

Solution-focused lay pastoral care

Lay counseling ministries are designed to address the pastoral care needs of members within local congregations. This article reports on one congregation's effort to equip lay caregivers in the techniques of solution-focused conversation. A focus group interview of lay caregivers serving in the pastoral care ministry of the church used open-ended questions to learn what the caregivers found to be the most important and influential aspects of their training in the solution-focused model for their ministries. Responses to an additional question regarding how the overall ethos of the congregation supports their ministry also are summarized.

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reatises on the history of pastoral care reveal that different assumptions and models often develop in response to the greater transitions of human need within the culture. Gerkin (1997) notes that "different emphases in pastoral care have emerged in

response to the changing scenes of human experience over the long reaches of time" (p. 21). Sunderland and Shelp (2003) propose that one of these shifts occurred as the field of pastoral counseling "underwent a radical change in the last quarter of the twentieth century" (p. 10) as "pastoral ministry passed from being an exclusive function of the clergy to acknowledgment as one of the obligations of the congregation" (p. 11). Gerkin (1997) supports this perspective, observing that after World War II pastoral caregivers began to "turn away from the heavy influence of individual psychology and psychopathology ... toward a renewed concern for and interest in the care of the community of Christians" (p. 73). Sunderland and Shelp (2003) add that, "By the last decade of the century, the old mold had been broken, and calling and training laypeople for their congregation's pastoral ministry became

customary as lay pastoral care training programs spread nationally" (p. 11).

This emphasis spawned a number of approaches intending to promote the ministry of lay members as givers of pastoral care, including the works of: Tan, 1991; Bogban & Bogban, 1979; Collins, 1976, 1988; Crabb, 1975; Haugk, 1984; Shelp & Sunderland, 2000, and others. Although this list is not exhaustive, Tan (1997) summarizes that most models of training for paraprofessionals in basic counseling and helping skills usually include "listening and empathy skills as well as referral skills but can also be broadened to include some cognitive-behavioral, marital and family, or systemic counseling methods" (p. 369).

This article proposes that the techniques of solution-focused counseling offer a timely and appropriate methodology for lay Christian counselors serving in contemporary congregations. Even though there is a growing body of literature encouraging the use of solution-focused principles in the practice of pastoral counseling, and there is a growing body of literature in the use of lay Christian counselors, this review found no examples of lay Christian counselors being trained to use a solution-focused approach.

The origins of solution-focused counseling can be traced to the practice of Steve de Shazer, Insoo Kim Berg, and colleagues at the Brief Family Therapy Center in Milwaukee, WI. Their longheld belief that "holistically observing and reflecting on the actual process in which they work with their clients will teach them more about how to be effective than will traditional scientific research" (DeJong & Berg, 2002, p. 11) generated this alternate approach that has been developing since the mid-1980s. Solution-focused counseling is rooted in the assumption that counselees are the experts on their own lives, and that honoring their unique perspective can be a most effective way of helping them find solutions to their problems.

This model recognizes that in the midst of perplexing problems people often develop a "tunnel vision" view of the issue in which they redouble their efforts at methods that are not working simply because they do not know what else to do. In a solution-focused approach, the counselor attempts first to understand the problem, from the perspective of the counselee, and also the solutions he or she has tried. Rather than offering expert diagnosis or advice, the counselor attempts to help the counselee discover a view of what life will be like when the problem is less severe or no longer exists. In this "different view" of a future without the problem, conversation focuses on the counselee's understanding of the strengths, experiences, and resources he or she has available to begin moving toward that different view.

The proposal in this article to equip lay caregivers in the use of this model asserts that the assumptions of solution-focused counseling obviate the paternalistic biases of modern psychology. Further, it allows for a postmodern, collaborative approach to helping others that is particularly well suited to the practice of lay Christian counseling and to the ecclesiologic fulfillment of the call to "bear one another's burdens" (Galatians 6:2). One of the early voices in the lay counseling movement, author Larry Crabb, seems to support this perspective, stating that "the lay counseling movement has not challenged the basic thing I'm challenging, which is the expert-elder distinction. I think they still operate under the assumption that people need a specialist - an expert with certified training who has more than biblical wisdom, personal godliness and deep compassion" (1975, p. 17).

Stone (2001) lends support to this schema in his discussion of a content analysis of works by major authors in the field of pastoral counseling throughout the last five decades. In summary, Stone concludes that this body of literature "shows a significant long-term therapy bias" (p. 184), that it treats "congregational ministry with superficiality and silence" (p. 184), that the "heavy reliance of an entire field on the thinking of one person – Carl Rogers – is astonishing" (p. 185), that the counseling process "is very individualized and as a result becomes cut off from the community, the fellowship of believers" (p. 187), and that the pastoral counseling field is "developmentally stuck" in a "therapeutic model of an earlier era" (p. 187).

In contrast, Stone (2001) argues that the techniques available in the solution-focused approach offer pastors the "best way to help our parishioners through their difficulties so that they can regain hope and be faithful to God's call" (p. 196). Given this support for the implementation of solutionfocused techniques in pastoral counseling, it seems reasonable to apply this model to the practice of lay pastoral counseling as well. Sharp (1999) supports this proposition, noting that the solution-focused approach is a "viable alternative for ministers, lay caregivers, and pastoral counseling specialists" and that it "meets the unique challenges of the local congregation, including time constraints, while providing a highly effective counseling approach" (p. 73).

A SOLUTION-FOCUSED LAY COUNSELING MINISTRY

In January 2000, a congregation of approximately 1,500 members located in a rapidly growing community in the Northwestern United States initiated a lay pastoral care ministry. They contacted this author to provide training for the caregivers. Ten individuals deemed by the leadership of the congregation to be mature, spiritually sound, and gifted for a ministry of pastoral care were invited to participate in a week-long training process in which the curriculum reported on in this article was introduced. In 2003, a second group of individuals received the same training. Both groups continue to be supervised and to receive continuing education in the practice of solution-focused conversation.

Individuals, couples, and families from the congregation and the community who have expressed a need for pastoral counsel to the church's Pastoral Ministry staff are referred to the lay care ministry. The model of lay care in this church follows closely the "informal, organized model" delineated by Tan (1991) in which the "lay counselors are given systematic training in helping skills and receive regular, ongoing, and relatively close supervision" (p. 84). The unique aspect of lay care in this church is that its lay counselors are taught the solution-focused approached in their systematic training.

To clarify the emphasis on pastoral care in this ministry, as opposed to professionalized counseling, the lay caregivers are referred to as Paracletes, from the Greek word meaning to "come alongside." The following description portrays how the Paraclete ministry is promoted to the congregation: "The Paraclete Ministry is comprised of mature Christians who have the biblical knowledge and wisdom to effectively minister to the spiritual needs of others. ... The Paracletes go through nearly fifty hours of intensive classroom training over several months, along with regular follow-up study and reading assignments. Paracletes are not licensed counselors, but can direct individuals, couples and families to licensed counselors who hold fast to their Christian faith."

Training curriculum

It should be noted that the solution-focused model also guides the approach taken in the 50-hour training program. In other words, the training honors the trainee's unique experience and involves collaborative work to find solutions. In debriefing role plays and other exercises, the conversation focuses on sharpening the trainees' awareness of what they do well, complimenting strengths, and identifying and working on problem areas. Works consulted for training include *Interviewing for Solutions* (DeJong & Berg, 2002); *Competency Based Counseling* (Thomas & Cockburn, 1998); *Invitation to Possibility Land* (Bertolino & O'Hanlon, 1999); and *Solution-focused Pastoral Counseling* (Kollar, 1997).

In summer 2006, five randomly chosen individuals who had received the Paraclete training were invited to participate in a three-hour focus group interview to reflect on their experience with this ministry approach. This interview sought to understand what the Paraclete ministers found to be the most important and influential aspects of their training. Four interview questions were adapted from a qualitative interview guide analyzing client and therapist perceptions developed by Metcalf, Thomas, Duncan, Miller, & Hubble (Handbook of Solution-Focused Brief Therapy, 1996). A fifth question was formulated during the interview in response to recurring comments from the participants regarding the unique ethos that has developed in the congregation as a result of how the church leaders posture themselves in the lives of hurting people. The suitability of this question as a part of this interview is demonstrated by the response that it received. The five open-ended questions were:

• As a Paraclete minister, what exactly is it that you do, from your point of view?

• As a Paraclete minister, what do you see as your role when you meet with people?

• What has helped you the most in carrying out this ministry?

• What are some of the difficulties/challenges you have had?

• How does the overall ethos/climate of this church impact your ministry?

A final summary question asked the interviewees if there was anything else important that they wished to discuss.

Results

Data from this interview are reported in summaries of key statements that the focus group participants made in response to the open-ended questioning. Because these questions sought to understand how the interviewees are applying the training they have received in their ministry, their responses are matched with an overview of the spe-

cific content of the training curriculum that they reference. This presentation will give a summary of the interview and an overview of the solution-focused training curriculum.

The first interview question was: "As a Paraclete minister, what exactly is it that you do, from your point of view?" The group response centered on the solution-focused idea of expertise. One interviewee reported that because of the

training, "I don't have any anxiety about being inept at this task; it is not our job to fix the problem." Another added that, "a short-term counseling setup like this requires that I practice active listening. I want to hear their perspective and help them think through problems and solutions in an orderly way." A third respondent stressed that, "Paracletes are interviewed and handpicked. The irony is that we are often people who would be the most likely to tell other people what to do. That has made it easier to buy into this model. I don't have to be a detective, solving the person's problem." A fourth respondent stated that, "it has been a huge amount of relief to not have to give answers."

These perspectives on expertise, which were shared by all of the interview participants, are a major emphasis in the Paraclete training. Referred to as a "not-knowing position" by Anderson and Goolishian (1992), this perspective stresses "a general attitude or stance in which the therapist's actions communicate an abundant, genuine curiosity" (p. 29). This perspective is predicated on the belief that the individual or family knows more about their lives than the counselor, and is in contrast to a medical model of therapy where the professional is the expert. Freedman and Combs (1996) explain that the counselor's "knowledge is of the process of therapy, not the content and meaning of people's

lives" (p. 44).

With this basic assumption in mind, the first session of the Paraclete Ministry training begins with the reading of a passage of scripture from Isaiah 9:2-6:

²The people who walked in darkness have seen a great light; those who lived in a land of deep darkness - on them light has shined. ³You have multiplied the nation, you have increased its joy; they rejoice before you as with joy at the harvest, as people exult when dividing plunder. ⁴For the yoke of their

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burden, and the bar across their shoulders, the rod of their oppressor, you have broken as on the day of Midian. ⁵For all the boots of the tramping warriors and all the garments rolled in blood shall be burned as fuel for the fire. ⁶For a child has been born for us, a son given to us; authority rests upon his shoulder; and he is named Wonderful Counselor, Mighty God, Everlasting Father, Prince of Peace (New Revised Standard).

The reading of this text is followed by an assurance to the Paraclete trainees that they are not expected to become a "Wonderful Counselor," i.e., that position is already occupied. Rather, our vocation as caring Christians is to participate in conversations with the people in our care that bring



them into the presence of the "Wonderful Counselor." There is regularly a deep sigh of relief at this point from a somewhat anxious group of trainees in which members often feel intimidated by the ministry to which they have been called.

The content of the initial training session then turns to the importance of active listening skills. The emphasis in this session encourages participants to practice what O'Hanlon (Bertolino & O'Hanlon, 1999) describes as "pure attention" (p. 19). O'Hanlon stresses that when listening to another person, "if you're over there in your head thinking, 'I've got to come up with something clever" (p. 19), then you may miss something

important that the client is attempting to express. This is often a revolutionary and paradigmatic shift for the trainees who, particularly because they have been identified as gifted for this ministry of care, have assumed that their job description must entail the imparting of great wisdom and spiritual advice. In contrast, they learn that honoring the perspectives and strengths of another is often more empowering than offering expert solutions.

Participants experience the value of this approach in an active listening exercise in which they are divided into groups of three – a speaker, listener, and observer.

The listener is encouraged to concentrate on "listening for understanding" (Freedman & Combs, 1996, p. 44) and to attend to his or her own "internal conversation" (p. 45) as the speaker discusses any topic he or she chooses. Rather than rummaging through one's mind for a clever response as the other is talking, trainees are coached to concentrate their listening on what it feels like to be this person in this situation, asking themselves, "What more do I need to know in order to step into this person's shoes?" (p. 45).

After several rounds of this exercise, in which each member occupies each of the roles, discussion follows. Trainees are encouraged particularly to notice what they and their partners did well in listening to one another. Rather than offering a lecture on the characteristics of good listening, which

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is an incongruous way of teaching those skills, this exercise allows participants themselves to identify the important ingredients of eye contact, attentive body language, the use of silence, and the like.

One of the common pitfalls for trainees in learning to attend to their own internal conversation is that they become distracted by wondering whether or not they are listening. This often creates an internal dialogue centered on how well they are listening, rather than genuine concentration on what the speaker is saying. In processing this aspect of the exercise, trainees are encouraged to reflect on how they manage to quiet their own internal conversation, what they tell themselves that helps maintain

> their focus, and how they manage to regain concentration when they are distracted.

This focus on the identification and practice of good listening skills is foundational to the training of lay counselors. It is often stressed to the trainees that if they do nothing but improve their listening skills, their training time will have been well spent.

The second interview question was, "As a Paraclete minister what do you see as your role when you meet with people?" The discussion in response to this question revealed that the Paracletes' perceptions of their role is understood not in terms of a position that they

hold, but rather in the context of a particular kind of relationship with the people in their care. They describe their role as "helping people see that there is a solution within them," "to encourage and validate them," and to "let them have some hope." One interviewee commented that, "I do what I would do for a friend, our work is not sterile – rather it is characterized by caring and warmth. That takes some of the pressure off. I always feel very inadequate, and I am amazed that this model of counseling works. Even when I personally can't see any hope for them, the solution-oriented questions help them to find some." Another emphasized, "We get big major stuff, so it doesn't take much sometimes to instill a little hope."

Several members of the interview group added to this discussion by noting that their care extends

beyond the actual session with the counselee. They reported that they stay in touch with their counselees, calling just to say, "Hey, is everything going well?" One specific practice that several individuals have crafted is to "nonchalantly touch base" with their counselee. Taking care to protect the confidentiality of the counselee, when they pass them in the church foyer they may simply motion for a "thumbs up or down" hand signal to report on how things are going. It is heartening that in the understanding of their role in this ministry, these individuals give primacy to the relational aspect of their task. It is assumed that this awareness is an innate quality for these gifted people.

An aspect of the Paraclete training that seeks to support this perspective is the presentation of research by Miller, Hubble, and Duncan (1995), which reports "four common factors that underlie the effectiveness of therapy" (p. 56). The four factors include: (1) therapeutic technique; (2) the influence of expectancy and the placebo effect; (3) the nature of the therapeutic relationship; and (4) client factors.

In the training session presenting this research, each of the four factors is applied to the Paraclete ministry. Regarding "therapeutic technique," Miller, Hubble, and Duncan (1995) report that when "objective judges listen to tapes of therapy, the nontechnical aspects are the things that correlate with outcome more than any technical intervention" (p. 56). In light of this finding, the Paracletes are encouraged to develop their own personal style of building rapport and offering pastoral care. The training emphasizes that even though learning useful techniques can be helpful, it will be from the non-technical aspects of their ministry that counselees will benefit most. Training at this point also seeks to help Paracletes become more aware of their own unresolved personal issues and how those may impact their counseling. They are encouraged to find ways of working on their own personal growth so that they can be truly available to those in their care. This aspect of the Paraclete training is also a major theme in their ongoing supervision as they process and evaluate their ministry with their supervisor.

Next, "the influence of expectancy and the placebo effect" is addressed. Miller, Hubble, and Duncan (1995) explain this factor as "the increased hope and positive expectation for change that clients experience simply from making their way into treatment" (p. 56). The authors emphasize that "the creation of such hope is greatly influenced by the therapist's attitude toward the client during the opening moments of therapy" (p. 56). The influence of "expectancy" is stressed to the Paraclete trainees even as they are encouraged to realize that when a person seeks help from the church with life's difficulties, they also are turning to God for help. As a representative of God, the Paraclete is encouraged to capitalize on the expectations that people who seek them out for help bring to the relationship. For example, the Paracletes learn to open their sessions, when it is appropriate, with a question focusing on how things have improved since they first made the appointment.

The third ingredient, "the nature of the therapeutic relationship" (Miller, Hubble, & Duncan, 1995, p. 56) refers to the strong alliances that "are formed when clients perceive the therapist as warm, trustworthy, non-judgmental, and empathic." This element of the Paraclete ministry is evidenced in the interviewees' perceptions of how they extend themselves to those in their care. Specifically, the respondents revealed an emphasis on friendliness and empathy. There appears to be a profound level of rapport and trust between the Paracletes and their counselees. In the training and supervision sessions, the elements of non-traditional care are encouraged as they work to foster ways to connect with people more effectively.

The final element, "client factors," is described as "the quality of a client's participation in treatment, his or her perceptions of the therapist and what the therapist is doing, determine whether any treatment will work" (Miller, Hubble, & Duncan, 1995, pp. 56-57). The principles of solution-focused counseling fit well with this finding. In the training session, one of the most groundbreaking group exercises comes from a role-play found in DeJong and Berg (2002, pp. 1-3, 13-16). These authors provide the transcripts of two conversations in which two counselors interact with a character named Rosie. In the first transcript, the counselor clearly has an agenda for the solutions that Rosie needs to try. These efforts result in Rosie's apparent non-compliance and seeming lack of motivation. In the second transcript, the counselor uses a solution-focused model that results in a completely different conversation. In the Paraclete training, these two transcripts are read and discussed as participants list and debrief the assumptions that each counselor had about how to be helpful to Rosie. As an introductory exercise in the Paraclete training, these role-plays have served the process particularly well because they clearly demonstrate the inherent value of honoring the reality of the client, of workeven absent. As stated by Thomas and Cockburn (1998), "Change is often easier both to conceptualize and to achieve when it is removed from the all/nothing dichotomy" (p. 68). An important assumption in this regard is that "every complaint description includes some sort of exception ... nothing happens 100 percent of the time" (p. 49).

ing to elicit the client's own solutions, and of helping to shape the client's perceptions of what the therapist is doing.

The third focus group interview question asked, "What has helped you the most in carrying out



The Paracletes are encouraged to think about how people who are overwhelmed with a problem in their lives often fall into this all/nothing dichotomy; however, when they are introduced to

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this ministry?" Feedback from the interviewees for this question emphasized the importance of the Paracletes' own prayers asking God to help them as they prepared for a session. Additionally, respondents stressed that the act of using the solution-focused model itself helped them to gain confidence. As one interviewee stated, "I have confidence because of success in using the model in the past, I have tested the model, and, like practicing my golf swing, I know that it works." Another emphasized the importance of role-playing in the practice sessions: "Without practice at doing this, I would lack confidence."

Another emphasis in response to the third interview question was the helpfulness of learning to ask "scaling questions." Four of five participants stressed that this technique was a preferred tool. One informant summarized this perspective stating, "I love the scaling questions because it lets them see that things can be better. Scaling normalizes what they are going through and can give them a steady diet of small choices."

A technique of the solution-focused model, "scaling questions" are useful in helping counselees discover exceptions to their problems such as instances when the problem was less extreme, or the possibility of a difference they may begin to consider a greater range of options. The practice of scaling encourages the Paraclete to use the language and metaphors of their counselee to structure a scale of the individual's perspective on his or her problem. A continuum, often ranging from "0" to "10" is presented in which the counselee is asked to consider "0" as the lowest point of the scale, i.e., the problem is worse than it has ever been. At the other extreme, "10" represents a point of absolute perfection – the "best you could hope for" (Thompson & Cockburn, 1998, p. 69).

Next, the counselee is asked to rate his or her perception of how extreme the problem is on the proposed scale. Training then focuses on using this rating of the problem as a conversational tool from which the Paraclete can structure a variety of exception-finding questions. For example, "You say you are at a '4' on this scale; where will you be on the scale when you are able to say that our work together has been helpful?" "You say that you are at a '4' on this scale; if you saw yourself at a '5' what would be different?" There are any number of questions that can be formulated along this pattern as the quantification of the client's view of their problem helps to make "complex aspects of the client's life more concrete and accessible to both practitioner and the client" (Thompson & Cockburn, 1998, p. 108).

The fourth interview question asked, "What are some of the difficulties/challenges you have had?" One informant reported a difficulty "remembering everything I am supposed to do in a session." Another reported struggling with the tendency of sometimes being "too direct." A primary theme in response to this question centered on the respondents' desire for further training, particularly for more practice in role-playing and in dialoguing about their progress and struggles in applying the solution-focused model. One representative comment on this was, "I need continued training, with more regularity, more sharing of experiences about what works, and simply reviewing and practicing the model." From a training perspective, this discussion was interpreted as a critique that will be

used to improve the quality of the training curriculum. Particular steps will be taken to make the training more interactive. Although effort has been made to avoid lecturing, this analysis calls for a more concerted attempt to find additional creative instructional approaches that will help the Paraclete ministers to more truly "own" the model of solution-focused counseling, rather than just "hear" it presented.

In the process of seeking to understand the perspectives of the Paraclete ministers regarding their experience with this ministry, an additional question was

formulated based on a recurring topic in the participants' comments. Frequent references were made to the atmosphere of the congregation that made the Paraclete Ministry possible. To learn more about this aspect, we asked, "How does the overall atmosphere of this church impact your ministry?" The primary theme in response to this question centered on the Paracletes' perceptions of the ministerial staff; as one respondent explained, "They are comfortable with people seeing their flaws." Another respondent noted that this "sets the tone for those of us who know we are not perfect. Just as an example, I've heard our ministers talk about how they struggle with their temper. To me, it is unique

There is freedom to make a mistake in this church and you won't be judged. ... you have to have a culture that accepts that.

and refreshing for a leader to be that open about their own struggles." Another interviewee added, "This church has lost people who say, 'I won't go there - they have divorced people and alcoholics in their church." A third respondent pointed out that, "There is freedom to make a mistake in this church and you won't be judged. For the people that we work with it is like they are standing there in their underwear. I've seen it all - affairs, pornography - and you have to have a culture that accepts that. Our senior minister is willing to lose people to be real." Another added that, "I was raised in the church, I was there all my life, and this church maintains the feeling of being a big family where there is real care; our ministry is a small part of that." These perspectives that the atmosphere of the congregation is open to the real struggles in peoples' lives were presented anecdotally, and thus

> call for more rigorous investigation regarding these particular dynamics. It is clear from these comments, though, that the leaders of this congregation have an integral role in the success of this lay pastoral care ministry.

RECOMMENDATIONS FOR FURTHER STUDY

This article has reported a preliminary investigation into the application of solution-focused counseling models as an appropriate methodology for lay pastoral caregiving. Tan (1990) observes that even though there has been some research evaluating the ef-

fectiveness of lay Christian counselor training, "much less research has been conducted on the effectiveness of lay Christian counseling" (p. 63). To begin addressing this need, a comparative study between how the caregivers see themselves offering this service and how those in their care perceive that service is called for, as this study has only considered one side of the perspective.

There is a growing body of literature reporting evaluations of the effectiveness of solutionfocused therapy (Metcalf, Thomas, Duncan, Miller, & Hubble, 1996). It is important that lay caregiving ministries that use solution-focused principles receive the same kind of rigorous investigation regarding their effectiveness. Detailed analysis of actual lay counseling sessions also will be profitable. The particular nuances, strategies, and communication styles of the lay counselor can be examined for therapeutic effectiveness as well.

As was observed in the evaluation of the focus group interview of this investigation, the ethos of the particular congregation offering a ministry of lay pastoral care may be indispensable to its effectiveness. Research focusing on the influence and perspectives of congregational leadership in lay pastoral caregiving may be an important contribution to the growing body of literature in the field of congregational studies.

CONCLUSION

This article has reported on the efforts of one congregation to introduce a pastoral care ministry provided by lay members trained in the use of solution-focused counseling. A focus group interview of five individuals who are trained to offer this type of care was conducted to better understand how their training impacts their ministry. The participants in this group reported that the solution-focused model has equipped them to offer care that introduces hope into the lives of the troubled individuals to whom they minister. The training they have received has relieved them of the expectation that they must be experts and allows them to develop the relational aspects of their ministry of constructing helpful conversations.

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