

Synopsis:

We live in an ever-pharmacologized, psychologized, and medicalized culture. Therefore, counselors, parents, family, and friends are faced with various types of people - family, friends, patients, and counselees - who are on medications and either have not found the relief they desire or they desire to get off the medications. The issue for you is how do you help them. The lecture is designed to answer that question.

Counseling and medications

People come to the office and to biblical counseling for a variety of reasons. Many are on one or more "psychotropic drugs." The doctor and counselor is faced with a dilemma: what about the medications? Should either party even mention their use?

The wise decision is to do *nothing*. As a counselor, you are not the counselee's doctor nor did you prescribe the medications. The person, either as a patient or counselee, is not coming to see you re: medications. The answer of *do nothing* requires some explanation at least in two situations: when the patient/counselee appears to be overmedicated such that he is not able to be ministered to, and when he asks if he "needs" the medications.

In the first situation of possible overmedication, the general principle is for the patient or family member to contact the doctor and ask for direction. Another option is for the counselor to call the doctor's office, but that will probably fail because of HIPAA – no information is to be divulged unless a written release accompanies the request.

In the second situation, the doctor and counselor can and should become proactive but in which way? Here are some general principles to guide you.

I. Determine the reasons for the person coming to you

A. If it is for counseling, gather data as to his reasons for:

1. Being in counseling.
2. Wanting to receive biblical counseling.
3. Wanting to see you specifically.

B. You want to find out:

1. What the problem is.
2. How is the problem a/the problem.
3. His response to the problem and the results.
4. His knowledge of God's solution.
5. His application of God's solution and the results.

C. Data gathering includes determining what led to his being placed on medications.

1. Determine his understanding of *why* he is on the medications and what has been his response to being on them?

2. Usual answers include:

- a. "The doctor told me to take them" – "he gave them to me."
- b. Ask: on what basis? Caveat: be careful when you consider the person's answer.
- c. I have a "condition" – "a disease" that "needs" to be or can be helped if I am medicated. Bottom line: "I am my body." "I am my feelings."
- d. The mantra in some form: My bad feelings, my search for relief, and my troublesome behavior
- e. "I need help in coping" - have him define "coping," and "need help"
- f. Learn what he means by those statements.

3. Determine the doctor's "diagnosis" and its standard/criteria for it.

- a. What is the evidence – objective or subjective? How do you know?
- b. What physical problem is the medication changing?
- c. What is the medication doing?
- d. What alternatives do you think you have in handling your problems?
- e. What are your reasons for agreeing to be on the medications?

4. Determine thinking, wanting, and doing and their link to feelings prior to the label and at the time of the diagnosis.

5. Determine the source of bad feelings AND the response to them because:

- a. Thinking, wanting, doing, and feelings are linked.
- b. Behavior follows feelings - the actions/behavior is purposeful – the person hopes to gain something by it.

C. Acceptance of the Medical Model: the person, doctor, and perhaps the counselor:

1. Believes and act as if the person has a body problem.
2. Concludes that whatever is inside of the person is the problem - a physical one.
3. Believes and acts as if "pressure" made the person do "it" or "feel the way" he did/does - that which is outside of him controls him.

II. Determine the perceived effect of the medications by asking:

- A. What are the results and the effects of being on the medication?
- B. If he is feeling better with medications, then asks the reasons he is seeing you and why he wants off the medication.
- C. If he is not feeling better on the medications, ask him what that says about the medications.

III. Determine the reasons for wanting and not wanting to be off the medications and how he arrived at his decision

A. Answers include:

1. "I don't like them," "I don't need them," "I am cured," or "I am healed."
2. Or "I need them," "life is better because I feel better," or "I tried to stop but can't function without them."

B. You want to know:

1. Is he willing to take medications in hopes of eliminating bad feelings?
2. Is he willing to stop the medications and have bad feelings?
3. Is he willing to consider a 3rd way?
4. Is he willing to address the source of **and** his response to bad feelings?
5. Is he willing to evaluate his thinking and wanting?

IV. Have the counselee list his pressures and his response to them (so-called *stressors*)

A. Determine how he has responded to life (God's providence) in general, and to specific "I don't like" situations – so-called "storms" and pressures.

1. Have him list as specifically as possible pressures, tough times, trouble, or struggles.
2. Ask him what makes them problems.
3. Functionally, he may not be aware, deny, resist, or reject the fact that these have come from God's providential activity in his life intended for his good (Romans 8:28-29)
4. You are looking for patterns of response in terms of thinking, wanting, and doing as well as an individual response in any given moment.

B. Require – push for - specific answers regarding his thinking, desires, and actions.

C. Ask him how something:

1. Outside of him (pressure) caused him to respond as he did?
2. Inside of him (his alleged body problem) caused him to feel as he did?

V. An important question: what has he left out in telling his story?

A. Invariably, it is a proper vertical reference to life and God that controls thinking, wanting, and acting.

B. Based on his relationship with Christ, the issue is not relief, but it is using bad feelings and the situation to become more like Christ – does he acknowledge and agree with that truth?

C. Unless an accurate, proper vertical reference to life via Romans 8:28-29/2 Corinthians 5:9 is in place, when he stops the medications, there will be:

1. No victory but misery in some form
2. He won't successfully stop medications which serve as a "crutch."
3. When the bad feelings return and he has no biblical truth in place to respond:
 - a. He will react sensually (interprets his circumstances through the physical senses and the grid of faith divorced from biblical principles) and not suprasensually (his grid is saving faith and biblical principles).
 - b. He will return to his pre-med state and the cause of Christ will be damaged, and he will grow weary.

D. In order to help him come off and stay off medications, what must be in place?

1. Biblically-controlled thinking and wanting:
 - a. Biblical principles applied willfully, cognitively, and regularly and consistently – 24/7.
 - b. His response to "pressures," both pre-medication and post-medication, based on the fact that God is in the problem and up to something good.
2. Commitment to the truth that changed thinking and wanting doesn't guarantee good feelings but pleases God.
3. Changed thinking and wanting are God's instrument to help him get victory in his situation, which is God's providence.
4. Changed thinking and wanting is the only way to have a satisfied, contented, and simplified life.

VI. The counselor is to forget/ignore the "diagnostic" label and focus on behavior and feelings by moving to thoughts, desires, and motivations using the Bible as your guide.

A. In regard to bad feelings, you want to determine:

1. What triggers them? What are his *stressors* that stimulate (not cause) bad feelings?
2. How does he respond to the triggers?
3. How does he respond to the bad feelings themselves?
4. His idea of victim-hood: how can something outside of him determine his response?

B. Help him to reconsider his conclusion that the triggers and the bad feelings are the cause of his responses

1. They are the context of and the influence for his response.
2. They are not causative.

C. What does he think about God, His word, the cross, and what he is "in Christ?"

1. Where do biblical principles fit in terms of his response in his situation?
2. What biblical truth is he using to respond to trouble and what has been the result?

VII. In determining the potential results of taking meds away, discuss:

- A. His goal: is it the absence of bad feelings with medications or pleasing God via the application of biblical truth?
- B. The reality of 2 C 4:16-18 - bad feelings are part of life.
- C. The reality of choice in terms of his goal, his method, and consequences:
 1. Goal: pleasing God or self
 2. Method: using biblical truth or relying on medication
 3. Consequence: satisfaction and contentment or short term feelings
- D. God's goal: it is taking **or** not taking *medications* rather than pleasing God by using biblical principles to respond to God's providence in his life?

VIII. Help him determine the proper goal: feeling better or pleasing God: 2 Corinthians 5:9

A. Specifically:

1. What biblical truths replace the reasons for the use of the medications?
2. What were the medications attempting to "fix"?
3. What thinking and wanting need to be replaced by biblically-direct thinking and wanting?

B. If he wants to use biblical truth, help him determine:

1. The "why" – what is his motivation for doing so?
2. What is he trying to accomplish?
3. Which biblical truth is he applying and in what ways?
4. What are the results?

C. Is his goal to feel better by changing the pressure, the other person, or self?

D. Is his goal simply to get off medications?

E. God has answers for all of life for all of God's people including him.

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jimhalla@yahoo.com