



Counseling People with a Psychological Diagnosis

Additional Notes:

Introduction

1. This lecture should be taken in tandem with “Counseling People with a Medical Illness.”
 - a. Clarifying the terms. For purposes of discussion at Faith’s training programs, please assume the following definitions:
 - 1) People with Medical Illness – someone who has been diagnosed with a proven/provable medical illness. The person’s pathology demonstrates the objective existence of specific disease in the body as a result of scientifically verifiable tests.
 - 2) People with a Psychological Diagnosis – someone who has been labeled with a condition from the current version of the Diagnostic and Statistical Manual of Mental Disorders. Unlike the people with a medical disease described above, these individuals have been given a psychiatric label based on their thoughts, emotions, and behavior. Generally, such persons are also on one or more psychotropic drugs.
 - b. We are thankful for the privilege of ministering to persons in each category. However, to properly serve the people God brings to us, it is important to distinguish conditions that truly differ.
2. We seek to approach this topic with compassion and humility. We desire to serve with compassion because we recognize that persons in both categories are fellow sufferers and should be treated with love, mercy, and grace. We desire to serve with humility because we recognize that there is much about the human body that we do not know.
3. We support and celebrate objective science and pray that mankind’s understanding of how the body and soul interact will continue to develop and mature.
4. We understand that good people differ on this subject.



**Additional
Notes:**

I. Understand how a psychological diagnosis is _____

A. Many counselees who come for biblical counseling have already been given one or more psychological _____ from another doctor, counselor, or through self-diagnosis (often through internet research).

B. The current Diagnostic and Statistical Manual of Mental Disorders may explain the _____ the physician or secular counselor used to make the diagnosis.

C. Understand the _____ between psychological diagnoses and medical diagnoses.

1. _____ diagnoses.

a. There are definitely _____ causes of a number of behavior problems.

b. Whenever a truly organic cause is found, it is given a medical _____ diagnosis.

c. The diagnosis primarily describes the disease in the body rather than the symptoms.

d. To qualify as an illness, the condition in question must show damage to the body's _____ tissue.

2. _____ diagnoses.

a. Psychological diagnoses are made on the basis of the presenting psychological symptoms of the person not the reason for the behavior. This point is conceded by the DSM itself – “a diagnosis does not carry any necessary implications regarding the causes of the individual’s mental disorder or its associated impairments” (xxiii).

b. Various _____ are proposed to account for the behavior.

c. _____ the differences between medical and psychological diagnoses this way:

Medicine: disease \Rightarrow Symptoms (behavior)

Psychological: theory \Leftarrow Symptoms (behavior)



3. What makes this difference significant?

D. During the data gathering phase, ask your counselee if he knows and understands the process that was used to determine his particular diagnosis.

E. When the time is right, ask the counselee if (because the diagnosis was made on the basis of thoughts, actions, and feelings) he would be open to you substituting _____ terminology for _____ words and categories.

II. _____ appropriately with a person about his medication

A. A sizeable percentage of our counsees are on psychotropic medication before they ever come to see us.

B. As the data gathering process continues, ask the counselee about his _____ history.

C. Biblical counselors should never _____ a counselee to stop or reduce the frequency/amount of his drug therapy without the counselee first consulting the prescribing physician.

D. Base your conversation on a _____ understanding of chemical imbalance.

1. We should always be _____ with people who are simply trying to follow the advice of other experts in their lives.

2. We should always be _____ and _____ even when interacting with people and theories with which we disagree.

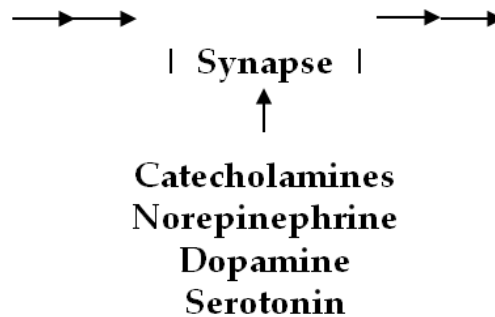
3. We should always be _____ with counsees as they try to process what they are hearing from us, especially if it is different than what they heard from a previous counselor or doctor.

4. Put the term “chemical imbalance” under the microscope.

**Additional
Notes:**



- a. Very likely told he has a chemical imbalance.



Additional Notes:

- b. A chemical imbalance is the term used for the _____ that one of the chemicals is too high or too low in this synaptic junction.
- c. The imbalance is supposed to _____ depression, anxiety, and other disorders.
- d. Chemical imbalance is only a theory since levels of neurotransmitters cannot be _____ in neuronal synapses.
- 1) The counselee does not need to discontinue the drugs for you to continue counseling.
- e. There are chemical abnormalities in the body that affect _____, but when they are present, the condition is no longer labeled a chemical imbalance but is given medical disease labels.
- f. Questions for the counselor to ask the counselee when a physical problem (like chemical imbalance) is supposed to be producing emotional or behavior problems.
- 1) What tests were run to prove a physical problem is present?
- 2) How was it proven that the physical condition is the cause of the emotional or behavioral actions?
- 3) How can it be proven that the recommended medication corrects the physical problem?

E. Your primary _____ in counseling is not to get the person off medication.



**Additional
Notes:**

F. Be prepared to _____ respond if/when your counselee raises the question about reducing or going off his medication.

1. _____ the person's reason for wanting to stop.
2. _____ to the counselee that there is much work to do before that question can be answered, and you will deal with it later.
3. Only _____ stopping medication when you are convinced the person has replaced the use of medication with biblical principles.
4. If you are convinced the counselee can come off the medication, send him to the doctor who started them.
5. If that doctor refuses, then the counselee needs to get a second opinion.
6. Continue counseling as a form of progress reports every week for 3 - 4 weeks after stopping the medication.

III. Speak biblically about the _____ and _____ issues that should always be a person's primary focus

- A. _____ the behavioral characteristics that were used to make the psychological diagnosis in the first place into biblical categories.**
- B. _____ your counselee in analyzing the issues of the heart that produced or contributed to the resultant struggles.**
- C. Bring the _____ to bear on his desires, thoughts, actions, words, and emotions.**
- D. The _____ goal is to become more like Christ through the problems.**
 1. To become more like Christ through daily problems means to handle or _____ to those problems in a way that pleases Him.
 2. The Bible has _____ great victory in difficult situations where change in feelings is not possible.