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A Vision for the Future: Redeeming Psychology and Business, Managing Managed Care, and Partnering with the Church

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A vision for the future of Christian counseling is presented, focusing on four integration issues: incorporation of psychology and theology into one's practice, integration of business practices and biblical principles, intrusion of managed care into mental health care, and isolation of counselors from the church. The negative effects of professionalism are considered, including the spiritual mediocrity created by contractual relationships. In contrast, covenantal relationships are more biblical as well as foundational to Christian counseling. A covenantal biblical view of reality is discussed, followed by a comparison of the transactional—contract-based—and transformational—covenant-based—approaches to counseling. Engendering covenantal understanding in others, engaging them in covenantal actions and encouraging their ongoing participation in covenant community are pivotal in the future of Christian counseling. Finally, guidelines for the future are given, with special emphasis on partnering with local churches in developing caring communities for the completion of the transformation process.

The story is told of two men hiking on a mountain trail, who are accosted by a fierce grizzly bear. One of the men freezes in his tracks, while the other frantically removes his hiking boots and begins putting on a pair of running shoes. The first guy blurts out, "You're crazy–you can't outrun that bear!" "Don't have to," came the reply. "All I have to do is outrun you."

That's basically the state of turmoil of the counseling profession today. There's a great big monster out there waiting to devour us. Some are frozen in the status quo, fearful of making a move. Others are frantically trying to keep up with the rapidly changing times, running in all directions at once just to survive. And some are surviving at the expense of others.

The prevailing mood among Christians is (a) evil forces (read managed care, psychology, or both) are threatening the very existence of Christian counseling, so let's insulate ourselves from all such forces, or (b) there is great opportunity in the marketplace for a thoroughly integrated approach to Christian counseling. The choice for the future is to insulate or integrate.

This is an article about integrating for the future. There are many potential issues that could be discussed, but we have chosen four: (a) incorporation of psychological theories and techniques and biblical truths into one's counseling practice; (b) integration of business policies and procedures and biblical principles; (c) intrusion of managed care into mental health care; and (d) isolation of Christian counselors from the church.

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Integration Issues

Psychology and Theology

The first issue, simply stated, is: how much psychology and how much theology should one incorporate into Christian counseling? We hear impassioned answers to that question, like "If you use psychology, you're a New-Ager." Or, "If you dispense Bible verses, you're not professional." How can one move beyond such extreme and biased statements?

First, acknowledge that both psychology and theology quite often invade each other's territory. Certainly we get excess metaphysical baggage and extra-scientific musings from psychologists on everything

from human nature to human nurture. But we also on occasion get extra-biblical pronouncements from pastors for everyday living—guidelines that are actually or arguably not in Scripture.

Our recommendation is that Christian counselors adopt the practical and helpful distinction made by Browning (1987) that (a) theology's domain is ultimate meaning and moral obligation, and (b) psychology's domain is personal needs and developmental tendencies. We would revise that to read theology's primary domain and psychology's only domain. What we have then is a distinction that says psychology operates at the level of description, analysis, and treatment of human needs and tendencies—the problems that bring hurting people to counseling and their strengths and weaknesses that must be incorporated into treatment. One of us has said elsewhere (Farnsworth, 1996):

> Theology also operates at this level but does so to a much lesser degree. Theology functions most appropriately at the level of providing prescriptions for the [spiritually meaningful and] morally organized expression of our needs and tendencies. For example, psychology provides us with many details regarding human sexuality, but it is our biblical theology of obligation and ultimacy that directs its expression as moral [and meaningful]. (p. 126)

Business and the Bible

If one accepts the view that theology provides the moral obligation and ultimate meaning components of the integration equation, then it becomes clear that "the values that permeate the counseling process and the ... outcomes to which it aspires are prescribed by Scripture" (Farnsworth, 1996, p. 130). That should apply with full force to the second integration issue, the integration of business practices and biblical principles. But it frequently does not, because the business side of Christian counseling is usually unintegrated and often too concerned with feasibility and expediency and the bottom line.

We believe it would be helpful to substitute "business" for "psychology" (business: the description, analysis, and remedy of financial needs and economic tendencies) and utilize Browning's (1987) formulation to recognize and rectify unbiblical business practices, such as:

- billing and contracting procedures that lead to a reputation of greediness;
- setting fees with the aim of maintaining a certain lifestyle, without regard for ministry to the poor;
- cancelling copayments, which is a felony, in order to get more clients;
- giving sales commissions to receptionists for selling service packages—a process found in a court of law to constitute moral turpitude—rather than assisting callers in making informed decisions without coercion;
- establishing pseudo-supervisory relationships for the purpose of receiving higher rates of insurance reimbursement;
- providing service until insurance coverage is used up;
- advertising specialized services with undocumented claims and without empirical evidence of the efficacy or any rationale for the expense of the services offered other than the fact that third-party reimbursement will cover it.

In addition to the above, our recommendation is to (a) always carry out the implications of any business practice within a consistent biblical context, (b) whenever possible combine business concepts with their biblical counterparts, and (c) always critique business matters with one's biblical conscience.

Managed Care and Mental Health Care

The third integration issue concerns the impact of managed care on mental health care. In the last decade, health care in general has followed a typical sequence of industrialization. Cummings (1995) lists the steps:

1. Control of the product (or service) passes from the producers (or providers) to business interests.
2. Preference is given to cheap labor.
3. The product is standardized and production (or service delivery) is streamlined.
4. Existence as a cottage industry (or independent practitioners) becomes very tenuous.
5. The product becomes available to the masses.
6. Businesses proliferate and then consolidate, eventually leaving a small number of industry giants.

Why did this happen, and what is it doing to mental health care? Basically, it was resistance to accountability. Efficacy of treatment was not documented, length of treatment relied heavily on the provision of third-party reimbursement, and cost of treatment soared for both provider and patient as overhead and fees inexorably escalated. The health care profession invited outside regulation when it was unwilling and unable to regulate itself. Corporate America then seized the opportunity and organized health care into a competitive market to drive down costs. In so doing, they shifted a substantial portion of profit from providers to themselves. They called it managed care.

What this has done, according to one mental health provider (Fox, 1995), is substitute a ravenous carnivore for a mere bloodsucking leech. A more dispassionate critique would include the following:

- rationing of service by gatekeeping case managers;
- politicization of the referral process through provider profiling and dropping providers from managed care panels without explanation;
- limitation of treatment to standardized treatment protocols (detouring counselors from considering Holy Spirit-inspired alternatives that are congruent with biblical principles);
- restriction of outcomes to maintenance of basic mental health, or symptom relief (excluding improvement of the quality of life and fulfillment of the ideal, which for Christians is fulfillment in Christ). See Herron, Javier, Primavera and Schultz (1994);
- loss of income and independence, causing many providers to leave their practice.

What managed care has done to mental health care has also been positive: creating structures for accountability. Mental health care now has utilization review, quality assurance, continuing quality improvement and outcome assessment, and there are several organizational alternatives for cost containment. Actually, what we have seen is more managed cost than managed care.

As we look to the future, Christian counselors must resolve the clash of two realities: first, that most providers believe in the superiority and high calling of independent practice; and second, that "fully integrated" delivery systems (multi-discipline, multi-specialty, multi-location) operating under the staff model will likely prevent revenue lockout, as corporate America increasingly looks for one-stop-shopping, and will create safe harbors for their providers from the coming storm.

The key to the future is quality. We believe the successful enterprise of the future will express quality in four crucial areas:

1. Diversity: comprehensive product line, or line of programs and clinical services
2. Distribution: geographic expansion for easy access to programs and services
3. Delivery system: based on value and standards, such as those being developed by the National Committee for Quality Assurance (NCQA). See National Committee for Quality Assurance (1997).
4. Distinctive: for Christians, not being Christian in name only, but staying focused on ministry and the centrality of Jesus Christ in all that they do.

The diversity, distribution, delivery, and distinctive of programs and services must all be accountable to the lordship of Jesus Christ. Christian practitioners must honor God in all the details, or he will not bless their ministry.

Counselors and the Church

We believe the most pivotal of the four integration issues listed at the beginning of the article is the fourth, the isolation of Christian counselors from the church. We are referring to the chasm between day-to-day counseling activities and the everyday life of the church. The cause of the chasm is professionalism.

One of us has said elsewhere (Farnsworth, 1996), with help from Anderson (1990), that professionalism is not all bad.

> It provides certification structures and ethical standards for counselor accountability and consumer protection. These gatekeepers and guidelines enshrine society's higher values, such as integrity, excellence, altruism and expanding knowledge, in a concerted attempt to provide safeguards against opportunistic and incompetent counselors.…
>
> Professionalism also encourages good stewardship of resources through the application of sound business practices and appropriation of cutting-edge technologies. (p. 127)

The negative side of professionalism has two primary identifying characteristics, one for each of the participants in a typical counseling relationship. The first is careerism. Counselors have gotten away from giftedness and calling in the counseling ministry and emphasized instead economic opportunity, specialized education to obtain a union card, privilege and status, and personal security. Career has become an idol: people sacrifice for it, credential it, market it, insure it, and live for it.

In the biblical context of calling, ministry is a function within a community and operates within the moral and economic order of the community with ultimate accountability to the lordship of Jesus Christ. In the professional context, however, ministry is governed by the ethical standards and financial parameters established by the profession, with accountability to the profession itself. According to Anderson (1990), professions worship at the altar of self-preservation, and are basically pragmatic, opportunistic, entrepreneurial, elitist, individualistic, and competitive. The tension with kingdom-oriented, ministry-focused, Christ-centered counseling is obvious.

The second negative characteristic of professionalism is individualism. Bellah, Madsen, Sullivan, Swidler, and Tipton (1985) point out:

> The therapist is a specialist in mobilizing resources for effective action, only here the resources are largely *internal to the individual* and the measure of effectiveness is the elusive criterion of *personal satisfaction*.... The goal of living is to achieve some combination of occupation and "lifestyle" that is economically possible and psychically tolerable, that "works" [italics added]. (p. 47)

Therapeutic outcomes are based on the autonomous individual, who chooses the roles he or she will play and the commitments he or she will make on the basis of life-effectiveness as he or she judges it. The word *therapeutic* suggests cure—but cure of what? We are not talking here, for the most part, of redemption of a sinful soul, reconciliation with a loving and merciful God or recovery from the evil effects of spiritual warfare—all with accountability to a believing spiritual community and the biblical code. On the contrary, therapy today, even in the Christian context, generally aims at personal fulfillment—from marriage to work to involvement in the church—with self as reference and guide, not the Body of Christ and not the Bible.

At the risk of over-simplification, one might say that therapy basically helps people translate the internal and external stressors that they experience into acceptable personal meanings that motivate them to corrective action. In doing so, therapy distances them from their other relationships, temporarily suspending them from outside authority and personal responsibility. Then, after a process of self-discovery and self-clarification, alternative strategies are discussed and one is chosen for action.

Bellah et al. (1985), refer to this as therapeutic contractualism. It is an individual decision-making model. There is no direct community involvement, so there is no input of mutual commitment and accountability. There is only isolated, self-serving choice, and when it does not work out then the implied contract can be broken. Even when therapy brings parties together for contractual exchange through communication and negotiation, if it does not work for the individual, the great temptation is to look elsewhere. With no communal reference for accountability and no biblical reference of obligation, the temptation is indeed great to break any commitments that one might have.

Much has been made of the importance of contractual relationships within therapy itself. This has the positive effect of safeguarding the quality of service and giving the opportunity for informed choice. Solzhenitsyn (1978), however, has issued the classic warning that in modern society if one is right from a legal point of view, nothing more, it seems, is required. But if legalistic relationships are the ultimate relationships, it creates a paralyzing atmosphere of spiritual mediocrity.

The legalistic relationships that govern professionalism are *contractual relationships,* and when they are woven throughout the fabric of soul care in a Christian context, counseling becomes Christian in name only and creates an atmosphere of spiritual mediocrity. Truly Christian soul care, however, is based on *covenantal relationships.* Let us contrast, briefly, contract and covenant, with help from May (1983):

1. Contract emphasizes practical demands and technical proficiency and reduces duties to the specifics of the contract; whereas covenant includes the responsibility to become technically proficient and to meet contractual obligations, but emphasizes self-sacrificing fidelity to God and the community of believers in the performance of all duties in every area of life.
2. Contract uses truth to the contract's own end; however, covenant serves truth and encourages being true to one's word.
3. Contract systematically abstracts from the person (client, patient) as a whole, by ignoring the technically irrelevant. In contrast, covenant encourages the view that problems are not separate from but situated in a personal/social history and addresses the illness of which the disease forms only a part, or the sin of which the symptom is only the most visible aspect.
4. Contractors dart in and out of a client/patient's world of need, shoring up their own lives through the transaction of selling their services, guarding their own interests and carefully specifying the precise amount of time and service for sale, but covenantors maintain fidelity to the entire situation, not just eliminating the presenting problem but standing with the person over the long haul. (Job's counselors were proficient in their diagnoses but failed in their fidelity.)
5. Contractual relationships are discontinuous with the body of Christ. (They do not build connectedness to the church but merely take their place among the varied and mostly unrelated serial relationships across the span of one's life.) Covenantal relationships build continuity of relationships throughout

the body of Christ and throughout the course of one's life.

We are deeply concerned that contractual relationships are the progeny of professionalism that have become perhaps the number one agent of defilement of Christian counseling today. Not that contracts do not have their place, but Christians are a covenant people, and that fact is foundational to everything they do, including the counseling of others. Covenant precedes and permeates contract. Christian counselors must overcome their isolation from the church. They must find a way to make managed care-driven contractual relationships continuous with the church. We believe that way is thoroughly understanding covenantal relationships and creatively applying that understanding to both the theory and conduct of Christian counseling.

Covenantal Relationships

Covenantal View of Reality

How do counselors bridge the gap between the counseling office and the community of believers, the church? The first step is to understand the covenant metaphor as a fundamental biblical way of perceiving reality. Brueggemann (1979) lists the following key aspects of the covenantal biblical reality:

Grounded in God. People are not grounded in themselves, autonomous and self-sufficient unto themselves. They are not, contrary to much of modern thought, their own sources of wholeness and well-being. The inner self is not the ultimate source of healing.

God is a covenant maker. His covenant promise is faithfulness. He holds his covenant partners to himself. He is our God, and we Christians are his people. He gives us the unextrapolated "gift of guidance and sustenance so that the life of the partner has shape and purpose and perspective" (p. 120). Further, it is within his covenant with us that he creates the undeserved newness that we call healing. This is the peculiar capacity of God—he has not entrusted to any of his creatures the power to heal themselves. Healing is a gift from God.

Covenant keepers. Christians are covenant keepers. They hope (trusting each day that God's promises and purposes will not fail). They listen (letting their lives be shaped by God). They answer (obeying God's commands).

God redefines human life. People do not have within them a self-focused identity to be discovered and embraced. "The Bible never holds to the notion that we exist as pre-purpose persons and then may choose a purpose in life" (p. 126). Rather, one's identity is in one's calling, which is to hope, listen, and answer to God's purpose for one's life.

Covenant community. We would add, finally, that Christians reside in covenant community. They do not live alone. They live in Christ and he in them. Christians are the people of God, the *ekklesia,* the called-out ones. To whatever extent God bestows the gift of visible community, where individuals are gathered together for a common purpose, Christians have been born into the family of God, the covenant community of believers. Similarly, whatever gift of ministry, such as counseling, that God bestows on us as individuals, we must not let it take on a life of its own. Ministry must always be subordinated to the most tangible form of covenant community possible.

These five points describe reality for the Christian. May (1983) collapses them into an emphasis on gift, promise, and obligation. God, as covenant maker, gives his people the gifts of guidance, sustenance, healing, community, and ministry and his promise of faithfulness. We, as covenant keepers, have the obligation to hope, listen, and answer with fidelity to the covenant community and God's purpose for our lives.

We would like to come back to the contrast between covenant and the contract mentality one more time. Brueggemann (1979), equating contract with proof of trust that reduces covenant to a bargain, reminds us again of the importance and the meaning of God's covenant promise of faithfulness:

> It is the way of covenant to believe the good faith of the other party. To want *proof* in place of *trust* is to reduce the covenant and make of it a bargain. But when covenant is reduced to bargain, with the *slippage of grace removed*, then there are no dangers, but also *no gifts and no surprises* .... Covenant ... means living always midst *dangerous curses and marvelous blessings* .... Covenantal people always live at the *edge of* the *curse* with real dangers and threats. Covenanted people always live at the *brink of blessing*, where the break of surprise and gift is about to come [italics added]. (p. 128)

People who live at the edge of curse and the brink of blessing need soul care that is consistent with who they are. Covenanted people will be only partially healed with soul care that is *transactional*, based on contractual proof of trust. Soul care that is fully Christian and that heals completely is *transformational,* based on the covenantal faithfulness of God.

Earlier, we looked at contract-based soul care.

Now let's take a look at covenant-based, transformational soul care. We will consider only the two most significant characteristics of transformational soul care: bringing people to a covenantal understanding and engaging them in covenantal actions. These will comprise the second and third steps in bridging the gap between the counseling office and the church.

Transformational Soul Care: Engendering Covenantal Understanding

The goal of transformational soul care is transformed lives. The process of transformation includes Christ being formed in a person (Gal. 4:19) as the person conforms to Christ's image (Rom. 8:29) and is being transformed into his likeness with ever-increasing splendor (2 Cor. 3:18). In Romans 12:2, we are told not to conform to the world but to be transformed by a complete renewal of the mind.

But even covenanted people are already conformed to the world—to the ideologies of the day—to some degree. These ideologies, whether they be consumerism, careerism, selfism or whatever, must be delegitimized. Covenanted people also fall victim to idols—the addictions that control their lives and crowd Jesus out of their heart. These idols—substance addiction, sex addiction, food addiction, relationship addiction, religious addiction—must be de-deified.

People in counseling must be taught that they are grounded in God, that God is a covenant maker, and that God redefines human life. Transformational counselors, as covenant keepers, must speak the truth and call others to God's purpose, just as God the covenant maker announces through his word that he is God and what his purpose is and addresses his covenant partners with the promise of his faithfulness. Transactional counselors, on the other hand, do not do that. To assure acceptance of the person, they restrict confrontational truth to the implied terms of the contract and prefer neutrality. Consider Nouwen's (1986) astute answer to that neutrality:

> To be receptive to the stranger in no way implies that we have to become *neutral "nobodies."* Real receptivity asks for confrontation because space can only be a welcoming space when there are *clear boundaries*, and boundaries are limits between which we define our own position. Flexible limits, but limits nonetheless. Confrontation results from the *articulate presence*, the presence within boundaries, of the host to the guest [in] which he offers ... a *point of orientation* and a *frame of reference.* We are not hospitable when we leave our house to strangers and let them use it any way they want. *An empty house is not a hospitable house* [italics added]. (pp. 98-99)

Transformational counselors must remember, however, that they are not godly benefactors but God-fearing benefitters. God heals. Counselors respond. Their job is to listen to God speak and respond as the Holy Spirit leads. God's job is to heal. May (1983) cautions further:

> But any professional effort to transform patients flirts with danger. It can quickly deteriorate into a puritanical officiousness—a runaway parentalism—unless [good] teaching becomes its chief instrument. [Good] teaching ... [respects] the patient's intelligence and power of self-determination. Good teaching depends not only upon a direct grasp of one's subject, a desire to share it, and some verbal facility, it also requires a kind of moral imagination that permits one to enter into the life circumstances of the [patient]: to reckon with the difficulties the [patient] faces in acquiring, assimilating, and acting on what he or she needs to know. Good teachers do not attempt to transform their [patients] by bending them against their will, or by charming them out of their faculties, or by managing them behind their backs. Rather, they help them see their lives and their habits in a new light and thereby aid them in unlocking a freedom to perform in new ways. (p. 150)

Bringing people to a covenantal understanding is a continuous responsibility that goes well beyond contractual limits. "Teaching takes time; it reduces the number of patients the [counselor] can see; it complicates the question of patient management and exposes the [counselor] to the possibility of making personal as well as technical errors" (May, 1983, p. 146).

The continuous nature of the transformation process focuses one's attention on a fundamental issue: the locus of control and consolidation of outcomes of the transformation process. Transactional soul care is thoroughly entrenched in perpetuating its own self sufficiency without help from outside the counseling office. Limited referral of a person in counseling may be made to outside services to help counseling move along, but the locus of control and consolidation of therapeutic outcomes remain in the counseling office. In stark contrast, a central tenet of transformational soul care is that the church is the ultimate location for completion of the transformation process, the terminus of the healing process.

Transformational Soul Care: Engaging in Covenantal Actions

The person who has been in counseling and (a) found symptom relief, or perhaps improved the quality of dysfunctional relationships, or even begun to put Christ first in his or her life, and (b) been given a basic covenantal understanding must now, as a covenant keeper, (c) be encouraged to engage in

covenantal actions. By that we mean trusting daily in God's covenant promise of faithfulness, listening through Scripture, prayer, and other believers for God's gifts of guidance and sustenance, and living in obedience to God's purpose for his or her life and with accountability to the covenant community.

Covenantal actions need a nurturing environment. Witnessing and giving testimony to God's faithfulness, waiting for God's voice of guidance and support, walking in obedience to God's purpose and with fidelity to God's people–all need the ministry of others. Bonhoeffer (1954) categorizes ministry to one another as listening, helping, bearing with, and proclaiming. He describes it in this way:

> The Christian needs ***another Christian*** who speaks God's word to him. He needs him ***again and again*** when he becomes ***uncertain and discouraged***, for by himself he cannot help himself without belying the truth. He needs his brother man as a ***bearer and proclaimer*** of the divine word of salvation. He needs his brother solely because of Jesus Christ. The Christ in his own heart is weaker than the Christ in the word of his brother; his own heart is ***uncertain***, his brother's is ***sure*** [italics added]. (p. 23)

Counseling is not enough. Believers need the Body of Christ. When counseling has helped, when a person has perhaps even received the gift of newness of life from the Lord, he or she still needs the covenant community, a caring body of believers. When a person is uncertain one day and discouraged the next, disoriented after a season of comfort and security or devastated by a recurring sin that is in remission, a counselor cannot be available at every time of need or be everything the person needs the counselor to be. People need one another in the Body of Christ, in a caring community of bearers and proclaimers.

Not all churches, however, are caring communities. What do counselors do when they refer a client or patient to a church fellowship for completion of the transformation process and find that the church cannot welcome him or her into a nurturing, caring environment? Counselors can help churches prepare the soil. We believe they can do that by helping churches develop small-group ministry and bring it into the very heart of what they are all about (see Tan, 1991).

God's concern for community began at creation. Jesus' ministry placed value on small groups. The early church was built upon and expanded through small caring groups. The pattern is clear throughout Scripture, from Jethro, Moses, and leaders of tens and the threefold cord in the Old Testament (Covenant) to the accounts of the early Christian community and the many "one another" passages in the New Testament (Covenant).

Small groups have several different names, but we prefer to call them care groups. Care groups are "where listening and caring and honesty and prayer and praise and study and burden-bearing and mutual support are the order of the day" (Schwanz, 1995, p. 12). Care groups meet the needs of both the individual and the church. For the individual, a care group is a place to trust and be open, receive encouragement and support, interact and fellowship, apply Scripture, practice mutual accountability, and have opportunities for ministry. For the church, care groups provide an avenue for involving every member in ministry, a context for quantitative and qualitative church growth, an environment to develop and express spiritual gifts, a place for encouragement and support in faithfulness and fruitfulness, a resource base for assistance of hurting persons and those in crisis and need, and a site for developing and training leaders.

Bellah (in Schwanz, 1995) summarizes the vital part small groups play in the life of the covenant community.

> Small groups within the church community are one of the best ways to ***build connectedness***: Small groups provide support. But it's more than that. The problems and pressures we face as we try to follow Jesus and understand what the gospel is saying to us are so overwhelming that we need all the help we can get in dealing with them. Hearing a good sermon on Sunday is certainly important; but it isn't enough. One of the vital roles for small groups is to provide us with ***a place to talk together about raising kids, making life's decisions, understanding stewardship, working out what we believe, helping one another, and learning from each other's experiences.***
>
> If our only connection to the church is that hour or so on Sunday, we become vulnerable to the values of the world.... The amount of input from the church is simply too small to offset that. On the other hand, ***if we have a vital group experience where we feel connected to other people in a living community, that influence can provide norms, values, and direction*** so that we're not invaded by whatever the general culture happens to believe at any particular moment [italics added]. (pp. 40-41)

As part of the covenant community, Christian counselors need to expand their role in the transformation process and partner with local churches in developing care group ministries. We recommend providing consultation services, including education for covenantal understanding and the need for care

groups as an important forum for covenantal actions, training of care group leaders, and ongoing evaluation of care group ministries. We also recommend helping in the selection of on-site counselors, or care ministers, who are accountable to the church leadership's theological and personal oversight and the consulting counselor's ethical and professional supervision.

Care ministers are an invaluable link in the larger covenant community between the church community and outside clinical services. In addition to participating in the care group ministry, care ministers provide information on mental health issues, counsel in crisis and short-term situations, and refer people with special mental health needs to qualified professionals for treatment. Then, upon completion of treatment and in accordance with an agreed-upon circular referral system, those same people are referred back to their caring community to complete the transformation process. And the soil is prepared to refer others who do not attend church to one of the participating caring church communities.

Conclusion

The future is about quality—not managed cost but managed care and managing managed care. For Christians it is also about quality that is biblically based and about redeeming the psychological and business related aspects of counseling and bridging the gap between the counseling office and the church. Within those parameters and in review, we offer the following guidelines for the future.

1. Draw on psychology only for the description, analysis, and treatment of human needs and tendencies, and utilize biblical theology primarily for directing one's actions in ways that are spiritually meaningful and moral.
2. Integrate the business side of counseling with a biblical theology of moral obligation and spiritual ultimacy, and (a) always carry out the implications of any business practice within a consistent biblical context, (b) whenever possible combine business concepts with their biblical counterparts, and (c) always critique business matters with a biblical conscience.
3. Manage managed care, by (a) developing an infrastructure for cost containment and quality control, (b) organizing a fully integrated delivery system, (c) developing a comprehensive line of programs and services, (d) expanding geographically for accessibility, and (e) making the entire system value based and outcome driven (biblically based and data driven), thereby making the delivery, diversity, distribution, and distinctive of all programs and services not simply accountable but accountable to the lordship of Jesus Christ.
4. Abide by relevant certification structures and ethical standards of the profession and honor all contractual obligations—be totally professional—and infuse all counseling-related activities with a covenantal biblical perspective and engender a covenantal understanding in all followers of Christ who seek counseling—be thoroughly Christian.
5. Engage people in counseling and those who have completed counseling in covenantal actions by referring them to church-based caring communities, and help prepare the soil for them by assisting local churches in the development of care group ministries.
6. Partner with the local church, through (a) consultation services for educating the congregation about care groups, training the care group leaders, evaluating the care groups, and selecting and supervising on-site care ministers, and (b) clinical services for treatment of care group members with special mental health needs and referral of people to participating caring church communities for completion of the transformation process.

The task before us is to *provide quality service*, by redeeming psychology, the business side of counseling, and managed care. We do that by bringing them under the lordship of Jesus Christ. But counseling is not enough. We need the church, and we need the church to be the church. We need to *prepare the soil* so that the lives we serve become truly transformed lives, transformed into his likeness with ever-increasing splendor.

While we have offered several ideals and workable strategies for the future, we do not have and cannot at this time give specific answers to some of the questions we may have stimulated, which include: What type of counseling degree should I get? Should I be in independent practice or an employee in a counseling organization? Should I get completely out of the managed care business? Should I get involved politically to change the whole mental health care system?

We agonize over these questions and others like them. We are finding that perhaps the biggest question of all is a financial one. Can we afford guideline numbers three and six above without the benefit of significant venture capital and/or the cost of creating a work environment that breeds workaholism

and burnout and cultivating an obsession with money that bleeds one's passion for ministry? These are serious issues. We struggle together and hope that the fundamental vision of this article will give us a place to stand as we choose to take a stand in the various arenas of choice that lie before us.

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