Mental Health Tool Kit

For Churches, Ministries, and Christian Leaders

ARISE & LIVE
CHRISTIAN COUNSELING, INC.

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Introduction

There is an increasing need for counseling and mental health services in the church and community at large. Struggles with poverty, lack of social services, cost of health care, lack of qualified professionals, increase in suicide rates, increase in mental health diagnosis, and lack of professional training for existing volunteers all create the conditions that exacerbate the challenges individuals and families face.

Many Christian leaders become generally worn out, frustrated, and feel alone as they struggle to meet and understand the psychological needs of those they are leading. Little help is available as their staff may not be trained to handle these needs, and there may be little to no access to professionals. While also dealing with their personal challenges, they have often been hurt by people in their congregation or people leaving. At the same time, their congregations expect their own needs to be met in various ways, all by their leaders.

Many Christian leaders often lack professional counseling experience and education in providing or training their staff and lay leaders in the area of counseling and mental health. It is vital that pastors have support and resources in this area so they can focus on the work of pastoring and tending to other community and congregational needs.

A Reality

Not Just Numbers

- 80% of pastors and 84% of their spouses are discouraged or are dealing with depression. More than 40% of pastors and 47% of their spouses report that they are suffering from burnout, frantic schedules, and unrealistic expectations. Majority of pastors feel they have insufficient time together.[i]
- 80% of pastors and 84% of their spouses have felt unqualified and discouraged as the role of pastors at least one or more times in their ministry.[ii]
- 66% of churches have no lay counseling support. Most pastors starting out never imagined themselves spending time counseling others and have little to no training.[iii]

What is Mental Health

When God first created man and woman, they were created biologically perfect. While we know they both experienced fullness of health, they also experienced the fullness of cognition and mind. Health is not limited to physical well-being but also psychological well-being—mental health. Sin has caused a breakdown throughout all of creation. The human body has also experienced this decay resulting in vulnerability and sickness. The human mind, also part of the body, was impacted by sin, causing dysregulation of emotion and mind; therefore, man's inability and struggle to manage his psychological faculties is a direct result of the fall.

Physical health problems are a result of a misalignment between body and Spirit, and healing is achieved and maintained through the Spirit's authority over the body. Likewise, mental health problems are a result of misalignment between the soul and Spirit; and healing is achieved and maintained through the Spirit's authority over the soul.

Mental health disorders and illnesses are typically characterized by a psychological disturbance, sometimes followed by physiological and neurological changes. When medication, which at times may be needed, is used to treat mental health distress, the medication is treating the symptoms, not curing the source of the distress. The source is somewhere in the mind (or spiritually speaking, the soul). Scripture instructs us to renew our minds. It is through this understanding that the cure to mental health disorders is by renewing the mind. As one renews their mind in Christ, they realign their soul (the soul houses thoughts and emotions) with the Spirit of God. Mental health requires awareness and accurate identification of the distress, implementation of practical skills, and the renewing of the mind.

Mental Health is the healthy alignment and regulation of mind and emotions resulting in productive self-concept, interpersonal relationships, daily tasks, and adaptability when responding to stress.

Mental Illness is the misalignment and inability to regulate one's mind and emotions resulting in unhealthy self-concept, troubled interpersonal relationships, difficulty with daily tasks, and significant distress when responding to adversity.

Self-Care & Self-Awareness

Self-care is the totality of what you do to reach and maintain physical and psychological well-being. In order to be a healthy leader, you must first be a healthy individual. Counseling is a sedentary profession where the individual hears, helps, and carries the burdens of others. As a result, counselors may neglect the necessity and benefits of healthy physical and psychological activities. It is unethical and dangerous to practice while psychologically unhealthy, and by doing so, you may cause harm to others.

Your emotional health will positively or negatively impact your ability to provide good counseling. Tending to your emotional health will involve all the same things that promote physical and cognitive health, with the addition of dealing with emotional distress. Emotional distress can be the result of unaddressed trauma, past and present. Trauma is anything that is disrupting or overwhelming, interrupting one's ability to cope. Dealing with emotional distress may involve speaking to someone who can help you through the distress, addressing acceptance, satisfaction, and resilience. Emotional distress must be dealt with before engaging in the practice of counseling.

Burnout, Compassion Fatigue, Vicarious Trauma

- Burnout is related to work and is the physical feeling of exhaustion, presence of cynicism, and lack of efficacy. Signs of burnout may include cynicism, fatigue, frustration, withdrawal, loss of effectiveness, and anger.

- Compassion fatigue is when helping professional experiences psychological exhaustion and emotional withdrawal; the individual may feel that they lost the ability to care. Signs of compassion fatigue can be loss of empathy, somatic symptoms (headaches), irritability, fatigue, and poor self-care.
- Vicarious trauma, also known as secondary traumatic stress, is when a person experiences psychological distress from being exposed to the sickness or trauma of another individual. This often occurs with counselors working with traumatized clients. Signs of vicarious trauma are sadness, confusion, anxiety, nightmares/dreams, intrusive thoughts, and relational conflicts.

Past Hurt | Church Hurt

Many of us move through life with a string of broken memories and relationships that we never revisit. These become emotional graveyards, and it is from these graveyards that we attempt to draw life from and use in new relationships. This practice will only result in unhealthy and dysfunctional relationships.

Not addressing our emotional graveyard will result in misplaced hurt. We hold others guilty for the pain and insecurities we ourselves have not dealt with. When we engage in relationships, they often resemble family relationships, in that we become vulnerable and form similar bonds that exist in a biological family *(This is especially true with church families).* We assign roles and expectations to others that replace the broken or strained roles of our natural fathers, mothers, brothers, sisters, grandparents, and so on. Since we have not come to terms with the condition of our natural family relationships, whether through forgiveness or reconciliation, we transfer the hurt to those relationships we have "replaced." You cannot replace relationships. You must deal with the brokenness and hurt of your family of origin before you can form, understand, and maintain healthy relationships with those you desire to become close to. Properly healing will determine whether you will understand the transgressions of others as a human shortcoming or a personal offense.

Basic Skills Needed

A large majority of Christian leaders do not have the formal training in counseling or attending to those with mental health challenges. Since there is a lack of training, many lack the basic skills needed to help these individuals. This results in mishandling people, inflicting more hurt on the already hurting.

Rapport

Building rapport is one of the first skills you implement in a counseling relationship. Rapport is a sense of trust and closeness that is established with the person. Rapport must be established early in the counseling process and positively impact the effectiveness of the relationship moving forward.

Empathy

Empathy is thought of as an agreement of feeling through experience and perspective. To be empathic, you must have the capacity to put your thoughts, feelings, and experiences to the side and take on the world-view of the other person. You must be able to see things through the lens of another person. Empathy asks the question of “why” a person does something. You must become aware of your own perspective and how it may influence your understanding of the other person’s experience. Once you are able to manage your own perspective, then you will be better equipped at understanding the “why” of someone else.

Grace

What is Grace?

Justice: You get what you deserve. You take on your own punishment.
Mercy: You don’t get what you deserve. You’re excused from punishment.

Grace: You get what you Do Not Deserve. You’re excused from punishment & rewarded.

Grace is all the things we don’t deserve. Despite our guilty sin nature (Romans 3:23; 6:23), because of Jesus’ sacrifice, we inherit all that Christ is entitled to (Romans 9:17). This is God's love toward us, and it is designed to draw us closer to him. Grace is designed to give us more time and another opportunity to repent and turn to Christ (Romans 2:4).
Grace is undeserved credit, favor, and kindness toward the receiving party, and it empowers the individual towards change.

Reframing

Reframing is a technique employed by the counselor, designed to give the client a different way of perceiving their circumstance. This new perspective becomes what is examined as a type of new or alternative reality. Reframing can be immensely helpful in situations where a client cannot see past their perception of events, and the conflict is seemingly insurmountable.

Questioning

There are both open and closed-ended questions. Closed-ended questions can be answered with one word or with a “yes” or “no.” For example, “What is your name?” or “Do you feel sad?’ Open-ended questions require an explanatory or exploratory response. For example, “What was like when…?” or “Can you help me understand … a little better? Questioning is also used to help clarity

Encouragement & Hope

This skill can be employed both verbally in the words and language you use or nonverbally in the way you utilize body langue and paralanguage. The counselor uses encouraging words and affirmations to keep the client positively engaged. Focusing on the client’s strengths and things the

client draws power from is part of encouragement. Hope is the feeling of optimistic expectation. As a counselor, it will be your job to cultivate hope in your client.

Silence

Silence in a counseling setting is often very powerful, for the counselor and client. Knowing when to pause and keep silent in counseling is something counselors may learn over time. Typically, after an emotional or tense exchange, a cathartic moment, or a moment where the client is reflecting, silence may be helpful. Silence allows the client to ride the wave of emotion and thought. Knowing when to break silence is just important.

Psychoeducation

Psychoeducation refers to the process of providing mental health education and resources. This can be verbally sharing information, electronic information (web-based resources), or paper materials. Being able to offer informational or psychoeducational resources adds value to the counseling session and adds to your rapport with the client. Psychoeducation can help individuals, couples, and families learn about their mental health concerns. The goal of psychoeducation is not to provide a cure, but to provide direction on how to deal with the disturbance.

Attending Behaviors

Attending behaviors is a technique that helps the client feel comfortable with speaking, as it keeps the client talking; it is giving your full attention. This type of behavior communicates to the client that you are genuinely interested in their experiences. Verbal following, visuals, vocal quality, and body language all contribute to attending behaviors.

- Verbal Following. To demonstrate verbal following, the counselor stays within the context of the client's narrative without introducing new ideas. The counselor does this by going over the client's story and asking questions about the details of the story.
- Visuals. Visuals are also utilized by the counselor when they use deliberate attempts to maintain appropriate eye contact. Counselors may also link other members in counseling with eye contact by looking at the desired clients in an effort to connect the two (or more) clients. Visuals also include being aware of the visual environment and visual communication within the session.
- Vocal Quality. As counselors discuss issues with clients, maintaining smooth vocal helps to make the client feel at ease and reveal more about themselves. Counselors know when and how to speak calmly or assertively when the situation calls for it.
- Body Language. Another attending behavior is body language. The counselor uses encouraging body language by utilizing hand gestures, body posture, head movement, facial expressions, space and proximity, and other body movements.
- Paralanguage. Paralanguage refers to the nonverbal communicative utterances such as “mhm,” “hmm,” “uh-huh,” and head nods. These are used to encourage the client to continue speaking.

Common Mental Health Illnesses[iv]

This section does not serve as a clinical diagnostic tool nor a comprehensive definition of any identified disorder. Rather it is designed to summarize characteristics and symptoms of possible underlying disorders. Please refer to a professional for any questions or consultation on a disorder.

Attention-Deficit/Hyperactivity Disorder (ADD/ADHD)

A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development.

Attention Characteristics

- No attention to details or careless mistakes
- Difficulty sustaining attention.
- Does not seem to listen when spoken to directly.
- Does not follow through on instructions.
- Difficulty organizing tasks and activities.
- Avoids or reluctant to engage in tasks that require sustained mental effort.
- May lose or misplace items frequently.
- Easily distracted.
- Often forgetful.

Hyperactivity Characteristics

- Fidgets or squirms.
- Unable to stay still when expected to.
- Runs or climbs during inappropriate times.
- Difficulty remaining quiet.
- Talks excessively.
- Answer before a question has been completed.
- Difficulty waiting turn.
- Interrupts others.

Schizophrenia

Involves a range of problems with thinking (cognition), behavior and emotions. Usually involves delusions, hallucinations or disorganized speech, and reflect an impaired ability to function.

- Delusions.
- Hallucinations.
- Disorganized speech (e.g., frequent derailment or incoherence).
- Grossly disorganized or catatonic behavior. (Physical stiffness, strange movements, word or behavior repetition).
- Decreased speech, emotion, activities, and social relationships.

Bipolar Disorder

Identified by extreme mood swings causing periods of depression and period of mania. Mania is an abnormally elevated mood where euphoria, racing thoughts, and lack of inhibition is experienced. Hypomania is a milder form of mania.

Manic | Hypomanic Episode

- Grandiosity.
- Decreased sleep.
- Talkative.
- Moodiness.
- Easily Distracted.
- Racing thoughts and subjective experiences.
- Increase in activity.
- Lack of impulse control despite consequences.

Depressive Episode

- Depressed mood.
- Diminished interests.
- Significant weight loss.
- Loss of energy.
- Trouble sleeping.
- Trouble concentrating
- Negative self-concept

Depression (Major Depressive Disorder)

Insomnia, fatigue, and loss of interest are the key signs of depression. Depression significantly impacts mood, thinking, and everyday activities. Suicidal ideation may be present.

- Agitation and moodiness.
- Diminished interests.

- Significant weight loss.
- Loss of energy.
- Trouble sleeping.
- Trouble concentrating and making decisions.
- Irresponsible behavior.
- Unspecified body pain or discomfort.
- Negative self-concept (feelings of hopelessness, worthlessness, and guilt).

Panic Disorder

A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time physical and cognitive symptoms occur.

- Palpitations, pounding heart, or accelerated heart rate.
- Sweating.
- Trembling or shaking.
- Sensations of shortness of breath or smothering.
- Feelings of choking.
- Chest pain or discomfort.
- Nausea or abdominal distress.
- Feeling dizzy, unsteady, light-headed, or faint.
- Chills or heat sensations.
- Numbness or tingling sensations.
- Derealization (feelings of unreality) or depersonalization (being detached from oneself).
- Fear of losing control or "going crazy."
- Fear of dying.

Generalized Anxiety Disorder

Excessive anxiety and worry (apprehensive expectation) about a number of events or activities. The intensity, duration, or frequency of the anxiety and worry is out of proportion to the actual likelihood or impact of the anticipated event.

- Excessive worry that is difficult to control.
- Restlessness, being on edge.
- Easily fatigued.
- Difficulty concentrating.
- Irritability.
- Muscle tension.
- Difficulty falling or staying asleep, or restless, unsatisfying sleep).

Obsessive-Compulsive Disorder

Obsessions are repetitive and persistent thoughts, images, or urges. Importantly, obsessions are not always pleasurable or experienced as voluntary: they are intrusive and unwanted and cause marked distress or anxiety in most individuals.

Compulsions (or rituals) are repetitive behaviors or mental acts that the individual feels driven to perform in response to an obsession or according to rules that must be applied rigidly. Temporary relief is achieved, but the obsessive thoughts and feelings return and the cycle is reengaged.

Posttraumatic Stress Disorder (PTSD)

Triggered by a distressing event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. The condition may last months or years, with triggers that can bring back memories of the trauma accompanied by intense emotional and physical reactions.

- The person may react to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
- Inability to remember an important aspect of the traumatic event(s)
- Exaggerated negative beliefs or expectations about oneself, others, or the world
- Persistent negative emotional state,
- Irritable behavior and angry outbursts
- Reckless or self-destructive behavior.
- Hypervigilance.
- Exaggerated startle response.
- Problems with concentration.
- Sleep disturbance.

Eating Disorders

Eating and dietary behaviors that are unhealthy to physical and mental health.

Anorexia Nervosa (intense fear of gaining weight)

- Persistent energy intake restriction

- Intense fear of gaining weight or of becoming fat
- Disturbance in self-perceived weight or shape.

Bulimia Nervosa (binge eating then purging to avoid weight gain)

- Eating in a small period of time
- Amount of food that is larger than what most individuals would eat in a similar period of time.
- A sense of lack of control over eating. Feeling that one cannot stop eating or control what or how much one is eating.

Binge-Eating Disorder

Recurrent episodes of binge eating that must occur, on average, at least once per week for 3 months. Typically eating within a 2-hour period an amount of food that is larger than what most people would eat in a similar period of time.

Substance Abuse & Addiction

An addiction is defined as a habit that has become out of a person's control, to the extent that the individual is dependent on it, is unable to stop, or the habit is negatively impacting one's life. Addiction impacts both brain and body, causing complexity in emotion and behavior.

Addictions typically will have negative effects on the person's emotional well-being and physical health, while also affecting those around them. The psychological link, in particular, is what separates addiction from habit. A habit is something people may do for fun, to relax or as a way of socializing. People can choose to stop a habit, and while it may take some time, can stop successfully. Addiction, however, can be an overwhelming need or compulsion to complete the act regularly, regardless of the time or place. In short, a habit can be controlled, while an addiction cannot.

Signs of an Addiction

- Secretiveness.
- Inability to stop (especially after several attempts).
- Lying or minimizing.
- Neglect of other important things.
- Defensiveness/Mood changes.
- Reliant of activity as a way to cope.
- Stealing.
- Large amount of time spent doing, thinking, or planning the activity.
- Financially unpredictable.
- Changes in social groups, new and unusual friends, odd phone conversations.
- Repeated unexplained outings, often with a sense of urgency.
- Drug paraphernalia such as unusual pipes, cigarette papers, small weighing scales, etc.
- Continuing despite negative consequences.

Types of Substance Addictions

- Alcohol (wine, beer, or liquor)
- Amphetamine or similarly acting sympathomimetics (Adderall or crystal meth)
- Benzodiazepines (Xanax, Valium, or Klonopin)
- Caffeine (coffee, tea, or energy drinks).
- Cannabis (marijuana or hash).
- Cocaine or crack cocaine.
- Hallucinogens (LSD and MDMA).
- Inhalants (aerosols, volatile solvents, gases, and nitrites).
- Nicotine (cigarettes, cigars, or nicotine patches).
- Opioids (heroin, morphine, or painkillers).
- Phencyclidine (PCP) or ketamine.
- Sedatives, hypnotics, or anxiolytics (sleeping pills or downers).

Types of Behavioral Addictions

- Computer (internet, video games, social networking sites, cybersex, or online gambling).
- Eating (overeating, bingeing, or purging).
- Exercise.
- Gambling (video lottery terminals, casinos, or slot machines).
- Gaming (computer games).
- Sex (porn, cybersex, or multiple partners).
- Plastic Surgery.
- Risky Behavior/ Thrill seeking.
- Shopping.
- Work.

Tips for Working with Addiction

Assess the Entire Family or Social System. Find out who each character is in the person's life.

- Enabler: protector and guardian of the symptom. Who is enabling?
- Scapegoat: deflects anxiety and problems unto the person struggling with addiction? Who has scapegoated? Why has the client allowed themselves to be scapegoated?
- Hero: deflects through excelling and ignoring the issue.
- Mascot: deflects through attention-seeking, humor and clowning
- Lost Child: members who are shy, withdrawn, and fade into the background

Identify what reality they are escaping. There is some underlying truth, experience, or responsibility that they are avoiding

Lifestyle Fight. Addiction is not an instant change but a lifestyle change that occurs over time, one decision at a time, one goal at a time.

Symptom Management and Counseling. In severe cases, medication may be needed to help manage cravings or mood.

Avoid Guilt and Shame. Addicts struggle with self-condemnation and guilt. Moralizing, preaching, or telling clients their duty may furth cause feelings of despair. Judging, criticizing, disagreeing, or blaming messages imply that something is wrong with the client or with what the client has said. Even simple disagreement may be interpreted as critical.

Holistic. Effective treatment must address all the client's issues, not only the addiction. Often the addiction is present because there is an absence in other areas of the client's life.

Commitment. Treatment must be consistent to be effective. Effective treatment also is longer-term.

Dealing with Seniors

The needs of the geriatric population are different from other age groups. This section provides an introduction to the approaches and helpful suggestions when dealing with this population.

Social Theories of Aging
The following ideas help explain the social and emotional changes that may take place in the geriatric populations.

Disengagement Theory – as older adults slow down, they gradually withdraw from the society. Disengagement is a mutual activity in which the elderly not only disengaged in the society, but the society disengages from the older adult. The elderly develops greater self-preoccupation and decrease emotional ties with people and reduced interest in social activities. Such social withdrawal and increased self-absorption were thought to increase life satisfaction among them.

Activity Theory – as opposed to the disengagement theory, this theory argues that the more active and involved the elderly are, the more likely that they are satisfied with their lives. It is therefore important to find substitute activities for them after their retirement.

Social Breakdown – Reconstruction Theory - This theory states that aging is promoted through negative psychological functioning brought about by the negative views of the society about elderly and inadequate provision of services for them. Social reconstruction can occur by changing the society's view of the elderly and by providing adequate social services for them.

Considerations for Ageing Adults

Ageism - Negative attitudes toward the process of aging or toward older individuals.

Elder Abuse - Maltreatment of older adults, including neglect and emotional, financial, physical, and sexual abuse.

Perpetrator is most often a family member. Family situations: previous trauma, pattern of violence, stress from living situations, financial burdens, low social support.

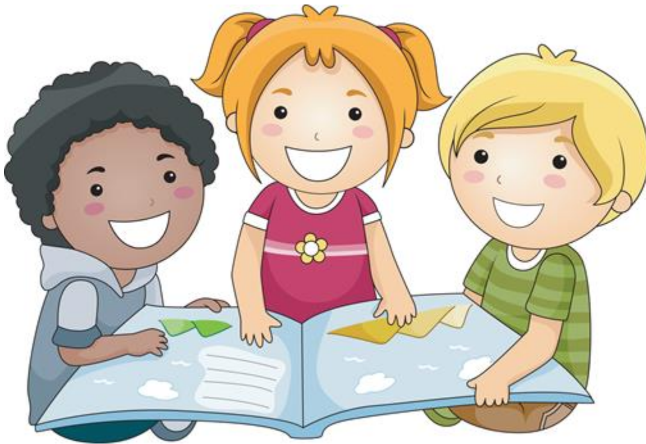
Physical abuse. Lack of necessary equipment, bruises or welts, dehydration or malnourishment, inappropriate administration or lack of medication, frequent ER visits.

Financial exploitation. Missing personal items, will or checks changed/signed when person is incapable, refusal of care by power or attorney.

Self-Neglect. Not likely to report due to shame, intimidation, or fear of institutionalization.

Other Considerations
- Dementia/Alzheimers.
- Depression & Anxiety.
- Poverty.
- Discrimination.
- Loneliness.
- Physical Health.
- Loss of purpose.
- In transition or life crisis.
- Service should be easily accessible (physical location and virtual environment).
- Possibility for retirement.
- Limit barriers to services.
- Adequate lighting.
- Free from extraneous noise.
- Cognitive decline is normal, but majority of older adults do not demonstrate significant cognitive decline.
- Difficulty multitasking.

Children and Adolescents



One of the key features when working with children, is having the ability to distinguish fact from fantasy. This is because children are imaginative and will use play to test or reenact something they have learned or observed. Therefore, pay careful attention to understanding the child's fantasy and factual behaviors. Play is generally common in children aged 3 yrs. to11 yrs. and provides a way for them to express their experiences and feelings through a natural, self-guided, self-healing process.

Play is the central medium for communicating with younger children. Cooperation with the child and parent is key to treatment success when counseling children. The older the child is, the more you will create an atmosphere of privacy and mutual respect. Do not judge and be open-minded, using plain language (avoid slang or technical terms), listening and being patient. Youth will not open up without these conditions.

When addressing the needs of youth, do not ignore developmental issues such as social, emotional, and cognitive ability. Learning should target cognition and emotions through building close relationships, use of language, play, art, or drama. Learning should also include observational methods. What is being observed should be consistent and paired with positive reinforcements.

Adolescents are in a transitional period where their brains are going through a lot of changes. The "thinking brain" responsible for thinking, logic, thought, problem-solving, and reflection has not fully developed. However, their "emotional brain" or limbic system is much more developed. This part of the brain is responsible for reactivity, fear, love, fight or flight, jealousy, anger, anxiety, and one's immediate needs. This is way adolescents are characterized as moody and self-centered in their thinking. Working with adolescents involves building and helping development their empathy and decision-making abilities.

DO

- Let children play – Allow them to be children.
- Talk to them early about sexuality.
- Read and speak intelligently to them.
- Give correction/discipline, encouragement, and love.
- Create rules and boundaries.
- Be consistent and reliable.
- Touch and show physical love.
- Allow for autonomy.
- Offer grace, mercy, and forgiveness.
- Allow them to be respectfully expressive.
- Pray for and with them –Frequently tell them "I love you."
- Be flexible and adaptable.
- Consider their opinions and explain yours.
- Frequently check-in on potential hurt.
- Demonstrate love and appreciation to them.

DO NOT

- Parentification, Adultification, Surrogate Spouse.
- Discipline when angry.
- Speak what you cannot take back.
- Lie. Offer true as early as they can understand.
- Control every aspect of their life.
- Negate praise with a critique.
- Be afraid to be the adult.
- Overly criticize for behavioral changes.
- Ignore, forget, or procrastinate.
- Create a dictatorship.

Crisis Response

Here, we offer three approaches to responding to a crisis. We recommend your organization developing a crisis response plan.

1. **Ecosystems Approach**

Ecosystems approach focuses on the relation between the crisis, those affected, and environmental context. The foundational idea is that change at any level will ripple through the system, altering the total system. For example, an ecological approach applied to a military family member deployed would address various elements. Going beyond individual treatment, this approach would address pre-deployment and post-deployment dynamics of a soldier's family, refugee scenarios, environmental damages, destruction of agricultural land, and damaged infrastructures for delivering food, water, sanitation, power, health care, education, and employment.

2. **Developmental Approach**

A developmental approach contends that movement through developmental stages is critical for successful crisis interventions. Further beliefs of this approach assert that if developmental milestones are not met due to a crisis, life stages will pile up and cause problems. Families who experience a crisis may find it more difficult if they have children still in their adolescent stages or childhood with developmental difficulties. Language development, social development, and motor functioning may all be delayed or developmentally inconsistent if not addressed properly during appropriate stages. As an example, a child with autism may be further developmentally delayed by not addressing their development in the context of crisis.

Cognitive Approach

The cognitive model provides a way for those in crisis to begin the healing process, focusing on how a crisis is interpreted as a way to change perceptions and behaviors. By restructuring the way an individual thinks about a crisis may lead to new and resolution-finding actions. Principles of this model, such as cognitive relaxation, reframing, and problems solving techniques to shift negative attributions, have been shown to work on adolescents who have suicidal ideations and have gone through with attempts of committing suicide.

Responding to critical incidents is at the core of the services mental health professionals provide and connect individuals to. Having an appropriate and efficacious response is crucial to the timeliness and appropriateness of services. It has been briefly shown that ecosystems theory, developmental theory, and cognitive model all offer viable options to crisis response; ecological approach offering attention to entire systems, both micro and macro, developmental approach reminding us to attend to developmental milestones, and the cognitive approach providing a way to escape negative cognitive reinforcement of problems.

Five Stages of Grief

While sometimes in order, these stages of grief are not always linear and individuals may experience any of these stages in any order. The stages of grief can be experienced as the result of any crisis (e.g., death, natural disaster, infidelity, or divorce).

Denial

The very first response to a crisis is shock and denial. We deny as a way to protect ourselves for an uncomfortable reality. The crises may be overwhelming and denial helps us deal with the disbelief of what has happened.

Anger
After denial, the disbelief of what has happened sets in and anger begins to surface. Anger is a secondary emotion that shields your true feelings. If there is anger, there is usually other emotions like hurt, betrayal, or abandonment.

Bargaining
This is the first indication that acceptance is growing. Bargaining is the “what if” stage. We begin to think about all the ways the crisis could have been avoided or occurred differently. Guilt often accompanies bargaining.

Depression
Once bargaining is complete, we begin to come to terms with the reality of the crisis. If the reality is too burdensome to understand we can be overcome with feelings of hopelessness and despair.

Acceptance
The last stage of grief is acceptance. During this stage, the person realizes that their life has changed and is okay with it. The person begins to make necessary adjustments to live in this new reality.

Stages of Disaster Recovery

Impact Stage
At the onset and immediately after a crisis, individuals may be in a state of panic and disorder. Individuals may be disorientated and in disbelief that the events of the crises are occurring; this is the impact stage.

Emergency/Acute Heroic Stage
The next stage is the emergency/acute heroic stage. In this stage, people are attempting to regain control. It is also during this stage that individuals are more physically and emotionally energized.

Inventory/Recovery Stage
The inventory/recovery stage is when individuals begin to assess clearly their situation. During this stage would be a good time to assess the client developmentally. After the client has gone through the initial shock of the crisis and has regained equilibrium, an appropriate intervention may be to use a crisis assessment tool. The assessment would be age/developmentally and culturally appropriate. Assessment tools during this stage can help determine the direction to continue treatment.

Honeymoon Stage
Following this stage is the honeymoon stage. This stage is characterized by a sense of comradery, community, and optimism for the future. Once the individual is evaluated and a clearer picture of the individual in the crisis is constructed, more intentional interventions can be implemented.

Avoidance Stage
The next stage is the avoidance stage, characterized by a reduction in speaking about the crisis while thoughts are still dominated in thinking. Since this stage takes place in the mind, focus interventions on cognitive functioning.

Adaptation Stage
Between regressing backward into avoidance or progressing into disillusionment, is the stage of adaptation. In this stage, clients are challenged to be resilient and to demonstrate this resilience by properly functioning within the crisis. This is a stage that may be difficult for clients to come to terms with.

Disillusionment Stage
If the client does not adapt and learn new ways of coping, they may enter the disillusionment stage. This stage may be a result of serval things such as a lack of resilience, slow recovery, loss of attention and crisis helpers, and fatigue. Disillusionment can also be thought of as a client’s self-perceived loss of hope. It is during this time a strong support presence of the counselor will be necessary.

Anniversary Stage
In the anniversary stage, the client may be in a recovered state, or they may still be experiencing symptoms of the crisis. Interventions at this stage

will vary depending on the client. The client's reflection on the crisis can be useful in assessing whether the client has recovered or not. If the client has not recovered, reflection may offer new insight as to why the client is still experiencing trauma.

Pathogenic to Salutogenic Stage

The pathogenic to salutogenic shift is a stage in which clients will either have put the traumatic events in the past or not. If pathogenic, then administering an assessment may be an appropriate intervention. The assessment may offer insights into the problematic areas of the client’s life.

Restabilization and Reconstruction Stage

The final stage is the restabilization/reconstruction stage. In this stage, individuals rebuild the areas of their lives that were affected by the.

Suicide Intervention

National Suicide Prevention Hotline
800-273-8255

When dealing with suicide, it is best to follow the below recommendations. Additionally, look to create a safety plan with the individual. It may be hard to assess for suicide risk. Some signs may be depression, hopelessness, feeling like they're burdensome, dramatic mood changes, self-harm, withdrawal, isolation, agitation, sleeplessness, destructive language, risky and reckless behavior, and talking about or imagining death.

Be Direct
This is the number one point of importance! Talking with clients about their thoughts of suicide and death is uncomfortable. However, you must overcome this discomfort. Discomfort can lead counselors to avoid asking directly about suicidality, which may convey uneasiness to the patient, imply that the topic is taboo, or result in confusion or lack of clarity.

Instead, counselors must learn to ask, "Are you thinking about killing yourself?" "How do you plan on killing yourself?" It is important to note that there is no empirical evidence to suggest that talking to a person about suicide will make them suicidal.

Increase Your Knowledge About Suicidality
One of the best ways to become more comfortable with any topic is to learn more about it. Suicide is no exception. Knowing some of the circumstances in which people become suicidal, how suicidality manifests, what warning signs might indicate possible suicidal behavior, what questions to ask to identify suicidality, and, perhaps most important, what the effective interventions are, can increase your competence, and as a result, your comfort in addressing this issue with clients.

Do What You Already Do Well
Good counselors are empathic, warm, and supportive, and trust their experience and intuition. However, on encountering suicidal thoughts and behaviors, counselors sometimes unwittingly employ countertherapeutic practices, such as aggressively questioning the client about his or her thoughts and feelings, demanding assurance of safety when a client cannot provide such assurance, becoming autocratic and failing to collaborate with the client, and/or avoiding sensitive topics so as not to engender sadness. These countertherapeutic practices can be the consequence of anxiety and unfamiliarity with the issue, along with fear of litigation if the client does make a suicidal act. Given these fears and issues, it is easy to see how otherwise highly skilled counselors can fall into the trap of becoming "the suicide interrogator." Your option? Deliberately choose another path. Stay grounded and make use of your therapeutic skills when dealing with suicidal behaviors, as that is the most important time to fall back on (and not veer away from) your therapeutic abilities, experience, and training. Collect objective data, just as you would collect otherwise, but don't lose your empathy or concern in the process.

Practice, Practice, Practice
Nothing reduces anxiety more than practice. The same holds true about talking with your clients about suicidal thoughts and behaviors. If you need to reduce your initial discomfort on the topic, practice with another counselor or your clinical supervisor. Get feedback about how you are coming across. Start asking every one of your clients about suicidality. The more experience you have, the more comfortable you will become. You may also consider attending a workshop or

getting additional training specific to the topic of suicidality.

Work Collaboratively with Suicidal Clients
Just as you involve clients in developing a treatment plan for recovery, so too should you involve them in suicide prevention planning. You will be most effective if you ask them about suicide with concern (but not alarm), just as you would with any other area of concern. Explain the reason(s) for your concern and any action(s) that you take, elicit their input as to what may help them be safe, and (with your supervisor), consider their input as much as possible in determining the actions that you take.

Most often, the client will be willing to work collaboratively with you, particularly if you take the time to listen and to explain your actions. Informed consent should be part of collaboration with your client. Inform the client about the steps that might be taken to reduce suicide risk, steps for referral if needed, and confidentiality issues that might arise. Of course, there may be times when you and your supervisor will need to take an action over a client's objections (e.g., arrange for an immediate evaluation at a hospital), but even in these relatively rare circumstances, you can still seek your client's input, and make efforts to work collaboratively.

Realize Limitations of Confidentiality and Be Open About Such Limits
You should understand existing ethical and legal principles and potential areas of conflict (including the possible limits of confidentiality) because safety and protection of the client trumps confidentiality in certain crisis situations. When you first meet clients and as appropriate during the course of treatment, explain that, in the event of suicide risk, you may take steps to promote the client's safety (including the potential for breaking confidentiality, arranging for an emergency evaluation over the client's objections, and involving emergency personnel). Clients should not be given the false impression that everything is confidential or that all types of treatment are always voluntary.

Creating A Safety Plan
A safety plan is an intervention that is used to help minimize self-harming and suicidal crises. Safety plans should include coping strategies and support resources that can be implemented or accessed during a crisis. The plan should be concise and accessible to the at-risk individual and other identified support persons.

Safety Plan Outline

I. Warning Signs
   a. Thoughts
   b. Feelings
   c. Behaviors
II. Triggers
   a. People
   b. Situations
   c. Places
III. Coping Strategies
   a. Distractions
   b. Interests
   c. Places I can go
IV. Support People
   a. Family
   b. Friends
   c. Support groups
V. Eliminating Opportunity
   a. Removing weapons
   b. Removing pills
   c. Avoiding isolation
VI. Crisis Numbers
   a. List of numbers

Delusions, Hallucinations, and Spiritual Experiences

Healthy Spiritual Experiences

These experiences may refer to any type of experience that is audible, visual, or experiential. Most common spiritual experiences are visions, dreams, and audible experiences; however, other forms of spiritual phenomena may be experienced.

Key Features

- Healthy spiritual experiences will always confirm God's written Word and never **contradict** or **offer a new** doctrine or teaching.
- Will not cause harm to the individual or other people.
- Will not interfere with the normal healthy functioning of the individual.
- Will not impair thinking, emotion, or behavior.
- Will not cause withdrawal or isolation.
- Will not result in distrust or thoughts of suspiciousness. If present, this may be due to a mental illness.

➢ *Hebrews 13:9* Do not be led away by diverse and strange teachings.

➢ *Galatians 1:8* Now the Spirit expressly says that in later times some will depart from the faith by devoting themselves to deceitful spirits and teachings of demons

➢ *1 Timothy 6:3-4* If anyone teaches a different doctrine and does not agree with the sound[b] words of our Lord Jesus Christ and the teaching that accords with godliness, he is puffed up with conceit and understands nothing.

➢ 1 Timothy 4:1 Now the Spirit expressly says that in later times some will depart from the faith by devoting themselves to deceitful spirits and teachings of demons

Approaching and Dealing with Abnormal Spiritual Experience or Psychosis

In dangerous situations or suspected harm always err on the side of caution and call 911. If there is no danger, proceed with the suggestions below.

- Stay calm and speak clearly using short, simple sentences.
- Attempt to bring them to a discrete area or room, especially if this is during a service.
- Listen to them, empathize with them, validate their experience, while redirecting them to more positive and factual reality.
- Allow the person to set the pace of the interaction, while slowing creating calmness.
- Do not engage in argumentative or judgmental language, rather gently attempt to direct them back to truth.
- Provide the person with positive choices that are focused on mitigating the situation.
- When possible, consult a professional.

Definitions

Dissociation – losing touch with one's self and becoming disconnected of detached with the body. Gaps in memory are a symptom. A mild form is similar to daydreaming or "zoning out."

Psychosis – severe disruption in a person's thoughts, emotions, behavior, and experiences. The person will lose touch with reality seeing, hearing, and experiencing things severely different from what everyone else is.

Types of Delusions

- Persecutory delusions (i.e., belief that one is going to be harmed, harassed, and so forth by an individual, organization, or other group)

- Referential delusions (i.e., belief that certain gestures, comments, environmental cues, and so forth are directed at oneself).
- Grandiose delusions (i.e., when an individual believes that he or she has exceptional abilities, wealth, or fame).
- Erotomania delusions (i.e., when an individual believes falsely that another person is in love with them).
- Nihilistic delusions involve the conviction that a major catastrophe will occur.
- Somatic delusions focus on preoccupations regarding health and organ function.

Hallucinations – Hallucinations are perception-like experiences that occur without an external stimulus. They are vivid and clear, with the full force and impact of normal perceptions, and not under voluntary control. They may occur in any sensory modality, but auditory hallucinations are the most common. The hallucinations must occur in the context of a clear sensorium; those that occur while falling asleep or waking up are considered to be within the range of normal experience. Hallucinations may be a normal part of religious experience in certain cultural contexts.

Family and Domestic Violence

At the heart of family and domestic violence is the perpetrator's desire for power and control. Power and control involve using intimidation, emotional abuse, isolation, minimizing, blaming, using privilege, using children, using economics, and coercion –all for the purpose of maintaining power and controlling another person.

Domestic Violence is violence that takes place within a household and can be between any two people within that household, and is also known as family violence.

Intimate Partner Violence (IPV) is between romantic partners who may or may not be living together in the same household.

People who abuse their partners may:

- Have trouble expressing emotions verbally.
- Blame others for problems or feelings.
- Be very jealous.
- Criticize or put down their partner, especially in front of others.
- Use verbal violence such as name-calling, cursing and yelling.
- Use non-verbal threats, such as "the look."
- Control all the money in a relationship.
- Downplay or deny their partner's feelings or concerns.
- Abuse alcohol or drugs.
- "Blow up" over things that seem minor.
- Break objects.
- Abuse pets.
- Use "the silent treatment" to control.
- Use their partner's past against him/her.
- Use physical violence, such as hitting, shoving and choking.

People who are being abused may:

- Have injuries and give explanations that don't make sense.
- Wear inappropriate clothing to hide bruises or scars (e.g., long sleeves in the summer, oversized/extra clothes to hide body).

- Not be allowed to visit with friends or family.
- Not have access to the car keys.
- Rarely be seen in public without their partner.
- Often be absent from work, school or social events.
- "Check In" often with their partner.
- Go along with anything their partner says or does.
- Be afraid of their partner's temper.
- Be afraid of making their partner jealous.
- Abuse alcohol or drugs.
- Have low self-esteem, even if they were once very confident people.
- Be depressed or even suicidal.
- Force or demand sex.

Signs of Family Violence

Emotional and psychological abuse

This kind of family violence is when a family member insults, upsets, intimidates, controls or humiliates another family member. It includes:

- yelling, swearing and name-calling.
- putting someone down in front of other people or in private.
- using words to intimidate or threaten someone.
- doing or saying things to make someone feel confused or less confident.
- stopping someone from spending time with friends or family.
- stopping someone from practicing their religion.

Physical abuse

This kind of family violence is any harmful or controlling physical behavior that one family member uses towards another. It includes:

- shoving, pushing, punching, hitting, slapping, biting or choking.
- using weapons or objects to harm someone.
- damaging or destroying someone's personal belongings or property.
- harming other family members or family pets.

Sexual abuse
This kind of family violence is any unwanted sexual behavior by one family member towards another. It includes:

- threatening or intimidating someone into unwanted sexual activities.
- exposing someone to sexual images or content they don't want to see.
- sharing sexual images or content about someone without consent.
- engaging in unwanted sexual contact.

Harassment, stalking and threats of harm
This kind of family violence is unwanted behavior like:

- following someone to see where they're going or who they're meeting.
- tracking phone calls or phone locations.
- constantly ringing or texting someone.
- threatening to harm someone or the people close to them.

Other types of abuse include financial abuse. This can include not letting someone have money or using someone's money against their best interests.

Sexual Trauma

Sexual trauma is a very serious and far-reaching in its effects. Part of our sexuality is represented by certain areas of our body that we inherently guard and protect as being completely in our control; it is our power in a sense. Therefore, when sexual abuse is experienced, at any age or stage in life, it is a violation of a person's identity, dignity, paradigm, and most importantly, it traumatically creates a fear for one's life. The fear and trauma are registered in the brain and leaves a neurological scar, and in some cases, changes and rewires the brain. This rewiring has been seen in adolescents who have experienced sexual abuse, specifically in the prefrontal connections and limbic connections.

Multiple-Perpetrator Sexual Assault (MPSA) & Revictimization Sexual Assault

As with any sexual assault, which is a serious offense, it may be difficult to grasp the reality of being victimized by multiple perpetrators. MPSA is categorized by two or more perpetrators, some level of premeditation and targeting, and typically has different motivations. Perpetrators of MPSA's are motivated by peer pressure, social identity, deindividuation, development of comradeship, and perceived excitement or adventure.

The survivors of such an atrocity typically report a greater physical injury, greater difficulty processing the event, increased risk of sexually transmitted disease, tend to be younger, and more likely to have been drinking alcohol. Another type of sexual assault occurs when the victim is revictimized. Factors such as age, severity, and appropriate treatment received, may link women's early victimization experiences to revictimization later in life.

More specifically, age has been identified as a possible predictor for being victims of new assaults. Some research suggests that sexual assault experienced in childhood places a greater risk for subsequent victimization during adolescence, which, in turn, increases the risk of exposure to sexual assault in adulthood. As one may assume, the long-term outcome of revictimized victims reports higher levels of post-traumatic stress symptoms, greater levels of depression and anxiety, longer recovery, greater diminished psychological health, and greater risk for alcohol and drug abuse.

Outcomes

Sexual abuse can carry so many negative and developmental outcomes; results can be astronomical. These effects can be related to the individual, or they can be systemic, affecting the entire family unit or community.

Sexual abuse can:

- Increase odds of risky sexual behaviors.
- Increase early pregnancy.
- Increase the number of sexual partners.
- Increase risk of depression.
- Increase risk of anxiety disorders.
- Increase suicidal ideation and attempts.
- Lead to alcohol and drug dependency.
- Create gender confusion.
- Lead to sexual dysfunction.
- Decrease self-esteem.
- Increase risk of PTSD.
- Increase medical conditions and problems.
- Thins the genital representation part of the brain responsible for the perception and processing of specific behaviors

Since there are so many outcomes, first assess for the victim's developmental stage, family structure and support, and presenting symptoms. One intervention that would help the victim understand they are not alone and that it is not their fault. Validation of worth and elimination of self-causation must be established.

Another intervention may come by way of helping them change the way they think about the trauma. This may come in the form of asking them to write about their experience and the details of their thoughts and feelings. An ongoing task will be helping the client identify errors in their emotions or thinking, such as "It's my fault" or "It was the way I was dressed." Other considerations would be support for the spouse of the abused, family members, and friends.

Emergency & Crisis Numbers

Suicide & Depression hotline
1-800-273-8255 (TALK)

Emotional & Depression Support
Samaritans: 877-870-4673 (HOPE) (call or text)

Any Crisis
Crisis Text Line: Text “HOME” to 741741

Alcoholics Anonymous (AA)
aa.org
24/7 Hotline: 404-525-3178

Alcohol Rehab Guide
alcoholrehabguide.org
844-500-2558

Cocaine Anonymous
ca.org
1-800-347-8998

Gambler’s Anonymous
gamblersanonymous.org
1-877-664-2469

Sexual Assault Hotline
1-800-656-HOPE (4673)
Rainn.org

Narcotics Anonymous
na.org
1-888-947-7262

Domestic/Family Abuse
1-800-621-HOPE (4673)
1-800-810-7444 (TDD)

National Domestic Violence
1–800–799–SAFE (7233)
1–800–787–3224
thehotline.org

Child Abuse Prevention
1-800-342-7472

24/7 Prayer Line/Text
1-866-987-7729

Child Abuse Hotline
1-800-342-3720

Elderly Crime/Abuse
1-866-552-4464
1-800-222-8000

Crisis for Adults 60+
Friendship Line: 800-971-0016
www.ioaging.org

The Covenant House
Nineline.org
1-800-999-9999
1-800-999-9915 TTY

National Runaway Hotline
1800runaway.org
1-800-RUNAWAY

Mental & Substance Disorder
1-800-662-4357

Veterans Crisis Line
800-273-8255 (press 1) or Text 838255
www.veteranscrisisline.net

Helpful Scriptures

GOD LOVES YOU
"For God so loved"…………………………………………………………………John 3:16
"God commendeth his love……………………………………………….Romans 5:8
"Herein is love"………………………………………………………………….I John 4:10
"gave Himself…might deliver us"………………………………….Galatians 1:4
"Son…is come to seek"…………………………………………………..Luke 19:10
THE FACT OF SIN
"none righteous"…………………………………………………………….Romans 3:10
"all have sinned"…………………………………………………………….Romans 3:23
"not a just man"……………………………………………………….Ecclesiastes 7:20
"The heart is…wicked"……………………………………………..Jeremiah 17:9,10
"righteousnesses…filthy rags;"……………………………………….Isaiah 64:6
"say that we have no sin"………………………………………………….I John 1:8

THE PENALTY
"soul that sinneth…die."……………………………………………….Ezekiel 18:4,20
"sin…bringeth forth death."…………………………………………….James 1:15
"once to die…judgment…………………………………………………..Hebrews 9:27
"wages of sin is death"……………………………………………….Romans 6:23
"shall give account…to God."……………………………………..Romans 14:12
"dead were judged"…………………………………………….Revelation 20:12-15

MAN'S INABILITY
"Not by works of righteousness",,……….Titus 3:5
"not justified by the works"………………………………………. Galatians 2:16
"faith—not of yourselves"……………………………………….Ephesians 2:8,9
"deeds…no flesh be justified"……………………………………….Romans 3:20
"way which seemeth right"……………………………………….Proverbs 14:12
"righteousnesses…filthy rags"………………………………………….Isaiah 64:6

GOD'S REMEDY
"Christ died for us"……………………………………………………………..Romans 5:8
"gift of God is eternal life"………………………………………………Romans 6:23
"I am the way"………………………………………………………………………John 14:6
"Neither…salvation in any other:"………………………………………..Acts 4:12
"save that which was lost."……………………………………………….Luke 19:10
"Christ died for our sins"………………………………………..I Corinthians 15:3

MAN'S RESPONSIBILITY
"Repent ye therefore"…………………………………………………………Acts 3:19
"repentance…faith"…………………………………………………………..Acts 20:21
"Believe on the Lord Jesus Christ"…………………………………Acts 16:31
"believe on his name:"……………………………………………………….John 1:12
"confess…believe…shall be saved"…………………………Romans 10:9,10
"call upon the name of the Lord"…………………………………Romans 10:13

RESULTS OF SALVATION
"not condemned"……………………………………………………………………John 3:18
"hath everlasting life"…………………………………………………………..John 3:36
"he is a new creature"……………………………………………II Corinthians 5:17
"the children of God:"…………………………………………………….Romans 8:16
"heirs of God"……………………………………………………………………Romans 8:17
"peace I give unto you…neither…be afraid."………………………John 14:27
"Spirit of God dwell in you"……………………………………………..Romans 8:9
"names are in the book of life."…………………………………..Philippians 4:3

ASSURANCE
"they shall never perish"………………………………………………John 10:27-29
"yet shall he live"……………………………………………………………..John 11:25,26
"is passed from death unto life."…………………………………………John 5:24
"neither death, nor life..shall..separate us"…………………Romans 8:38,39
"He that hath the Son hath life,"……………………………………..I John 5:11,12
"he which hath begun…will perform it"………………………. Philippians 1:6
"an inheritance incorruptible"……………………………………………I Peter 1:4

WHEN FACED WITH TEMPTATIONS
"temptation"….is common to man"…………………………I Corinthians 10:13
"the devil…seeking whom…devour"…………………………………..I Peter 5:8,9
"the man that endureth temptation……………………………………..James 1:12
"I have overcome the world."………………………………………………John 16:33
"do all things through Christ"……………………………………..Philippians 4:13

IF SINS OCCUR
"if we confess our sins"………………………………………………………I John 1:9
"return unto the LORD"……………………………………………………..Isaiah 55:7
"a contrite heart…wilt not despise"…………………………………Psalm 51:17
"we have an advocate"…………………………………………………………..I John 2:1
"seek my face, and turn"…………………………………………II Chronicles 7:14
"confesseth and forsaketh them"………………………………Proverbs 28:13

GROWING AS A CHRISTIAN IN THE WORD OF GOD
"desire…milk of the word"…………………………………………………I Peter 2:2
"Thy word have I hid in mine heart"……………………………Psalm 119:11
"were written for our learning"…………………………………………Romans 15:4
"scripture…is profitable"…………………………………………II Timothy 3:16,17
"Study to show thyself approved"……………………………..II Timothy 2:15
"Thy word is a lamp…feet…path."……………………………….Psalm 119:105
"delight is in the law of the LORD"…………………………………..Psalm 1:1,2

THE IMPORTANCE OF PRAYER
"by prayer and supplication"…………………………………..Philippians 4:6.7
"call upon the name of the LORD."……………………………….Psalm 116:17
"ye shall ask"…………………………………………………………………………..John 15:7
"Ask, and it shall be given you"……………………………………..Luke 11:9,10

"And when thou prayest"……………………………………………Matthew 6:5-15
"Pray without ceasing"…………………………………I Thessalonians 5:17,18
"Praying always with all prayer"………………………………..Ephesians 6:18
"Take ye heed, watch and pray"………………………………………..Mark 13:33

THE IMPORTANCE OF FELLOWSHIP
"Not forsaking the assembling"……………………………………Hebrews 10:25
"teaching and admonishing one another"…………………Colossians 3:16
"Speaking to yourselves"……………………………………………Ephesians 5:19
"the body…hath many members…………………………….I Corinthians 12:12
"members should have….care"…………………………I Corinthians 12:25-27

Afraid? Psalm 27:91; Isaiah 41:5-13; Mark 4:35-41; Hebrews 13:5-6; 1 John 4:13-18
Afraid of death? Psalm 23, 63:3-18; John 6:35-40; Romans 8:18-39; 1 Corinthians 15, 35, 37, 5:1-10; 2 Timothy 1:8-10
Angry? Proverbs 15:1; Matthew 5:21-24; Romans 12:17-21; Ephesians 4:26-32; James 1:19-21
Anxious? Worried? Psalm 25; Matthew 6:24-34, 10:26-31; 1 Peter 1:3-4, 5:7
Being a friend: Proverbs 17:17; Luke 10:25-37; John 15:11-17; Romans 16:1,2;
Being a leader: Isaiah 11:1-9, 32:1-8; 1 Timothy 3:1-7; Titus 1:5-9; 2 Timothy 2:14-36;
Caring for the aged and widowed: Genesis 47:1-12; Proverbs 23:22; Ruth 1; 1 Timothy 5:3-8
Celebrating the birth/adoption of a child: Psalm 100; Proverbs 22:6; Luke 18:15-17; John 16:16-22
Celebrating a graduation: Psalm 119, 105, 106, Proverbs 9:10-12; Galatians 5:16-26; Philippians 4:4-9;
Celebrating a marriage: Genesis 2:18-24; Song of Solomon 8:6-7; Ephesians 5:21-33; Galatians 5:16-26;
Celebrating a wedding anniversary: Psalm 100; Corinthians 13
Controlling your temper: Proverbs 14:17-29, 15:18, 19:11, 29:22; Ecclesiastes 7:9; Galatians 5:16-26.
Controlling your tongue: Psalm 12; 19:14; Proverbs 11:13, 26:20; 2 Thessalonians 2:16,17; James 3:1-12.
Discovering God's will: Psalm 15; Micah 6:6-8; Matthew 5:14-16; Luke 9:21-27; Romans 13:8-14; 2 Peter 1:3-9; 1 John 4:7-21
Depressed? Psalm 16, 43, 130; Isaiah 61:1-4; Jeremiah 15:10-21; Lamentations 3:55-57; John 3:14-17; Ephesians 3:14-21
Disappointed? Let down? Psalm 55, 62:1-8; Jeremiah 20:7-18
Discouraged? Psalm 34; Isaiah 12:1-6; Romans 15:13; 2 Corinthians 4:16-18; Philippines 4:10-13; Colossians 1:9-14; Hebrews 6:9-12
Doubting your faith in God? Psalm 8, 146; Proverbs 30:5; Matthew 7:7-12; Luke 17:5-6; John 20:24-31; Romans 4:13-25; Hebrews 11;
1 John 5:13-15
Encountering a cult: Matthew 7:15-20; 2 Peter 2; 1 John 4:7-21
Encountering peer pressure: Proverbs 1:7-19; Romans 12:1, 2; Galatians 6:1-5; Ephesians 5:1-20.
Entering college: Proverbs 2:1-8, 3:1-18, 4:1-27, 23:12; Romans 8:1-17; 1 Corinthians 1:18-31.
Entering military service: 2 Samuel 22:2-51; Psalm 91; Ephesians 6:10-20; 2 Timothy 2:1-13
Experiencing the death of a loved one: Job 19:25-27; John 11:25-27, 14:1-7; Romans 8:31-39, 14:7-9; 1 Thessalonians 4:13-18
Experiencing illness: Psalm 23; Mark 1:29-34, 6:53-56; James 5:14-16
Experiencing suffering and persecution: Psalm 109, 119:153-160, Matthew 5:3-12; John 15:18,16:4; Romans 8:18-30; 1 Peter 4:12-19;
2 Corinthians 4:1-15; Hebrews 12:1-11
Facing a difficult decision: 1 Kings 3; Esther 4-7; Psalm 139; Daniel 2:14-23; Colossians 3:12-17
Facing a divorce: Psalm 25; Matthew 19:1-9; Philippians 3:1-11

Facing homelessness: Psalm 90:1-2; Isaiah 65:17-25; Lamentations 3:19-24; Luke 9:57-62; Revelation 21:1-4
Facing imprisonment: Lamentations 3:34-36; Matthew 25:31-46; Luke 4:16-21
Facing life alone: 1 Corinthians 7:25-38, 12:1-31
Facing natural disaster: Genesis 8:1-9; Job 36:22, 37:13; Psalm 29:124, 36:5-9; Jeremiah 31:35-37; Romans 8:31-39; 1 Peter 1:3-12
Facing trial or lawsuit: Psalm 26; Isaiah 50:4-11; Matthew 5:25-26; Luke 18:1-8
Frustrated? Job 21:1-16, 24:1-17, 36:1-26; Matthew 7:13-14
Impatient? Psalm 13, 37:1-7, 40:1-5; Ecclesiastes 3:1-15; Lamentations 3:25-33; Hebrews 6:13-20; James 5:7-11
Insecure? Lacking confidence? Deuteronomy 31:1-8; Psalm 73:21-26, 108; Philippians 4:10-20; 1 John 3:19-24
Jealous? Psalm 49; Proverbs 23:17; James 3:13-18
Lonely? Psalm 22, 42; John 14:15-31a
Losing your job: Jeremiah 29:10-14; Luke 16:1-13; Philippians 4;10-13
Losing your property and possessions: Job 1:13-22, 42:7-17; Isaiah 30:19-26, 41:17-20; Romans 8:18-20
Managing your time: Proverbs 12:11, 28:19; Mark 13:33-37; Luke 21:34-36; 1 Timothy 4:11-16; Titus 3:8-14
Moving into a new home: Psalm 127:1-2; Proverbs 24:3-4; John 14:1-7; Ephesians 3:14-21; Revelation 3:20-21
Overcoming addiction: Psalm 40:1-5, 11-17, 116:1-7; Proverbs 23:29-35; 2 Corinthians 5:16-21; Ephesians 4:22-24
Overcoming a grudge: Leviticus 19:17-18; Mathew 5:23-26; Luke 6:27-36; Ephesians 4:25-32
Overcoming prejudice: Matthew 7:1-5; Acts 10:34-36; Galatians 3:26-29; Ephesians 2:11-22; Colossians 3:5-11; James 2:1-13
Overcoming pride: Psalm 131; Mark 9:33-37; Luke 14:7-11, 18:1-14, 22:24-27; Romans 12:14-16; 1 Corinthians 1:18-31; 2 Corinthians 12:1-10
Overcoming procrastination: Matthew 22:1-14, 25:1-13; 2 Corinthians 6:1-2
Raising children: Proverbs 22:6; Ephesians 6:4; Colossians 3:21
Respecting civil authorities: Mark 12:13-17; Romans 13:1-7; Titus 3:1-2; 1 Peter 2:13-17
Respecting parents: Exodus 20:12; Proverbs 23:22; Ephesians 6:1-3; Colossians 3:20
Retiring from your job: Numbers 6:24-26; Psalm 145; Matthew 25:31-46; Romans 12:1-2; Philippians 3:12-21; 2 Peter1:2
Seeking forgiveness: Psalm 32:1-5, 51; Proverbs 28:13; Joel 2:12-17; Matthew 6:14-15; Luke 15;
Seeking God's help: Psalm 5, 57, 86, 119:169-176. 121, 130; Matthew 7:7-12
Seeking justice: Psalm 10, 17, 75, 94; Isaiah 42:1-7, 61:1-9; Amos 5:21-24; Habakkuk 1:12,4
Seeking salvation: Romans 1:16-17, 3:21-31, 5:1-11, 10:5-13; Ephesians 1:3-14, 2:1-10; John 3:1-21
Seeking strength: Psalm 46, 138; Isaiah 40:27-31, 51:12-16; Ephesians 6:10-20; 2 Thessalonians 2:16-17
Sharing your gifts: Exodus 35:20-29; Malachi 3:6-12; Luke 21:1-4; Acts 2:43-47, 4:32-37; Romans 12:9-13; 1 Corinthians 16:1-4;
2 Corinthians 8:1-15, 9:6-15
Starting a new job: Proverbs 11:3, 22:29; Romans 12:3-11; 1 Peter 4:7-11; 1 Thessalonians 5:12-18; 2 Thessalonians 3:6-13
Understanding your relationship with God: Deuteronomy 5:1-22; Psalm 139; John 15:1-17; Romans 5:1-11, 8:1-17
Understanding your relationship with others: Deuteronomy 5:16-21; Proverbs 3:27-35; Matthew 18:15-17, 21-35; Romans 14:13-23;
Galatians 6:1-10; Colossians 3:12-17; 1 John 4:7-12
Worrying about the future: Isaiah 36, 60; Jeremiah 29:10-14; 1 Peter 1:3-5; Revelation 21:1-8
Worrying about growing old: Psalm 37:23-29; Isiah 46:3-4

Worrying about money: Proverbs 11:7; Ecclesiastes 5:10-20; Matthew 6:24-34; Luke 12:13-21; 1 Timothy 6:6-10
Overwhelmed Experiencing stress? Isaiah 55:1-9; Matthew 11:25-30; John 4:1-30; 2 Corinthians 6:3-10; Revelation 22:17
Rejected? Psalm 38; Isaiah 52:13, 53:12; Matthew 9:9-13; Luke 4:16-30; John 15:18, 16:4; Ephesians 1:3-14; 1 Peter 2:1-10
Tempted? Psalm 19:12-14, 141; Luke 4:1-13; Hebrews 2:11-18, 4:14-16; James 1:12-18
Tempted by sex? 2 Samuel 11:1, 12:25; 21 Corinthians 6:12-20;Galatians 5:16-26
Tired? Weary? Psalm 3:5-6, 4:4-8; Isaiah 35:1-10; Matthew 11:25-30; 2 Thessalonians 3:16; Hebrews 4:1-11
Feeling useless? Inferior? Isaiah 6:1-8; Jeremiah 1:4-10; Galatians 1:11-24; Ephesians 4:1-16; 1 Peter 2:4-10
Vengeful? Matthew 5:38-42; Romans 12:17-21
Every person is separated from God because of sin:
Isaiah 59:1-15; Romans 3:9-20, 5:12-21; Ecclesiastes 7:20; Romans 7:14-25
God has always sought to form a close relationship with people
Exodus 19:3b-8; Jeremiah 31:31-34; Isaiah 54:1-10; 1 Peter 1:1-10; 1 John 3:1-10
God has reached out to people in a personal way by sending Jesus Christ
Colossians 1:15-23; Romans 5:1-11; 1 Peter 2:2:10-25; John 3:1-21; 2 Timothy 1:3-10; Ephesians 2:1-10
God's forgiveness through Jesus Christ is available to every person:
Psalm 51:1-17; 1 John 1:5-10; Romans 10:5-13; Psalm 32:1-11; Romans 8:31-39, 3:21-26
New life in Christ calls a person to live in a Christ like way:
Romans 6:1-14; Matthew 20:20-28; Ephesians 4:17-32; Galatians 5:16-26; 1 John 4:7-21; Romans 12:1-21

[i] Top 2 Causes for Pastors Leaving Ministry and More Statistics https://www.standingstoneministry.org/top-2-causes-for-pastors-leaving-ministry-and-more-statistics/

[ii] Statistics for Pastors. (n.d.). Retrieved January 11, 2021, from https://www.pastoralcareinc.com/statistics/

[iii] Statistics for Pastors. (n.d.). Retrieved January 11, 2021, from https://www.pastoralcareinc.com/statistics/

[iv] American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: Author.