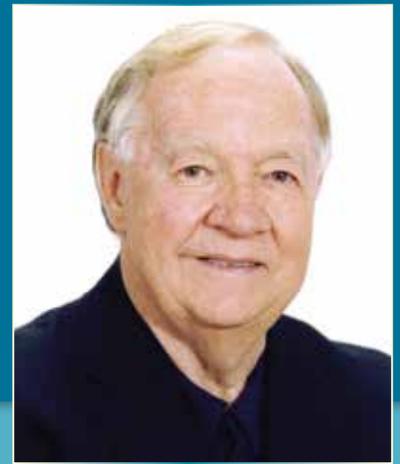
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The Price of Religious Liberty



Liberty is not the power of doing what we like, but the right of being able to do what we ought.”

— Lord John Dalberg-Acton

Leaders live in the spotlight. Spotlights create a glare of scrutiny, whether relatively small or wide-reaching. Leaders can live within the confluence of multiple spotlights—economic, personal, political, religious—each one overlapping and affecting the others. As a Christian business and professional leader, I have felt such accumulated heat.

I believe we have entered an age of increased scrutiny and skepticism for leaders who openly profess Jesus

Christ as Lord. Over a decade ago, the Barna Group published David Kinnaman’s book, *unChristian*, highlighting “the declining reputation of Christianity, especially among young Americans. ... [the report] among 16- to 29-year-olds shows that a new generation is more skeptical of and resistant to Christianity than were people of the same age just a decade ago.”¹ I believe this skepticism has continued. Social media spreads truths, half-truths, and falsehoods about leaders, Christians, and Christian leaders to an ever-expanding audience—an audience that has become less and less attached to religion. According to a recent Gallup poll, U.S. church membership has fallen under 50% for the first time.²

Freedom of religion—or religious liberty—has been a hallmark of this country, but one I sense is eroding. As the English historian, politician, and writer, Lord Acton, says, “Liberty is not the power of doing what we like, but the right of being able to do what we ought,”³ then as Christian leaders, our right to do what we ought may come under increased cultural duress. As a Christian leader, what should my response be to attacks on my religious liberty?

- **Act with consistency.** I believe my greatest asset is my reputation, built over time with the bricks of consistency. As we have all witnessed, a momentary deviation in this viral age can erode such a foundation. This reputation is not necessarily from

**"... Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have. But do this with gentleness and respect, keeping a clear conscience, so that those who speak maliciously against your good behavior in Christ may be ashamed of their slander."
—1 Peter 3:15-16**

being a great leader or savvy in business, although those can be helpful. Instead, my reputation must be based on how I treat others and conduct myself. Proverbs 3:3-5 (NIV) says, "Let *love* and *faithfulness* never leave you; bind them around your neck, write them on the tablet of your heart. Then you will win favor and a good name in the sight of God and man." Authenticity, in this dubious culture, stands out as rare and valuable.

- **Act with integrity.** Cultural mores may morph and shift as our society loses its anchor to Christianity, but I must not. I choose to base my integrity on God's values and act accordingly. I cling to the promise in Proverbs 10:9 (NIV), "Whoever walks in integrity walks securely, but whoever takes crooked paths will be found out." Social media will make sure of that!

- **Resist taking it personally.** When challenged as a leader, as a Christian, or both, I must remember such attacks are to be expected. There is nothing new under the sun (Ecclesiastes 1:9); Christians were persecuted before and will be persecuted again. Further, I refuse to give in to hostility or anger against those who persecute me. Our Lord was quite specific when He said, "If the world hates you, keep in mind that it hated me first" (John 15:18, NIV), and, "But I tell you, love your enemies and pray for those who persecute you..." (Matthew 5:44, NIV). (Also, see Ephesians 6:12.)

- **Be ready to give a response.** Spotlights can be hot and uncomfortable, but they can also shine a light for others to see. I cannot always know the deeper thoughts of those who may criticize me. Their vehemence could hide a troubled and hurting heart, causing them to lash out in anger and pain. When asked (or confronted), no matter what hostility, I have an obligation to answer. 1 Peter 3:15-16 (NIV) reminds me to: "... Always be prepared to give an answer to everyone who asks you to give the reason for the hope that you have. But do this with gentleness and respect, keeping a clear conscience, so that those who speak maliciously against your good behavior in Christ may be ashamed of their slander."

- **Be ready to give a professional response.** As a Christian leader in the mental health field, I have an obligation to keep current on professional best practices. I am responsible for understanding the direction the mental health field is going and integrating this understanding into how I conduct myself as a faith-based provider. I firmly believe in the wisdom of Scripture and the value of faith in healing and recovery. As a result, I must know how to articulate this belief to those who do not share my perspective. I must find a way to bridge that gap professionally. As the Apostle Paul concluded in 1 Corinthians 9:22 (NIV), "... I have become all things

to all people so that by all possible means I might save some."

I have heard character defined as who you are when no one is watching. However, I am not sure this is a time when no one is watching. As we emerge from this pandemic and experience the inevitable societal and cultural changes, I do not know if the withdrawal from religion trajectory will continue or be deflected. What I do know is when the time comes for me to defend my faith, personally or professionally, I must have already been willing to pay the price and build the proper foundation. Will this convince everyone? No, but, perhaps, it will convince some. ✕



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Endnotes

- ¹ A new generation expresses its skepticism and frustration with Christianity. Bama Group. (2007, September 21). <https://www.bama.com/research/a-new-generation-expresses-its-skepticism-and-frustration-with-christianity/>.
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Countertransference, Possible Bias, and the Value of Assessing Religious Beliefs on the Therapeutic Alliance

In this Research Digest, we will examine some research on the sensitive areas of potential clinician countertransference reactions and biases against religious clients. We will also consider how important assessing a client's spirituality can be for the therapeutic relationship. All these studies represent early-stage research where more investigation is needed.

Countertransference with Religious Clients

Moukaddam, N., Andry, T., Cao, J., Moon, Y.M., Tucci, V., Shah, A., & Lomax, J.W. (2019). Instant countertransference affects assessment and treatment recommendations for depression in patients openly professing religious faith. *Spirituality in Clinical Practice*, 6(2), 100-109.

Assessing depression involves not only identifying *DSM-5* symptoms but also evaluating the degree of impairment the symptoms are producing. Moukaddam and colleagues wanted to examine whether changing the description of a client's religious background might alter clinicians' impressions about the level of impairment present. At Baylor College of Medicine, 18 therapists and 25 psychiatrists of varying demographic and religious backgrounds watched three, 10-minute videotaped interviews of female client actors. The "clients" differed in whether they described themselves as Christian, Muslim, or not religious, but other demographic and presentation elements were standardized. The mental health professionals used the Patient Health

Questionnaire-9 to identify depression symptoms and the Therapist Response Questionnaire to report any countertransference reactions along eight dimensions.

The findings were intriguing. Combining tree-based feature selection and multivariate analysis of variance, clinicians and psychiatrists considered the "no religion" clients to be less depressed than either the Christian or Muslim ones ($p < .001$). Those role-playing a Muslim client were rated as most severely impaired. Mental health professionals referred Christian and Muslim clients for pharmacotherapy more often (76% and 88%, respectively) compared to non-religious clients (40%). These findings suggest that depression severity and treatment planning can be influenced by treatment providers' immediate reactions to their clients' faith backgrounds. Limitations, of course, exist. For example, the vignettes were played by different female actors, so it is possible the differences in role performance produced significant variations in symptom presentation.

Possible Bias with Evangelical Patients

Ruff, J.L., & Elliott, C.H. (2016). An exploration of psychologists' possible bias in response to Evangelical Christian patients: Preliminary findings. *Spirituality in Clinical Practice*, 3(2), 115-126.

Ruff and Elliott questioned whether clinicians' empathy for, and prognosis of, a client might be influenced by whether the client was described as

an Evangelical Christian or there was no mention of the client's religion. They developed an analogue within-subjects correlational pilot study and invited members of a variety of professional psychology associations to participate, such as several American Psychological Association divisions, the Christian Association of Psychological Studies, and state and local psychological groups. Two hundred eighty-two respondents evaluated two vignettes, one with the client identified as an Evangelical Christian and the other without noting a religion and maintaining comparable symptoms and community service activities. The psychologists' sample was 60% female, varied in age and geographic region, non-Evangelical Protestant (25%), Jewish (19%), Catholic (14%), other affiliation (11%), and none/Atheist/Agnostic (21%). Several efforts were made to control for the influence of various factors. One strategy included using an implicit measure of automatic negative associations with group membership identification after rating the vignettes. The order of vignette presentation and counterbalancing of pertinent conditions was also implemented while maintaining consistent symptom level reporting across conditions.

Ruff and Elliott found that some psychologists may "... have beliefs about religiously conservative Christians that affect their clinical judgment when estimating prognosis. They may pathologize religious patients based on their religious beliefs... despite that the literature

consistently supports a positive influence of religiousness on a variety of mental health, medical, and quality of life dimensions” (p. 123). They recommended multicultural training on working with Evangelical Christians as a vehicle to reduce potential bias against this population, especially since such Christians make up a reasonably large percentage of the U.S. population. There were several limitations to this study that merit caution in interpreting its results. It was a convenience sample, and technical difficulties eliminated a large portion of the more than 7,000 initial respondents for the study.

The Value of Assessing Religious Beliefs on the Therapeutic Alliance

Terepka, A., & Hatfield, D.R. (2020). Effects of assessing religious beliefs in initial sessions on aspects of the therapeutic alliance. *Spirituality in Clinical Practice*, 7(1), 3-17.

Terepka and Hatfield sought to explore how university students would experience an intake session in a secular clinical setting that included religious assessment interview questions compared to one that did not. The students were young (average age 21), predominantly female (70%), and primarily white (76%), while 15% were African-American and 7% were from other ethnicities. The researchers interviewed 135 nonclinical participants, applying a standardized protocol that either included a question on religiosity or did not.

Consistent with other research, most participants (63%) believed that faith and spirituality are important domains that should be considered by mental health professionals, and highly religious participants wanted clinicians at secular settings to explore faith aspects more often than moderate or low religious individuals.

Interestingly though, even those with low or moderate religiosity rated their interviewers as warmer, more understanding, more empathetic, and more trustworthy when asked about their spirituality. These findings were not influenced (moderated) by whether participants expected to be asked about their faith experiences or not. Research subjects overall endorsed being more open to disclose personal information in the future to interviewers who asked them about their spirituality during their initial interview. The findings have limitations and should be replicated with a clinical sample.

Concluding Thoughts

Countertransference reactions and biases can impact the quality of therapeutic care that religious clients receive. Alternatively, sensitively exploring a person’s faith background may beneficially affect the therapeutic alliance. The studies above are all preliminary, which means we must hold the findings loosely. Taken together, they highlight that therapists must recognize their potential blind spots and value sensitivity to clients’ religious perspectives, especially when these views may differ from their own. More research is needed in these important areas. ✦



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multicultural issues, and evaluating psychologist/counselor education practices in spirituality. Dr. Garzon’s professional experiences include private practice as a clinical psychologist, being an associate pastor for a Latino church, and doing pastoral care ministry.

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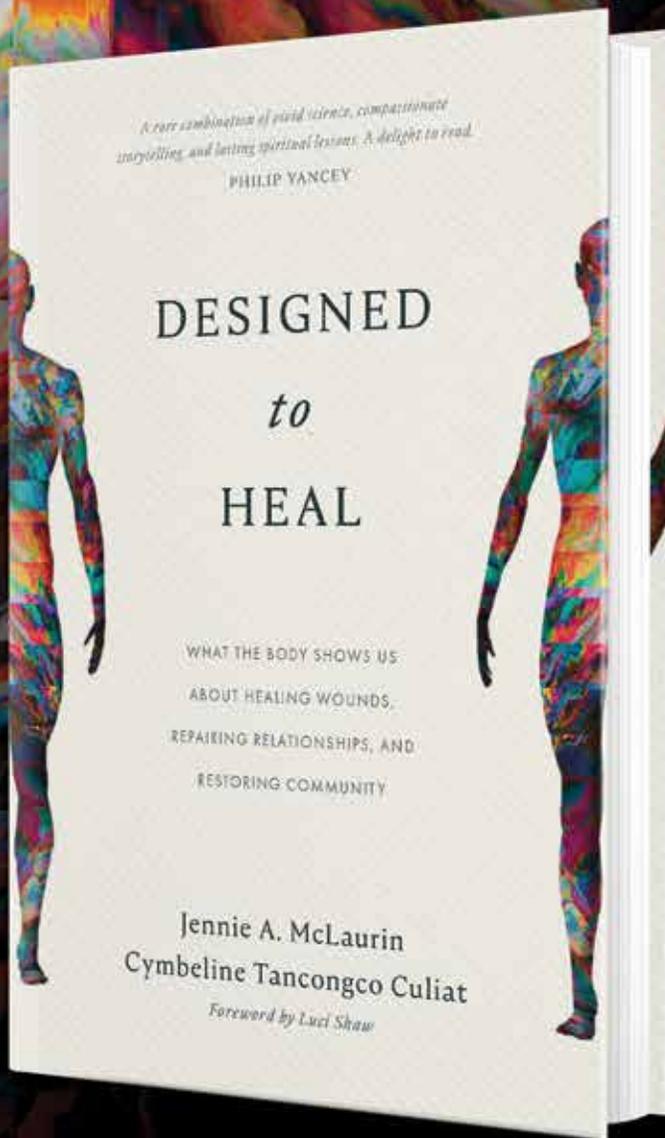
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JENNIE A. McLAURIN, MD MPH, is a public health pediatrician with degrees in medicine, public health, and theology. In addition to a clinical practice serving youth who've been marginalized or have special needs, she writes and speaks on bioethics, health disparities, and intersections of science and faith.

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Evidence-based Treatments, Religious Liberty, and Humility

– Everett L. Worthington, Jr.

- The author concludes the best treatment
 - a. is in some ways a moving target
 - b. always involves using EBTs
 - c. is what he learned early on in his career
 - d. is the same in every culture

Faith and Mental Health: What We Know – Harold G. Koenig

- Religious faith positively impacts which areas of human life?
 - a. mental health
 - b. family and social health
 - c. behavioral and physical health
 - d. all of the above

Madness and Grace – Matthew S. Stanford

- Which of the following is **NOT** a reason people choose clergy first when struggling with mental health?
 - a. ease of access
 - b. a distrust of secular clinicians
 - c. churches are healing communities
 - d. clergy answer questions in which only faith has answers

Modern Hostility to Truth: How Should Pastors and Counselors...

– Jenna Ellis

- The author points out that
 - a. secularism is a belief system and worldview
 - b. it is not science to affirm someone opposite of their biological sex
 - c. we cannot abdicate the responsibility of exercising our faith
 - d. all of the above

Progressing Backwards – Janet Parshall

- Post-truth is the belief that
 - a. truth is absolute and authoritative
 - b. feelings are more important than facts
 - c. truth is non-confrontational
 - d. all of the above

Religious Freedom: The Impending Threat Against...

– Mathew Staver

- The HR 5 house bill known as the "Equality Act"
 - a. is a threat to faith-based schools and counselors
 - b. declares sexual paraphillias as protected sexual identities
 - c. will revoke the Religious Freedom Restoration Act
 - d. all of the above

Religious Liberty and the Road Forward – Erwin W. Lutzer

- The author cites which reformer who put his convictions above his life?
 - a. John Calvin
 - b. Phillip Melanchthon
 - c. Martin Luther
 - d. Huldrych Zwingli

Religious Liberty Infringement: The Imminent...

– Jeanneane Maxon and David E. Jenkins

- Understanding the importance of _____ is vital in facing the clash between religious liberty and mental healthcare.
 - a. worldview
 - b. LGBTQ rights
 - c. state rights
 - d. ethical codes for counselors

Countertransference, Possible Bias, and the Value of Assessing...

– Fernando Garzon

- In assessing depression, mental health professionals
 - a. saw religious people as less depressed
 - b. referred religious people more often for pharmacotherapy
 - c. saw Muslim clients as the least severely impaired
 - d. saw "no religion" clients as the most depressed

The Price of Religious Liberty – Gregory L. Jantz

- Jantz believes that a Christian leader should
 - a. be ready to give a response
 - b. avoid professional responses
 - c. avoid sharing religious beliefs
 - d. at times invoke "righteous anger"

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LEARNING OBJECTIVES

Participants will:

- Increase awareness and content expertise on current trends in mental health practice.
- Be able to articulate a more comprehensive understanding of this issue's core theme.
- Be able to integrate spirituality and faith-based constructs into the delivery of care.

PARTICIPANT EVALUATION

Please rate the following on a scale of 1–5 (1 meaning **Poor** and 5 meaning **Excellent**):

- _____ This issue of CCT is relevant to my practice as a mental health professional.
- _____ The articles in this issue are comprehensive and well written.
- _____ I would recommend this home-study program to other professionals.

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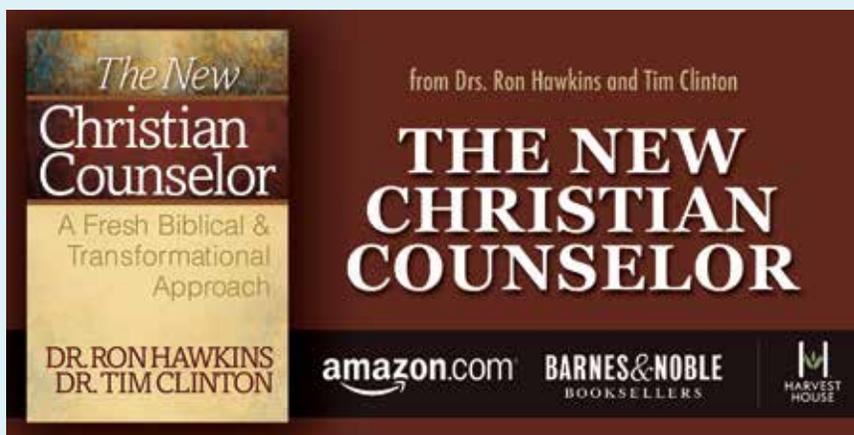
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