

“Integration Paper”

*‘A Two Scenario Treatment Plan on Solution-Focused Brief Therapy and
Cognitive-Behavioral Theory while Integrating Biblical Principles’*

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ABSTRACT

‘A Two Scenario Treatment Plan on Solution-Focused Brief Therapy and Cognitive-Behavioral Theory while Integrating Biblical Principles’

By

According to Integrationist Gary Collins, the Christian counselor is ‘a deeply committed, Spirit-guided (and Spirit-filled) servant of Jesus Christ who applies his or her God-given abilities, skills, training, knowledge, and insight to the task of helping others move to personal wholeness, interpersonal competence, mental stability and spiritual maturity’¹. According to the American Counseling Association (ACA), ‘the practice of professional counseling is the application of mental health, psychological or human development principles, through cognitive, affective, behavioral or systemic interventions, strategies that address wellness, personal growth, or career development, as well as pathology’². Both the Christian counselor and his/her professional secular counterpart are competent and utilize evidence based therapeutic interventions. The Christian counselor, however, comes from a Biblical world-view, which is incorporated into their Theoretical Orientation and the foundation of their overall counseling practice.

1 – Clinton, T., Ohlschlager G., *Competent Christian Counseling* (Waterbrook Press, 2002) p. 44

2 – Gladding, T. G., *Counseling A Comprehensive Profession* (Pearson Education, 2004) p. 6

Introduction

Christian Counseling and psychotherapeutic interventions can be synthesized and integrated to give professional quality care to clients. As stated, ‘Christian counseling must be a Biblical-clinical process that facilitates casewise client sanctification, built on the sure foundations of Scripture, dependent on the inspired leading of the Holy Spirit’³. The following paper is a brief on two case studies involving an individual client and a couple using both psychotherapeutic interventions and Christian Counseling. The two Family Therapy Models that were implemented were Solution-Focused Brief Therapy and the Cognitive-Behavioral Model. For myself, these two models, Solution-Focused Brief Therapy and Cognitive-Behavioral Model, are models that were more than just a personal preference to implement, but most importantly, these two models also tend not to rub against the flow of my core beliefs. Subsequently, these two models can be ethically acceptable and simpler to incorporate and integrate Judeo-Christian values. I view these two models as a ‘template’ of techniques, interventions and skills to which I can add the missing piece of ethics and morality into the treatment. Integration of Biblical Theology and psychosocial sciences can be integrated into a workable model⁴. However, Christian Counseling has four distinctives...Unique Assumptions, Unique Goals, Unique Methods and Unique Counselor Characteristics and at the core of all true Christian helping is the influence of the Holy Spirit⁵. Although, a common viewpoint

3 – Clinton, T., Ohlschlager G., *Competent Christian Counseling* (Waterbrook Press, 2002) p. 51

4 – Clinton, T., Ohlschlager G., *Competent Christian Counseling* (Waterbrook Press, 2002) p. 42

5 – Clinton, T., Ohlschlager G., *Competent Christian Counseling* (Waterbrook Press, 2002) p. 42-43

and approach is to integrate Christianity with Psychology as co-equals ⁶. I prefer to maintain all Christian principles as paramount and authoritative. In this brief, I will attempt to outline a brief history of the models, including how these models were used in the treatment of two previous client cases while integrating a Biblical worldview.

Integrating a Biblical Worldview

First, we must understand the criticality of incorporating a Christian view with the clinical care of the counselor as we peer into the following Biblical terms...Theology Proper (The existence & character of the infinite and personal God): Laney (1999) believes that knowing God better ‘will help us deal with our doubts, prepare us to better cope with unexpected circumstances or tragedies in life, and provide increased wisdom for making life’s decisions in a manner consistent with God’s character and will’ (p.15) ⁷. Anthropology (The dignity and fallenness of humanity): The answers to these questions (origin of man/his nature) and others like them shape our mission and efforts in the therapeutic encounter (Allen, 1984; Custance, 1975; Hoekema 1986) ⁸. Christology (The uniqueness of Jesus Christ): What a message (gospel) of hope to share with anxious, troubled and fallen people who stream into our offices ⁹. Pneumatology (The power and ministry of the Holy Spirit): The Holy Spirit, through regeneration and sanctification,

6 – Meier, Minirth, Wichem, Ratliff, “Introduction to Psychology and Counseling” (Baker Books) p. 29

7 – Clinton, T., Ohlschlager G., *Competent Christian Counseling* (Waterbrook Press, 2002) p. 104

8 – Clinton, T., Ohlschlager G., *Competent Christian Counseling* (Waterbrook Press, 2002) p. 107

9 – Clinton, T., Ohlschlager G., *Competent Christian Counseling* (Waterbrook Press, 2002) p. 110

produces spiritual and behavioral changes in people 10. Ecclesiology (The role of the church): Transformation as a process is hindered or fostered within the structures and resources provided by community...transformation is a family process...in regeneration, we are connected not only to Jesus but also to his body-our new family, the church (I Corinthians 12:13) 11. Eschatology (A secured future): The power of a secured future for healing and wholeness in the present is the heart of our message (I Corinthians 15)...when we are able to help clients grasp that future (eternal future), they gain a platform for assurance and stability that impacts every area of their intrapersonal and interpersonal worlds 12. As we can observe, a proper perspective of this world from a Biblical viewpoint will maximize the counseling process and ensure that our counseling process is aligned with the will of God.

Case Study in Solution Focused Therapy

The Solution-Focused Brief Therapy is a brief therapy approach developed from the work of social worker Steve DeShazer at the Brief Family Therapy Center in Milwaukee, WI. DeShazer, shares with strategists, such as the MRI group, the notion that dysfunction essentially arises from faulty attempts at problem solving; the family perceives itself as simply stuck, having run out of ways to deal with the problem 13.

10 – Clinton, T., Ohlschlager G., *Competent Christian Counseling* (Waterbrook Press, 2002) p. 112

11 – Clinton, T., Ohlschlager G., *Competent Christian Counseling* (Waterbrook Press, 2002) p. 113

12 – Clinton, T., Ohlschlager G., *Competent Christian Counseling* (Waterbrook Press, 2002) p. 116

13 – Early solution-focused theory was closely identified with the strategic approach to family therapy, incorporating many indirect therapeutic techniques of Milton Erickson. (Goldenberg & Goldenberg, “Family Therapy An Overview”, p. 304)

This model agrees with my persona as future oriented, solution oriented and goal oriented.

I also prefer this model because it affords the opportunity to proceed with ‘Solution Talk’ rather than ‘Problem Talk’. By nature, it would seem that Counselors lean on the side of content more than process. Unless checked, this bias can lead to harming the Client by not allowing the Client to ‘see’ (‘aha’ moment or illumination of the Holy Spirit) the problem for himself or by the Counselor making a hasty diagnosis. So much more than Crisis Intervention, this model sometimes calls for Classic Social Work...the immediate need for shelter, the immediate need for safety the immediate need for comfort, ect. This model uses techniques such as the Miracle Question and the Exception Finding Question. Furthermore, with this model, I do not have to leave my personal faith checked at the door. I believe that *‘all things are possible through Christ which strengthens me’ Philippians 4:13*, therefore, I approach every session with the same attitude of faith. Subsequently, this model allows me to approach the session by knowing that the desired end results are indeed achievable and ‘flanking’ the normal scheme of maneuver of starting at the problem, instead starting at possible solutions. Not only does this appeal to my core beliefs of faith & hope, but by this model also being ‘brief’ focused, relieves pressure from a plump & pregnant schedule constantly giving birth to multi-tasking filled days and nights.

Assessment

An initial assessment was done to explore the presenting problem. Furthermore, other assessments were conducted including Potential for Harm, Physical, Psychosocial

and Substance Abuse. No potentially harmful issues were assessed. Poor communication and a lack of communication were shared by both individuals as a focal concern for the couple.

Treatment Plan

An Initial Treatment Plan was developed to include a quarterly reviews.

Problem: A married Christian Caucasian couple in their late 20's, are having difficulty communicating, having healthy conjugal relations and possessing resentments which spilled over into a general dissatisfaction for the marriage.

Treatment Goal: The Couple will demonstrate reconciliation by verbalizing effective communications, removal of a bellicose environment, increasing sexual vitality and achieving an attitude of marital enjoyment.

Objective #1: Couple will learn and utilize new ways of communicating.

Method: Speaker Listener Techniques from 'Fighting for your Marriage', pp. 105-128.

Target Date: 1 month or 4 sessions.

Objective #2: Couple will learn and utilize new ways of effective communications.

Method: Problem Discussions/Solutions.

Target Date: 2 months or 8 sessions.

Objective #3: Couple will continue with Problem Solving and 1:1 Counseling.

Method: Solution-Focused Brief Therapy.

Target Date: 4 months or 16 sessions.

Objective #4: Couple will continue with Bibliotherapy and 1:1 Counseling.

Method: Psychoeducation.

Target Date: 6 months or 24 sessions.

Chronology of the Treatment

We started with the Speaker Listener Technique, which proved challenging at first but productive later. This technique involved requirements such as, but not limited to...speaking for yourself, keeping the statements brief and paraphrasing. As always, it is very difficult to teach adults to listen. Both of the couples had to learn how to ‘yield the right of way’. We learned and memorized... *‘let every man be swift to hear, slow to speak, slow to wrath’... (James 1:19)*. Furthermore, after developing tools of Effective Communication and Effective Listening, we moved forward with Problem Solving Discussions. The Couple learned how to make a Problem Solving Assessment. Through constructing a Problem Inventory, coupled with the Speaker Listener Technique, the couple was able to search introspectively and take ownership of their pathology. Wonderfully, with these communication areas addressed, we were ready to journey into the riveting arena of Couples Counseling. Although this was what we were already doing, now we can explore lifelong solutions. After furthering to strengthen the Therapeutic Alliance by continuing the Therapeutic Conversation, I noticed that the Couple was somewhat elated that they were able to communicate. However, I needed some traction to help us gain momentum needed to reach our final goals. Solution-Focused Brief Therapy uses a technique called the Miracle Question. I asked, “How would you view your partner if you could have wonderful sexual relations with them”? After pausing in awe and looking at me, I said, ‘Let’s talk about that for a moment, for you both described some concerns about that when we first talked, remember.’ Then, the wife responded, “I would not see him as short tempered, I wouldn’t mind opening up to him”. The husband interjected and said, “I guess I wouldn’t feel like blaming her for

stuff.” Now I have the traction I needed to go forward, especially when the male used the ‘feeling’ word. This offered me the opportunity to descend vertically, and eventually, because they had learned Effective Communications, we were able to move toward some solutions. Together, we also incorporated purpose and goal achievement to give the Couple a sense of fulfillment. This is not to say that the Solution-Focused Brief Method was used in a vacuum. For example, other methods were used in our sessions and other theories were incorporated such as Psychodrama...by using Role Playing, Structural...by using Joining and Accommodating, Strategic...by using Paradoxical Interventions and Psychoeducational...by using the Bibliotherapy. Importantly however, we bathed the entire process with prayer, After successes in communications, conjugal marital relations, was achieved through forgiveness and romantic talk. Through the intentional and arduous work of the clients, we forged onward to continue the healing and growth with follow up sessions. These follow up sessions consisted of accountability, information and goal setting. The book “Fighting for your Marriage”¹⁴ was recommended. Together, we took time to review the material, answer any questions and set Marital Goals such as continuing the Speaker Listener Techniques and making time for each other with intimate activities. This particular book discusses such topics as Communication, Enjoying Each Other and Staying the Course. Today, this couple may come across the speed-bumps of life, but no longer falls prey to the potholes of destruction.

14 – Markman & Stanley & Blumberg, “Fighting for your Marriage” (Jossey-Bass, 2001)

Case Study in the Cognitive Behavioral Model

The origins of Behavioral Therapy or Behavioral Modification can be traced back to the animal learning laboratories of Bekhterev and Pavlov in the Soviet Union and Thorndike in the United States ¹⁵. Cognitive-Behavioral Therapy stems from some of the Behavioral Model Therapists that began to acknowledge that Cognitive factors such as attitudes, thoughts, beliefs, attributions and expectations also influence behaviors. Since the late 1970's, mental health theorists, researchers and practitioners have come to recognize Cognitive-Behavioral Therapy as a major part of mainstream psychotherapy ¹⁶. Thus, Cognitive-Behavioral therapy is based on the premise that our thoughts cause our feelings and behaviors, not external things, like people, situations, and events. The benefit of this fact is that we can change the way we think, thus feel and act better, even if the situation does not change. Cognitive-Behavioral Model uses a set of therapeutic procedures, derived from behavior therapy, that attempts to change behavior by modifying or altering faulty thought patterns or destructive self-verbalizations. Cognitive-Behavioral Model may use an intervention such as Cognitive Restructuring, which helps the Client modify their perceptions and allow for healthy Self-Statements, Cognitive Affective Techniques such as thought stopping and for the Christian Counselor...Mind Renewal. Indeed, Cognitive-Behavioral Therapy, especially in its Christian form, where the 'renewing of the mind involves renouncing the lies we believe and embracing and living our Biblical truth' (Backus, 1985; Thurman, 1989) ¹⁷.

15 – Freedman, Kaplan, Sadock, "Modern Synopsis of Psychiatry/II" p. 895

16 – Goldenberg & Goldenberg, "Family Therapy An Overview", p. 266

17 – Clinton, T., Ohlschlager G., *Competent Christian Counseling* (Waterbrook Press, 2002) p. 262

The goals are to restructure one's thoughts, perceptions, and beliefs. Such restructuring facilitates behavioral and emotional change.

Treatment Plan

An initial Treatment Plan was developed to include a quarterly reviews.

Problem: A male Christian Caucasian Client in his 40's, is suffering from bouts with alcohol & unhealthy life choices resulting in negative consequences which spilled over into a general dissatisfaction for life.

Treatment Goal: The Client will exemplify sobriety and healthy decision making by demonstrating positive life choices and establishing healthy relationships.

Objective #1: Client will be given assessment tools to assess client level of Alcohol Treatment needed and retain a Christian Alcohol Anonymous Sponsor.

Method(s): Alcohol Severity Index (ASI), Alcohol Use Identification Test (AUDIT)

Target Date: 2 Sessions

Objective #2: Client will learn how to properly define and synthesize Thoughts, Feelings and Behaviors.

Method: 1:1 Counseling with exercises such as Rational/Irrational Beliefs & Express it.

Target Date: 2 months or 8 sessions.

Objective #3: Client will begin to learn how to make healthy life choices.

Method: 1:1 Counseling with exercises such as Cause and Effect and the Ripple Effect.

Target Date: 3 months or 12 sessions.

Objective #4: Client will continue with Problem Solving and 1:1 Counseling.

Method: Cognitive Behavioral Therapy.

Target Date: 4 months or 16 sessions.

Objective #5: Client will continue with Bibliotherapy and 1:1 Counseling.

Method: Psychoeducation.

Target Date: 6 months or 24 sessions.

Chronology of the Treatment

We started with two Alcohol assessments, the ASI and the AUDIT¹⁸, used for assessment purposes, not diagnosis. The client scored high enough on the assessments to recommend Inpatient Treatment. The Client contracted to abstain from any and all substances, find a Christian Alcohol Anonymous Sponsor and attend a Christian Recovery Group using ‘Recovery In Christ’, a ‘Christian Drug and Alcohol Support Group Supplement’¹⁹, and subject himself to any Drug/Alcohol testing. We then moved to focusing the treatment in the Cognitive-Behavioral arena. Although many professional camps are split between the belief that either thoughts come before feelings, or, either that feelings come before thoughts, I prefer to approach the former...that thoughts come before feelings. The Experience Pattern has five steps and the order of precedence is as follows...Perception, Conceptualization, Thoughts, Action and Reaction²⁰. Furthermore, thinking has been defined as the ability to manipulate and organize elements in the environment by means of symbols instead of physical acts²¹. Thus, thinking comes before the physical action. Moreover, another definition underscores the order of

18 – Patterson, Jo Ellen, “Essential Skills in Family Therapy” (The Guilford Press, 1998) p. 51

19 – Hawkins, L., Recovery in Christ Drug and Alcohol Ministries (1999) Aurora, Co

20 – Bonstingl J. J., “Introduction to the Social Sciences” (Prentice Hall, 1991) p.8

21 – Meier, Minirth, Wichem, Ratliff, “Introduction to Psychology and Counseling” (Baker Books) p. 133

thoughts before feeling by stating, “Cognition is a mental process of knowing & becoming aware”²². Therefore, I incorporated Cognitive-Behavioral exercises, such as The Ripple Effect, (Von Bertalanffy), along with other integrated interventions in the 1:1 counseling sessions. The Client, slowly but methodically began to understand the differences between Thoughts, Feelings and Behaviors. Further, the Client also began to understand the sequence in which the three trigger each other. The Client was able to connect with the ‘layers’ of cognition, which can be defined as the first level...automatic thoughts, the second level...underlying assumptions and the third level...schemas or basic beliefs. Of course, all treatment has its challenges. Various sessions had its challenges in the form of thoughts of failure, thoughts of blame and low self-worth. A helpful intervention used is called Cognitive Restructuring, which involved the Client modifying their perceptions of themselves. Another challenge is the unhealthy company that the Client keeps. These harmful associations are a factor in the Client’s aberrant decision making which can be defined as Differentiation Association, a theory that explains deviance as a learned behavior determined by the extent of a person’s association with individuals who engage in such behavior²³. Together, we also incorporated purpose and goal achievement to give the Client a sense of fulfillment and hope. One of the most important influences on motivation to work and on actual performance is the nature of the goal you are working toward²⁴. As with the Solution-Focused Brief Model, I am driven to incorporate Christian Principles with the Treatment.

22 – Freedman, Kaplan, Sadock, “Modern Synopsis of Psychiatry/II” (Williams & Wilkins, 1976) p. 1289

23 – Kornblum, W., “Sociology in a Changing World” (Holt Rinehart & Winston, 1997) Glossary, p. 62

24 – Wade C., Tavis C., “Psychology”, (Harper and Row, 1990) p. 375

The following Scripture comes to mind... *”Finally, brethren, whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever are of good report; if there be any virtue, and if there be any praise, think on these things” Phil 4:8.* Thus, along with the aforementioned exercises, I incorporate meditation on the Scriptures and meditation on the Lord as tools of Cognitive Restructuring. Other methods and theories were incorporated as needed but much limited in respect to the use of the Cognitive-Behavioral Model. Psychoeducational was used with respect to the use of the Bibliotherapy. The Big Book ²⁵ was chosen, the material was reviewed and questions answered. Ultimately, the Client learned to differentiate between Thoughts, Feeling and Behaviors, he learned how to manage his thoughts, thus better manage his feelings and ultimately better manage his behavior. As a result, he has moved from a life of reckless self-harm, to a life of conditioned circumspect cognition resulting in positive feelings and healthy behaviors.

Conclusion

All of the models of Family Therapy have their appropriate time and place of usage. All of the models of Family Therapy are effective and can often produce the desired results. For myself, Solution-Focused Brief Therapy and Cognitive-Behavioral Therapy seem to work in ways more than just comfort of use, the two aforementioned models allow for the incorporation of Judeo-Christian principles and scriptures. Moreover, Solution-Focused Brief Therapy and the Cognitive-Behavioral Model, especially in the case of how the Thoughts, Feelings and Behaviors interacts, connects

25 – “Alcoholics Anonymous”, 4th edition, (New York City, 2001)

& relates with my persona in terms of brevity, goal orientation and human development, with themselves in the human psyche for man is a three part being (soul, spirit and body), ‘...and I pray your whole spirit and soul and body be preserved blameless unto the coming of our Lord Jesus Christ...’ (I Thessalonians 5:23) and made in the image of God, ‘...Let us make man in our image, after our likeness...’ (Genesis 1:26). Lastly, as with all therapy, no one model stands alone nor is used alone. Without labeling ourselves as Integrated, we all use techniques from other Treatment Models to give the client the best treatment we can, while reserving the right to utilize interventions from other models. Interestingly, there are three basic views to consider... 1) Christianity against psychology or 1st position, 2) psychology against Christian or 2nd position and 3) the Christianity and psychology viewpoint ²⁶. For myself, for my Christian beliefs, which are paramount, I choose to use the model that is least likely to flow against the grain of Biblical principles and most of all, allows for the careful integration of scripture... Solution-Focused Brief Therapy and the Cognitive-Behavioral Model.

26 – Meier, Minirth, Wichem, Ratliff, “Introduction to Psychology and Counseling” (Baker Books, 1991) pp. 27-28

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