



*St. Athanasius Theological Seminary*

*A Program Under the Coptic Orthodox Diocese of the Southern United States*



**Pastoral Theology II - (Counseling)**  
**May 2017**

# **Family in Crisis**

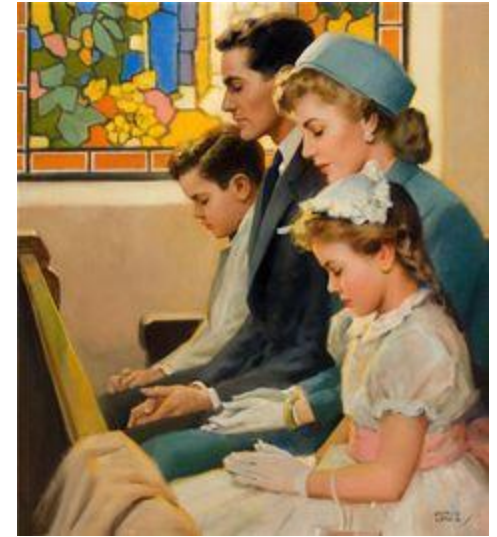
## **Illness, Emergencies, Divorce**

**Samuel Fam, MD**

# **Biblical/Christian Model**

- **Solid marriage relationship – MAN + WOMAN (Mark 10:5; Genesis 1:27, 28; 2:23, 24 )**
- **Godly parents – role model for children**
- **Purity and faithfulness**
- **Obedient children**
- **Parents are firm but gentle, self-giving**
- **Praying together**
- **Teaching God's word at home regularly (family altar)**
- **Handling crises with wisdom**
- **Seeking guidance of spiritual leader (father)**

# Declining Values: The “All-American Family”



# **Family Foundation in Peril**

- **Cohabitation without marriage**
- **Increasing divorce rates, despite resources (books, counseling, seminars, classes, etc).**
- **Increasing domestic violence**
- **Remarriage – often repetitive**
- **Absence of father (or mother)**
- **Loss or role model**
- **“New” definitions of marriage**

# Broadening Concepts

- **Foster homes/state custody**
- **Group homes**
- **Children of LGBT “marriages”**
- **Stepchildren/parents – a very common ‘norm’**
- **“Common law marriages”**
- **Single parents**
- **Absent generations (children with grandparents or great grandparents)**

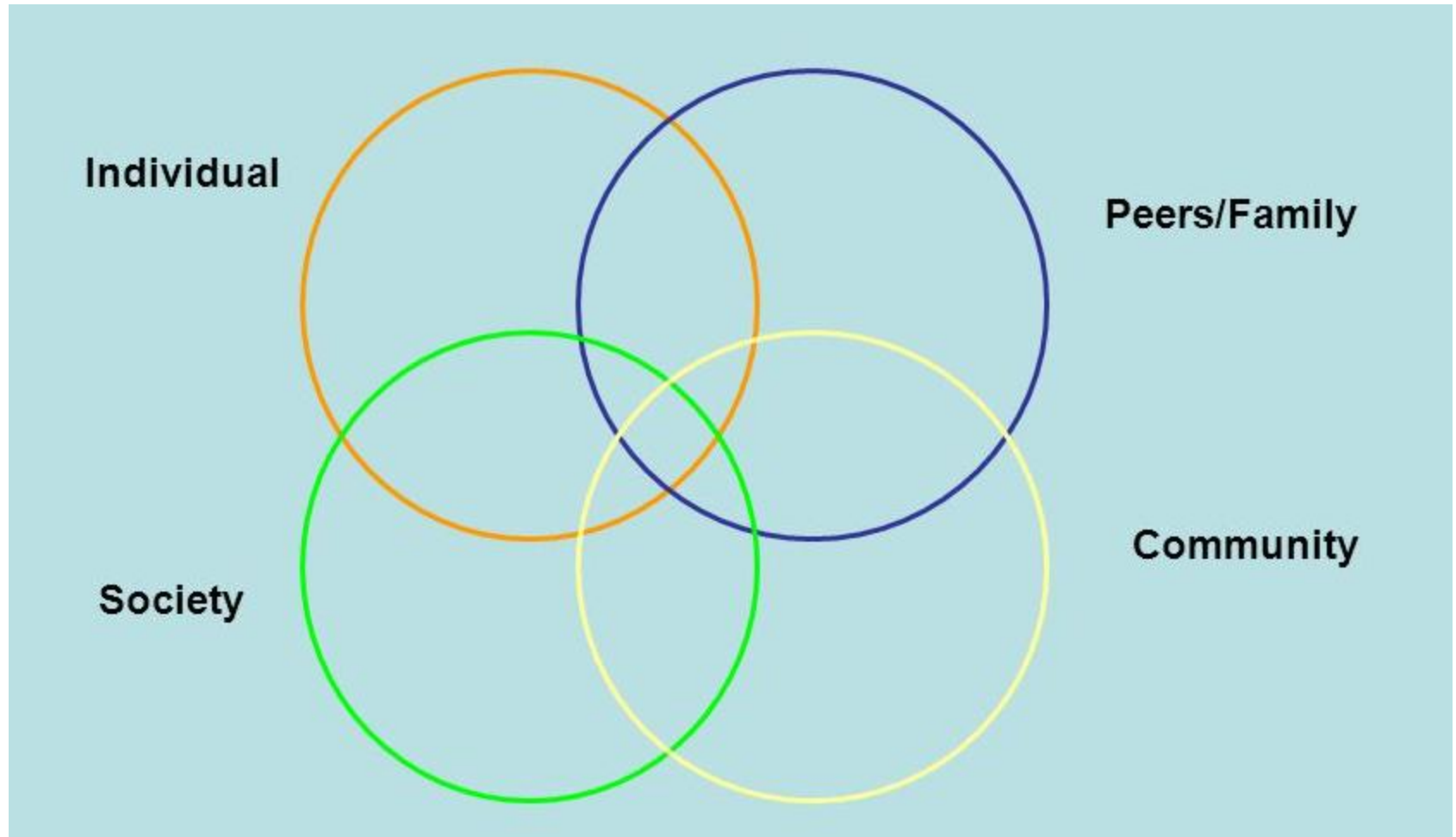
# **Common Family Problems - General**

- **Marital troubles – conflicts, infidelity, violence, distance, selfishness, addiction, etc.**
- **Illness of family member: physical, mental, spiritual**
- **Troubled children: conduct, defiance, bullying, tantrums**
- **Troubled teens: relationships, addiction, violence, social media, depression, promiscuity, teenage pregnancy**
- **Financial troubles, debt, loss of job**
- **Legal problems**
- **Loss of parent or child**
- **Interpersonal – e.g. in-laws, family bias, envy, hate, etc.**
- **Denominational/doctrinal differences**
- **Others....**

# **Common Family Problems - Immigrants**

- **Facing new culture, language, customs, societal 'norms' - barriers**
- **Idealizing or attacking new lifestyles**
- **Nostalgia, homesickness**
- **Losing moral foundation**
- **Ignorance of law of the land**
- **Stereotyping (in both directions)**
- **Difficulty with adaptation**
- **Parent-child cultural gap**

# Interplay of Influential Factors





# Ministering to Families

- **Challenging children, parenting**
- **Family unit disruption, & divorce**
- **Dealing with serious illness in family**
- **Examples of emergencies:**
  - **Domestic violence**
  - **Catastrophic loss/death (child, parent, other)**
  - **Suicide & suicidal persons (see Lesson 6)**

# Disorders of Conduct in Children

- **Conduct: the way a person behaves in a particular place or situation**
- **Conduct is highly variable, with a wide spectrum of accepted “normality”. Variations include by age, personality characteristics, adult role models, culture, societal standards, and spiritual standards**
- **“Disordered conduct” (as opposed to “conduct disorder”) does not refer to one specific disorder, but is a manifestation of various disorders.**
- **This discussion is not about treatment, but mainly for familiarity, recognition, and some tips for handling the problem in a church setting**

# Disorders of Conduct in Children

**Disordered conduct and behavior can be seen in:**

- ADHD
- Oppositional Defiant Disorder (ODD)
- Conduct Disorder
- Autism Spectrum Disorder (ASD)
- Adjustment Disorder with Disturbance of Conduct
- Disruptive Mood Dysregulation Disorder
- Separation Anxiety Disorder
- Reactive attachment and disinhibited social engagement
- Mood Disorders (depression, bipolar disorder)
- Anxiety Disorders (panic d/o; social anxiety d/o; etc)
- Trauma-related: e.g. Posttraumatic Stress Disorder

# General Principles

- **Be prepared: get familiar with the individual children in the church. Pray.**
- **Obtain information from other teachers, priest, or family**
- **Keep in mind any safety concerns: e.g. health problems (e.g. asthma, seizures), illness, history of violence, chaotic family background**
- **Watch your own reactions**
- **Consider weaknesses and strengths of children: e.g. learning disabilities, intelligence**

# **Attention Deficit-Hyperactivity Disorder (ADHD)**

- **Very common (7-8% of elementary school children)**
- **It persists into adolescence in about 80% of cases, and into adulthood in about 60% of cases**
- **More common in boys**
- **Often runs in families**
- **Three types:**
  - **ADHD, predominantly hyperactive**
  - **ADHD, predominantly inattentive (some call it ADD – not the official term)**
  - **Combined type: both hyperactive and inattentive**
- **With hyperactivity, aggression or accidental injuries are common**

# ADHD: Features

- **Features of inattention:**
  - Has difficulty staying on task
  - Has difficulty keeping attention on work or play activities at school, work and home
  - Loses things needed for activities at school, work and home
  - Appears not to listen when talking to him directly
  - Doesn't pay close attention to details
  - Seems disorganized, “scatter-brained”
  - Has trouble with tasks that require planning ahead
  - Forgets things
  - Is easily distracted, day dreams

# **ADHD: Features (cont'd)**

- **Features of hyperactivity and impulsivity:**
  - **Fidgety**
  - **Runs or climbs inappropriately**
  - **Can't play quietly**
  - **Blurts out answers, interrupts people**
  - **Can't stay in seat**
  - **Talks too much**
  - **Is always on the go**
  - **Impatient: has trouble waiting his or her turn**

# **ADHD – features in older adolescents and adults**

- **Talkative, loud**
- **Impatient**
- **“goofy”, inappropriate/impulsive (speech or action)**
- **Restless**
- **Changes tasks or topics frequently**
- **Avoids reading or activities that need concentration**
- **Day dreams, frequently distracted**
- **Poor organization**
- **Looses things frequently (“forgets” keys, phone, etc.)**
- **Driving: missing exits, accidents**



# Oppositional Defiant Disorder (ODD)

- Even the best-behaved children can be difficult and challenging at times – this is not ODD
- But if the child or teen has a frequent and persistent pattern of anger, irritability, arguing, defiance or vindictiveness toward you and other authority figures, he or she may have oppositional defiant disorder (ODD).
- ODD is frequent: 5-15% of young children; may continue in teen age.
- Many clinicians consider ODD as not a “mental illness”, but rather an “attitude”

# Oppositional Defiant Disorder (ODD)

**Causes of ODD: no clear *cause*, but *contributing factors* include:**

- **poor parenting/parental marital conflict, divorce, poor temper control (of parents)**
- **lack of supervision, peer influence**
- **inconsistent or harsh discipline**
- **Victimization/bullying**
- **abuse or neglect**

# **Oppositional Defiant Disorder (ODD)**

## **Main features:**

- **Often losing temper**
- **Often arguing with adults**
- **Often actively defying or refusing to comply with adults' requests or rules**
- **Often deliberately annoying people**
- **Often blaming others for his or her mistakes or misbehaviors**
- **Being often touchy or easily annoyed by others**
- **Being often angry and resentful**
- **Being often spiteful or vindictive.**

# Conduct Disorder

- **This is a very serious disorder – not just “bad conduct”, but a vicious pattern often leading to delinquency and crime**
- **This disorder is marked by chronic conflict with parents, teachers, and peers**
- **Very difficult to treat or handle in the home, class or groups (including church)**
- **Usually appears in early or middle childhood**
- **Usually precedes the development of adult Antisocial Personality Disorder (psychopath, criminal, irresponsible, explosive, with no remorse)**

# Conduct Disorder - Features

## Aggression to people and animals:

- Often bullies, threatens, or intimidates others
- Often initiates physical fights
- Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife)
- Has been physically cruel to people
- Has been physically cruel to animals
- Has stolen while confronting a victim (e.g., mugging, purse snatching, physical threat)
- Has forced someone into sexual activity

# Conduct Disorder – Features (cont'd)

## *Destruction of property:*

- Has deliberately engaged in fire setting with the intention of causing serious damage
- Has deliberately destroyed others' property (vandalism)

## *Deceitfulness or theft:*

- Has broken into someone else's house, building, or car
- Often lies to obtain goods or favors or to avoid obligations (i.e., "cons" others)
- Has stolen items of substantial value without confronting a victim (e.g., shoplifting, fraud, forgery)

# Conduct Disorder – Features (cont'd)

## Serious violations of rules:

- Often stays out at night despite parental prohibitions, beginning before age 13 years
- Has run away from home overnight
- Is often truant from school, beginning before age 13 years

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- Management: very difficult – often involves the legal system, “boot camps”, “multimodal”, etc.
  - In church setting: prevention – giving solid spiritual foundation to parents and young kids

# Autism

- **Autism, or Autistic Spectrum Disorder (ASD) is a group of developmental disorders that share certain characteristics**
- **Includes what used to be known as “Asperger Disorder” (a milder form, with preserved language skills)**
- **Increasingly common – both due to better recognition, and actual increase in prevalence**
- **Exact causes not clear (yet), but genetic (not “hereditary”) factors strongly contributory**



# **Autistic Spectrum (Autism)**

- **Autism is a spectrum: it has a very wide range of severity – from extremely mild (barely noticeable) to extremely severe (mute, isolated, infant-like)**
- **Can be extremely disruptive in a group or classroom setting: screaming, sudden reactions or violence, bizarre public behaviors**
- **This a very wide topic – details beyond the scope of this presentation. More information at the Autism Society of America ([autism-society.org](http://autism-society.org))**

# **Autistic Spectrum (Autism)**

- **Many autistic children have additional problems, e.g. seizures, intellectual disabilities (mental retardation)**
- **In most school settings, moderate to severe autism is handled in Special Ed programs**
- **Some autistic features, such as aggression, mood shifts, tantrums, and self injury, can be treated with medication**

# **Autistic Spectrum (Autism) - Features**

## **Social Skills:**

- **Prefers to play alone**
- **Does not share interests with others**
- **Only interacts to achieve a desired goal**
- **Has flat or inappropriate facial expressions**
- **Does not understand personal space boundaries**
- **Avoids or resists physical contact**
- **Is not comforted by others during distress**
- **Has trouble understanding other people's feelings or talking about own feelings**

# **Autistic Spectrum (Autism) - Features**

## **Delayed speech and language skills**

- **Repeats words or phrases over and over (echolalia)**
- **Reverses pronouns (e.g., says "he" instead of "I")**
- **Gives unrelated answers to questions**
- **Does not point or respond to pointing**
- **Uses few or no gestures (e.g., does not wave goodbye)**
- **Talks in a flat, robot-like, or sing-song voice**
- **Does not pretend in play (e.g., does not pretend to "feed" a doll)**
- **Does not understand jokes, sarcasm, or teasing**

# **Autistic Spectrum (Autism) - Features**

## **Unusual Interests and Behaviors:**

- **Lines up toys or other objects instead of using them as intended**
- **Plays with toys the same way every time**
- **Likes parts of objects (e.g., wheels)**
- **Is rigidly “organized”**
- **Gets upset by minor changes**
- **Has obsessive interests (is “fixated” on something, e.g. paper products; space ships)**
- **Has to follow certain routines**
- **Stereotypical movements: flaps hands, rocks body, or spins self in circles**

# **Autistic Spectrum (Autism) - Features**

## **Other common features:**

- **Aggression, hyperactivity, impulsivity (acting without thinking), tantrums**
- **Self injury (biting, head-banging, cutting)**
- **Poor appreciation of danger (e.g. traffic, fire), or fear of harmless objects**
- **High tolerance to pain**
- **Unusual sleeplessness – tolerance to lack of sleep**
- **Unusual diet – sometimes restricted to two or three items. May eat inedible items.**
- **Unusual emotional reaction: e.g. laughing when not expected, or not laughing when expected**

# **Disruptive Mood Dysregulation Disorder**

- **This term is mainly used to avoid labeling children as “bipolar” when they are not**
- **Irritable or angry mood most of the day, nearly every day**
- **Severe temper outbursts (verbal or behavioral), frequently (several times a week), out of proportion with the cause.**
- **Trouble functioning due to irritability in more than one place (e.g., home, school, with peers)**

# **Adjustment Disorder with Disturbance of Conduct**

**The most common stressors:**

- **Family disruption (divorce, death of a parent, new “parent” figure)**
- **Change of school**
- **Relocating to a different place or culture**
- **Removal from a home**
- **Incarceration of a caregiver**

**Behaviors: variable from withdrawal and isolation, to truancy, vandalism, reckless behaviors, and fighting**



# **Other Problems Showing as Unusual Behavior**

- **Mood disorders: depression – usually in children shows as irritability, poor interaction, crying for little or no reason**
- **Anxiety: restlessness, tiredness, “mind going blank”, distraction, poor performance**
- **Separation anxiety: intense and persistent fear, shyness, and social withdrawal when faced with unfamiliar settings and people.**

# Management

## Principles:

- **Treatment is not just in the church – referral to appropriate personnel (doctors, therapists)**
- **In a Sunday School setting: develop strategies to approach challenging behaviors**
- **Autism is often treated with ABA (Applied Behavioral Analysis) and medication**
- **Oppositional Defiant Disorder: the best approach is to train parents**
- **Best parenting is by role model (2 Tim 1:5)**

# Management

## Principles (cont'd):

- **Watch for red flags (e.g. abuse)**
- **Watch your reaction – the child may be “pushing your buttons” (to make you angry)**
- **Don’t take it personally (“he insulted me”)**
- **Empathize: “I know you’re upset...let’s see what we can do”**
- **If still resistant – don’t engage in an argument. Unsuccessful trial is OK. Don’t be discouraged.**
- **Be firm but calm: direct, or if needed – “time out” (supervised)**
- **Move on – don’t get stuck in a situation**
- **Talk to parents**
- **Seek advice in difficult situations. Professional help may be needed.**

# Management

## Principles (cont'd): spiritual aspects:

- **Seek guidance from God and spiritual leaders**
- **Keep in mind that outrageous behaviors can happen even in church (e.g. vandalism, stealing)**
- **Emphasize boundaries – e.g. what is not appropriate, and gently approach parents if needed.**
- **Use examples in teaching: saints – including children, e.g. Abanoub, Keriakos, Wannas**
- **Instill godly conduct – by word and role model**
- **Strongly encourage family altar**

# **Marital Conflicts & Divorce**

***Holiness adorns Your house, O LORD,  
forever (Psalm 93:5)***

**From the Liturgy of the Sacrament of Matrimony**

# General Principles

- Premarital advice is essential – being blinded by feelings is common.
- Involve your priest/father of confession. Heed!
- Using God's word is indispensable: the best handbook
- Many factors are involved – personality, doctrine, denominations, culture, social class, education, etc.
- Marriage is about the joy of giving rather than getting
- Plans, expectations, goals, must be discussed
- Communication, sharing decision, spending time together
- Honesty and transparency before marriage
- The family that prays together stays together

# Conflict Resolution: General

***Guidelines: assist counselee to:***

- **Identify differences (opinion, personality, etc.)**
- **Accept what cannot change, adjust to what can**
- **Don't "sleep" on conflict. Talk.**
- **Identify selfishness: first step in insight (do not look in the "mirror" to justify yourself)**
- **Listen to the other party (James 1:19-20)**
- **Pursue peace & *forgiveness*, not retaliation (Rom 12:18). Love. Sacrifice.**
- **Read and live the true meaning of LOVE (1 Cor 13)**
- **Measure yourself: fruit of the Spirit (Gal 5:22)**
- **Discuss circumstances: finances, safety, motives, etc.**

# Aspects of Family Relationships

- **Note: this is not a course in family therapy. Problems and techniques are complex.**
- **Godly principles are simple and effective**
- **Aspects include:**
  - **Meaning of authority, leadership, and submission in the house**
  - **Parenting styles**
  - **Intimacy and oneness**
  - **Communication**
  - **Facing challenges effectively**
  - **When to stand your ground**
  - **When the unthinkable happens – infidelity, addictions, etc.**



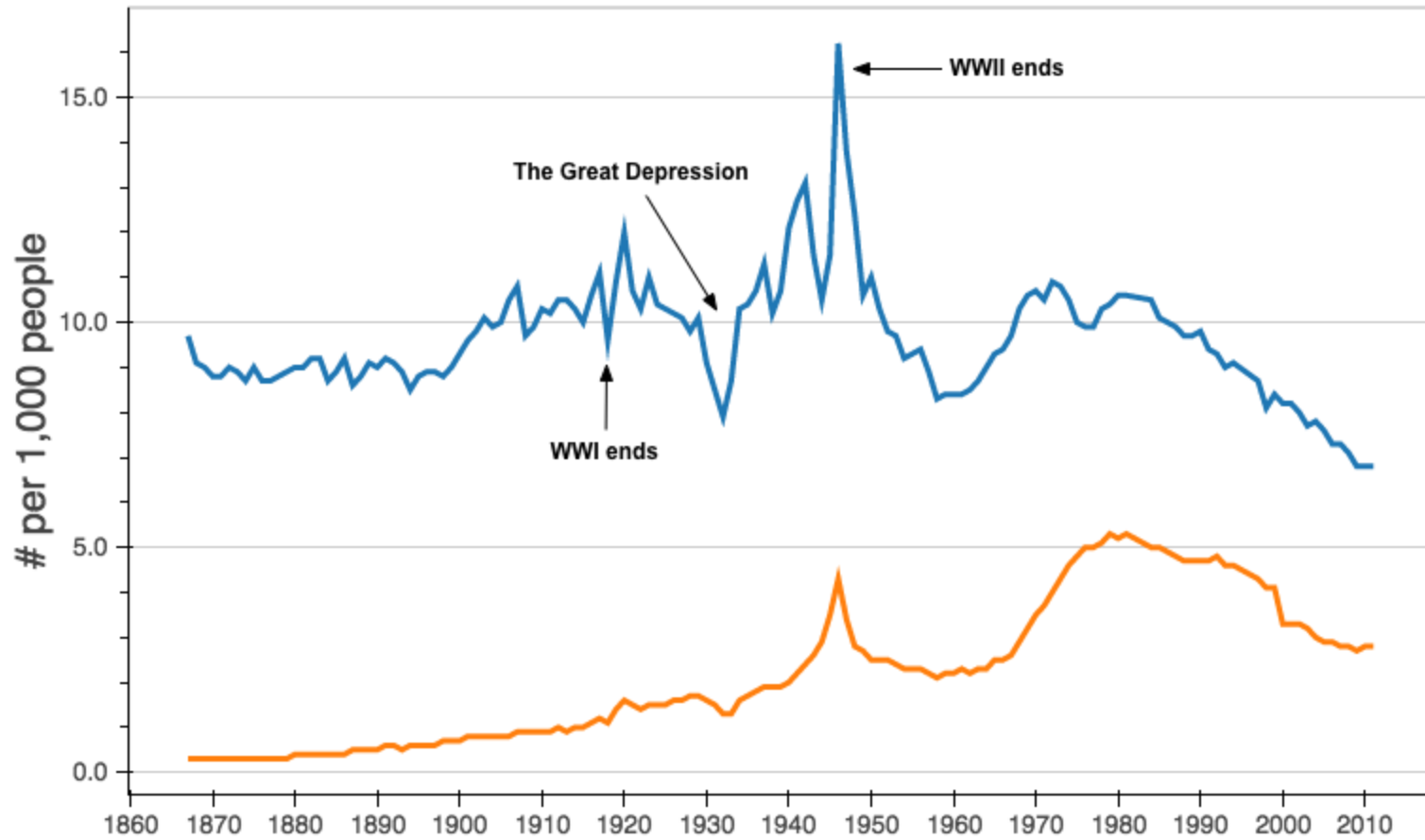
# Marriage: Principle of Authority

- Christ is the Lord of our lives. This is what rules and governs us: *“You call Me Teacher and Lord, and you say well, for so I am”* - John 13:13
- Marriage is holy. Not a topic of ridicule.
- A mind dominated by God's thoughts, nature and ways does not seek to crush
- Authority is given from God, not demanded
- Spiritual leadership by example generates willingness to follow
- Mutual respect is the rule

# Select Topics: Submission – Eph 5

- “Wives, submit” – is biblical – but the Bible is talking to the wife, NOT the husband.
- Submission is honorable - should be appreciated
- Submission is a Christ-like behavior (Phil 2:5-8)
- The commandment to love is a higher call
- Dealing with an unbelieving husband: 1 Peter 3 (exceptions – cases of abuse, risk)
- Submission is not humiliation, coercion, or slavery

## 144 years of marriage and divorce in the U.S.



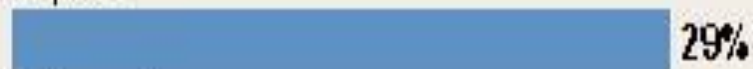
Data source: CDC NCHS  
Author: Randy Olson (@randal\_olson / randalolson.com)

## Divorce Rate (Source: Barna Group)

Non-denominational



Baptist



Episcopal



Pentecostal



Methodist



Presbyterian



Catholic



Lutheran



## Divorce Facts

Servings Per Marriage: **50%**

**Divorces Per:** % Value

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1st Marriages 41%

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2nd Marriages 60%

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3rd Marriages 73%

**Average:**

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Age 30

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Years before remarrying 3

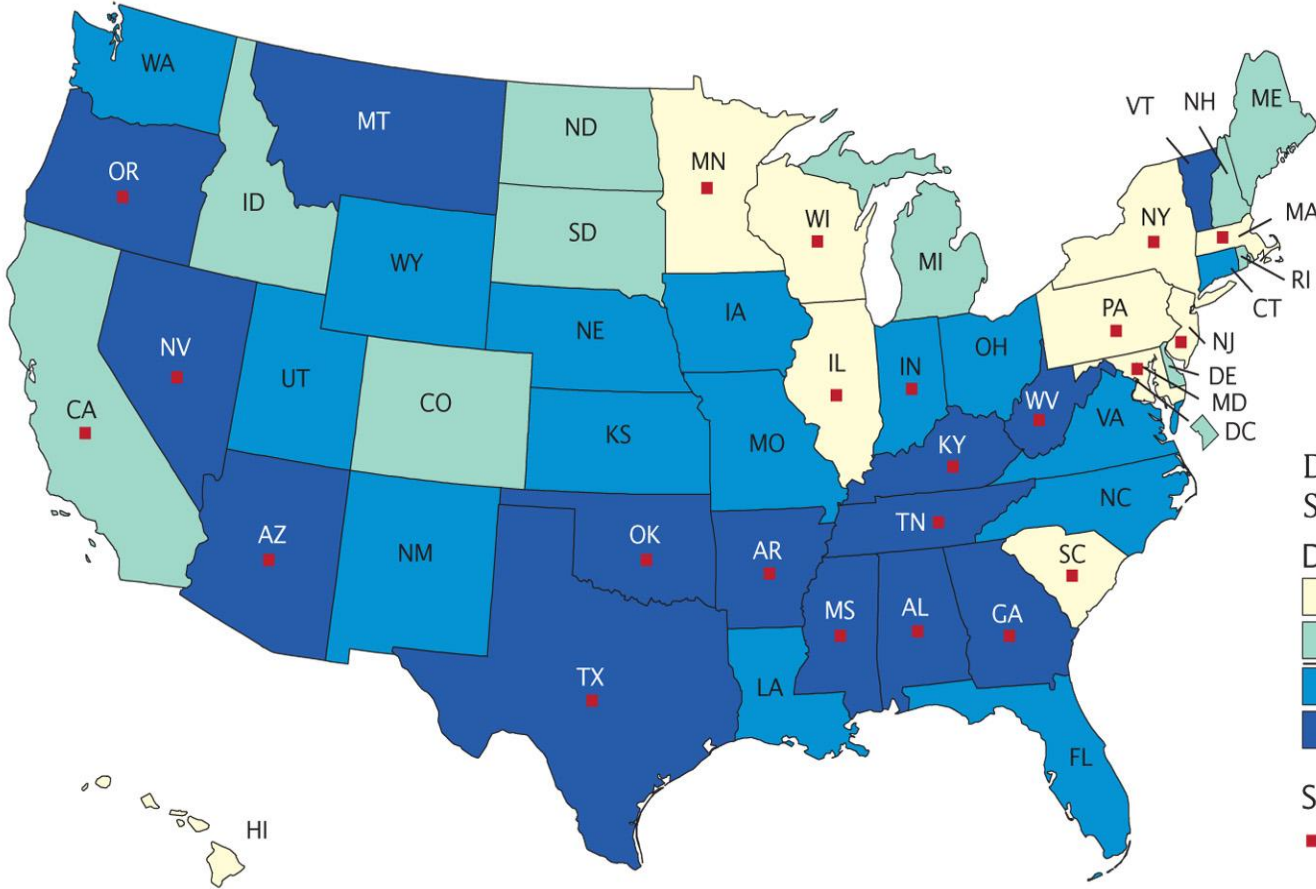
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Divorces per hour 100

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## Divorce Rates for Women by State: 2009

(For information on confidentiality protection, sampling error, nonsampling error, and definitions, see [www.census.gov/acs/www/](http://www.census.gov/acs/www/))



### Divorce Rates and Statistical Significance

#### Divorce rates

6.0–8.2	<i>U.S. average:</i>
8.3–9.7	<i>9.7 divorces</i>
9.8–11.0	<i>per 1,000 women</i>
11.1–16.2	<i>15 and older</i>

#### Statistical significance

■ Different from U.S. average

# **Divorce Rates: Reasons**

- 1. Laws allowing financial benefits, settlements**
- 2. Divorce is more common where marriage is!**
- 3. States allowing “no fault divorce” – first in California, last two states were North Dakota and New York**
- 4. Not necessarily connected to religion or morality: Massachusetts has a low divorce rate, but was the first to approve gay “marriage”**
- 5. Other conditions: rules and laws regarding child custody, ulterior motives in staying married, etc.**

# Divorce - General

- **God hates divorce: *“For the LORD God of Israel says that He hates divorce” (Malachi 2:16)***
- **One condition where it is allowed, not required.**
- **Church may grants divorce in case of change of religion, other exceptional cases**
- **Some cases – annulment, separation**
- **Usually, higher levels are involved (bishop)**

# Children and Divorce

Research has shown that children of divorced parents (especially absent father) compared to those from intact families<sup>1</sup>:

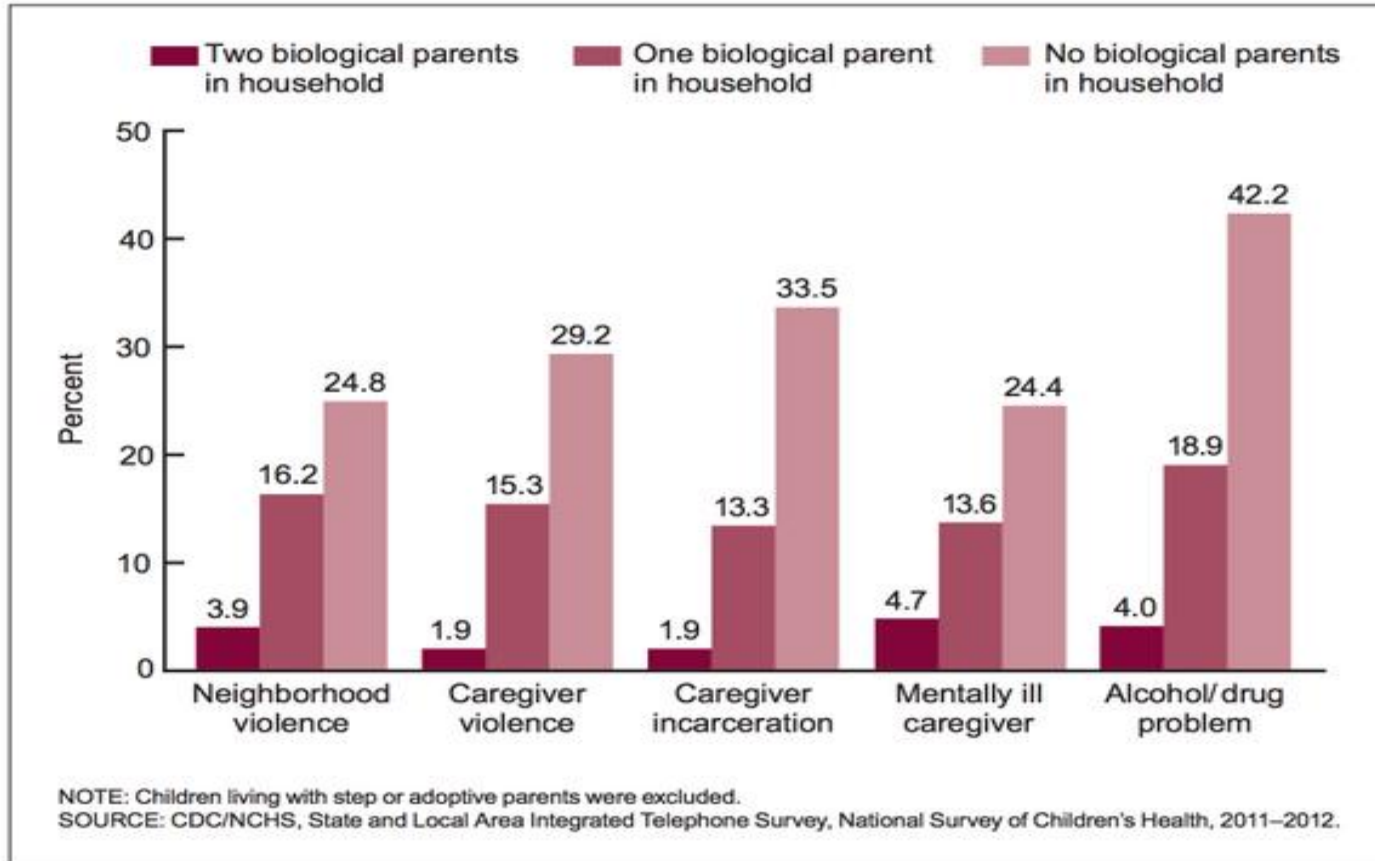
- Are more likely to suffer from antisocial personality disorder, conduct disorder, and ADHD
- Are twice as likely to have a divorce
- Are more likely to be delinquent, engage in premarital sex, and bear children out of wedlock in adolescence and young adulthood
- Function more poorly academically and socially
- Have more emotional problems than with the death of a parent
- Have greater risk of injuries, headaches, and speech defects
- Tend to be more impulsive, irritable, anxious, insecure, and aggressive
- Have higher suicide rates
- Have 20-25% more adjustment problems

*“For the LORD God of Israel says that He hates divorce” (Malachi 2:16)*



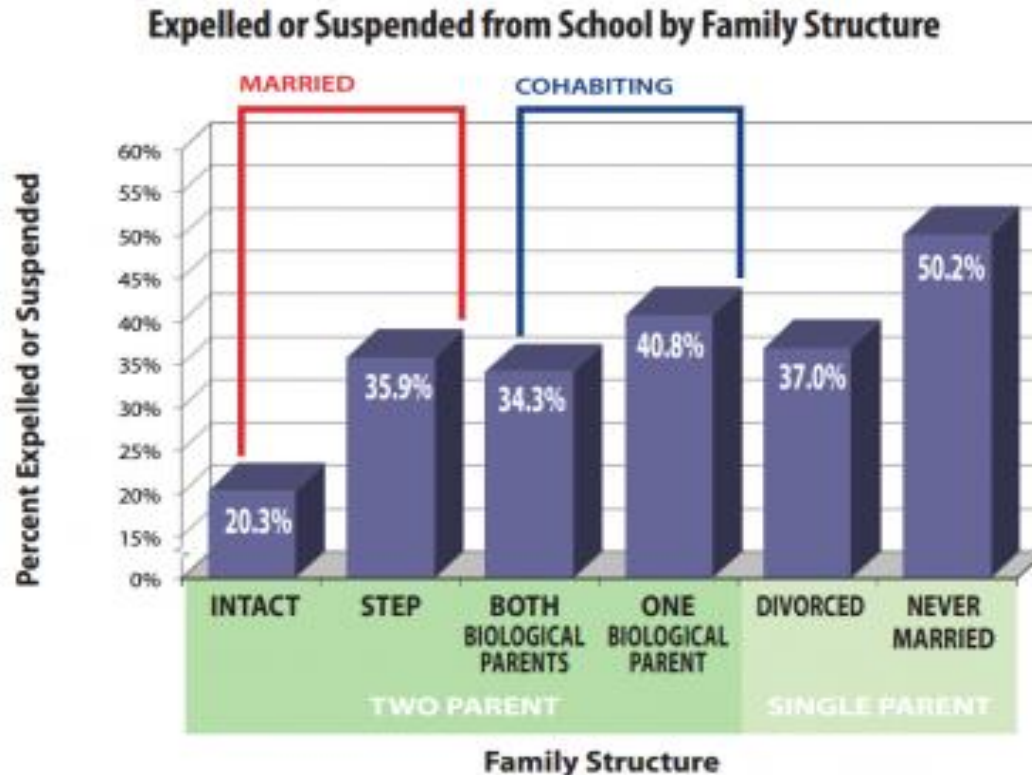
# Effects of Divorce and Remarriage

National Health Statistics Reports ■ Number 74 ■ May 7, 2014



**Figure 1. Percentage of children aged 0-17 years with selected types of adverse family experiences, by number of biological parents living in the household: United States, 2011-2012**

# Effects of Non-Marriage, Remarriage, and Divorce on School Behavior



Source: Adolescent Health Survey, Wave I. Adolescents grade 7-12.

*And I say to you, whoever divorces his wife, except for sexual immorality, and marries another, commits adultery; and whoever marries her who is divorced commits adultery. (Matthew 19:9)*

# Parenting

- **Role modeling is ideal approach: children learn by observation & example**
- **Parents: reconcile your style! Talk in private.**
- **Important parental behaviors to observe: temper, communication, language**
- **Seek to correct yourself – lack of involvement, bias, indifference, isolative behavior**
- **Discipline is biblical (Prov 22:6,15; 23:13-14), abuse is not. Beware of the laws – children often are!**
- **Parenting classes through church are helpful**

## **Domestic Violence/ Intimate Partner Violence (IPV)**

- **Although it may describe various violent relationships, such as child or elder abuse, it is most commonly applied to an intimate relationship between two adults in which one partner uses a pattern of assault and intimidating acts to assert power and control over the other partner.**
- **It is not limited to physical acts of violence, but may include psychological, economic, and sexual abuse as well as attempts to isolate the partner.**
- **Cultural factors (familial, societal) could play a role**

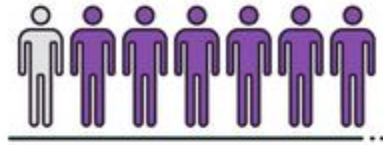
# **IPV - Epidemiology**

- **In 2010, 7 million women and 5.7 million men are reported being assaulted by an intimate partner in the U.S.**
- **The incidence of domestic violence in LGBT relationships is comparable**
- **Lifetime and one-year estimates for intimate partner violence (IPV), sexual violence (SV), and stalking are alarmingly high for adult Americans, with IPV alone affecting more than 12 million people each year**
- **Almost 2 million injuries occur each year as a result of domestic violence, of which approximately one third of patients will seek care in an ER**
- **Presenting complaints relating to illness or stress predominate by a 2:1 ratio over injury.**

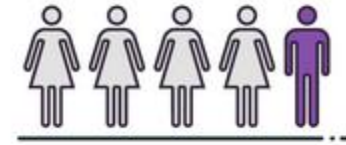
# DOMESTIC VIOLENCE IN THE U.S.



**1 out of 4** women have been the victim of severe physical violence in an intimate relationship.



**1 out of 7** men have been the victim of severe physical violence in an intimate relationship.



**4 out of 5** victims of violence with an intimate partner were female.



Almost **50%** of all women and men have been psychologically abused by an intimate partner.



Female victims of domestic violence are **80%** more likely to have a stroke.



Female victims of domestic violence are **70%** more likely to have heart disease.



Domestic violence is the **No. 1** cause of injury for women aged 15 to 44.



Women and men aged 20 to 24 are at the greatest risk of experiencing intimate partner violence.

# Scenario

- **Women who are battered are more likely to present with vague medical complaints, depression, or anxiety than are women who are not battered.**
- **Sleeplessness, shakiness, hesitancy**
- **Victim may be indirectly asking for “protection”**
- **People with vague psychiatric complaints should be questioned about current or past domestic violence.**
- **Bruises, scratches, marks**

# Asking if Suspected: S.A.F.E.

Some victims will mention the problem spontaneously (e.g. to the father of confession). Otherwise, ask:

- **Stress/Safety:** What stress do you experience in your relationships? Do you feel safe?
- **Afraid/Abused:** What happens when you and your partner disagree? Have you felt afraid? Have you been threatened? *Are children witnessing violence?*
- **Friends/Family (assessing degree of social support):** If you have been hurt, are your friends or family aware of it?
- **Emergency plan:** Do you have a safe place to go and the resources you (and your children) need in an emergency?



# **IPV: Contributing Factor**

- **Stress, conflict, finances, strained relationship, loss of job, etc.**
- **Cultural: immigrants, family/parents**
- **Drugs/alcohol/sexual addictions**
- **Psychiatric illness – paranoia, mood disorders, anxiety, personality disorders (especially Cluster B – borderline PD, antisocial PD) – impulsivity.**
- **Lower economic level.**
- **Many victims are pregnant**
- **Wife with a higher educational level than husband**

**Build-up of tension:**

Increasing tension

Hair trigger

**Stand over:**

Control

Fear

Externalising blame

Small acts of violence or meanness

**Honeymoon**

Denial of

previous

abuse

Being very nice

**Explosion:**

Act of explosive violence occurs

**Pursuit:**

Promises

Apparent helplessness

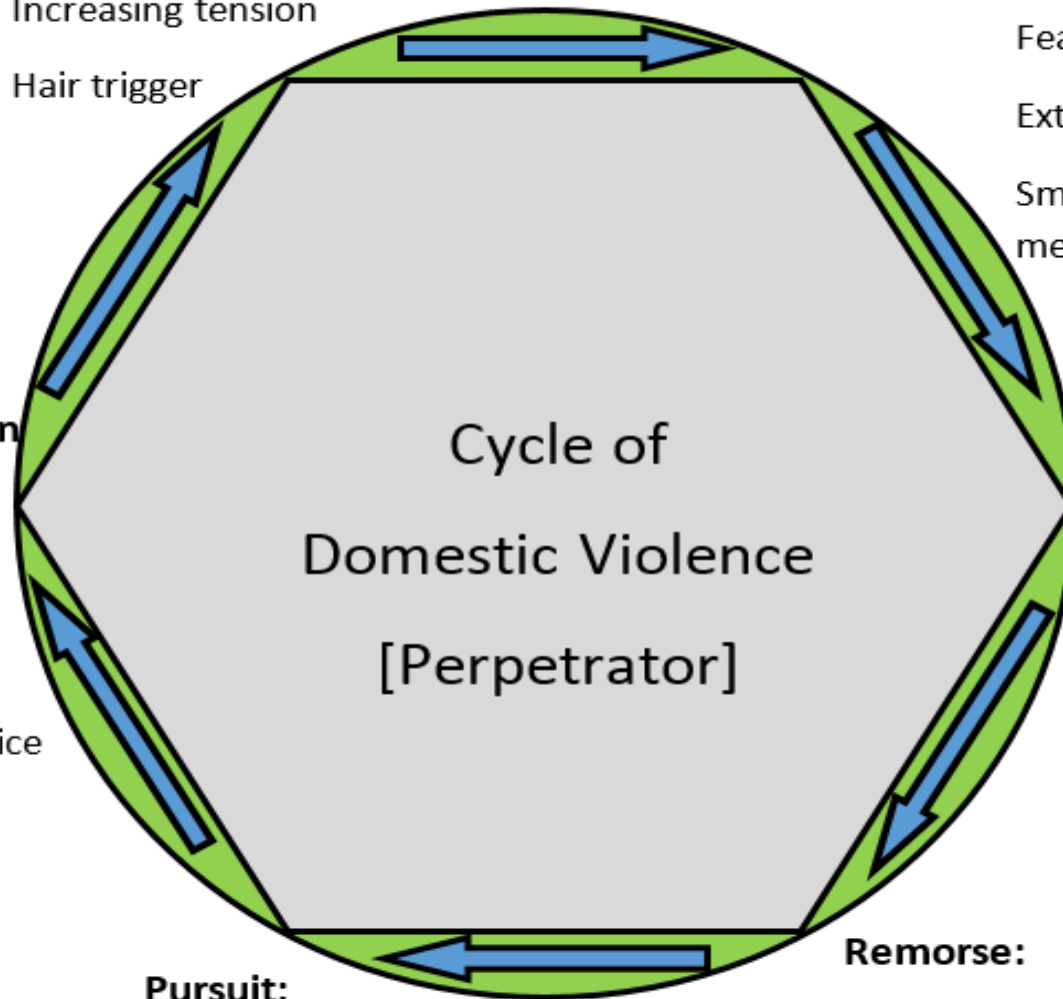
Threats

**Remorse:**

Justification

Minimisation

Guilt



# IPV - Approach

- **If safety is a main concern – church may assist in finding a safe haven**
- **Dangerous to self – call 911/send to ER**
- **Not emergent:**
  - **Address feelings of guilt & shame**
  - **Give support, prayer, tangible assistance**
  - **Get other side of the story, collateral info**
  - **Suspect PTSD? – refer to medical**
  - **If perpetrator has potential for insight: address – causes, sin in life, “excuses”, repentance**

# Dealing with Serious Illness

## STAGES:

- 1. Denial, this is often a temporary response that is replaced by partial acceptance.**
- 2. Anger: the denial can be followed by a stage of anger expressed in 'Why me?', and often the anger can be directed against caregivers**
- 3. Bargaining, usually with God, to delay the end.**
- 4. Depression due to the patient realizing what he is going to lose because of his illness, be it a bodily part, a physical activity, or an important function such as earning power.**
- 5. The final stage is that of acceptance, which is not necessarily a happy stage, but the time when the patient stops fighting his illness and may regard death as a relief.**

**Note: Similar stages occur with family members,**

# Care in Serious Illness

- **Goal: bring person to a sense of peace and acceptance – support, faith, strength.**
- **Try to identify what stage the person is: Denial and isolation, anger, bargaining, depression, and finally acceptance.**
- **Keep in mind – spiritual maturity can increase person's tolerance to suffering**
- **Consider the attitude and feelings of family and loved ones**

# **Serious Illness – General Guidelines**

- Visits, phone calls, demonstrate empathy**
- Often, the most important function is listening**
- Bible reading – Psalms, Jesus' healing ministry.**
- Prayer – with ill person and/or family**
- If needed, assist with everyday tasks/chores**
- Avoid acting as a parent, telling them what to do or not do**

# Serious Illness – General Guidelines

- **What can I say?**
  - A good rule of thumb is to listen three times more than you speak. When you do speak try to say things like:
    - "It's normal for you to feel that way."
    - "I'm listening."
    - "I'm here for you."
    - "I understand what you're trying to say"

# **Serious Illness – General Guidelines**

**Avoid saying things like:**

- **"I know how you feel."**
- **"Everyone goes through this eventually"**
- **"There is no need to feel that way."**
- **"Don't say things like that"**
- **"Don't be pessimistic"**
- **Avoid answering for God – giving "His" explanation for the illness**



# **“Lost Sheep”**

- **Very common, heartbreaking problem: individuals who grew up in the church and have fallen into Satan’s grip**
- **Forms include:**
  - **Rejection of biblical faith: liberalism, secularism, skepticism**
  - **Resentment against the church, home, or God**
  - **Love relationships with non-Christians**
  - **Addictions: substances, sexual, gambling**

# “Lost Sheep” - Approach

- **Avoid arguments. Find something good to encourage**
- **Consider the principles of *Motivational Interviewing* (see lecture on *Addiction*)**
- **Avoid a self-righteous attitude**
- **Focus on the person (value, needs, cares) rather than the behavior (e.g. indecent clothes)**
- **Avoid semi-political arguments: e.g. LGBT – this is not where to start**
- **Ask questions to better know the person - not too intrusive. Avoid giving unrequested answers. LISTEN.**
- **Focus on the heart – the source of the problem**
- **Pray for guidance, and to invoke the intervention of the Holy Spirit. Remember St. Augustine’s mother.**

# Conclusion

- **Family crises are common in church circles, often with surprising severity**
- **Both counseling techniques and spiritual wisdom are needed**
- **Mentally ill individuals usually need more than spiritual guidance – refer for medical treatment**
- **The parents play a key role, especially by example**
- **Many problems arise due to disobedience to the greatest commandment – love (Rom 13:8-10)**
- **Prayer and Biblical application are necessary**