Counseling People with a Psychological Diagnosis

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.
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 ⟷ Symptoms (behavior)
      Psychological: theory ⟷ 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 counselees 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 counselees 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.
a. Very likely told he has a chemical imbalance.

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    Synapse
     ↑
     Catecholamines
     Norepinephrine
     Dopamine
     Serotonin
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b. A chemical imbalance is the term used for the theory that one of the chemicals is too high or too low in this synaptic junction.

c. The imbalance is supposed to cause depression, anxiety, and other disorders.

d. Chemical imbalance is only a theory since levels of neurotransmitters cannot be measured 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 behavior, 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.
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.