Tim Allchin, D.Min. · Executive Director, Biblical Counseling Center

BCC CARE NETWORK · FOR CHURCH LEADERS

5 MISTAKES CHURCHES MAKE WITH COUNSELING

And the one that causes the rest

Most churches know they should care for hurting people. Almost all of them are doing it, as well as they know how, with the time they have. So why does the same story keep repeating? Someone asks for help. A pastor listens, prays, and makes a referral. Months later nobody is sure what happened, the person has drifted, and the leader who tried to help has quietly stopped offering.

> **After counseling alongside churches since 1989, we have seen that nearly every breakdown traces back to one mistake. The other four grow out of it.** None of them require a counseling center in your building to fix. They require a plan, a partner, and a few people who are ready to walk alongside.

1 — TREATING THE REFERRAL AS THE FINISH LINE

This is the one that causes the rest, and most of us were taught to make it. When I went to seminary, we were trained that referral was the best way to care for people and the best way to protect our priorities in ministry. Find a good counselor, make the call, get back to preaching. It sounded wise. It still does to most pastors I talk to.

The result is that most Christian counseling ministries function as drop-off centers. A pastor sends someone out, convinced that sending them out is adequate care, and the church's part is finished. Nobody intended it that way. It is just what the model produces.

Here is the problem. Depression, anxiety, and marriage restoration are not six-week problems. They are growth areas for years. If the only plan is counseling, you have signed someone up for years of therapy, which is expensive and, frankly, counter-productive. The counselor gets one hour a week. The church had the other 167 and gave them away.

Churches that walk with people, rather than drop them off, are far more effective at providing care. And this is not a choice between referring out and caring internally. That is a false either/or. The better option is a partnership with a center committed to two things at once: counseling care for your people, and developing the care leaders in your church who will walk with them.

> **INSTEAD**
>
> Before you refer, decide who from your church is going with them. Not to counsel, but to check in, pray, and keep the person connected while the counseling does its work. We call that person a Care Partner, and every church already has a few.

2 — OUTSOURCING TO COUNSELING THAT IS CHRISTIAN IN NAME ONLY

Many churches refer to a counselor because the practice has "Christian" in the name, and discover too late what that meant. The counselor was a believer. The counseling was not. The gospel, biblical principles, and honoring God were treated as background, something to bring up if the client did, while the real work was pragmatic problem-solving borrowed from somewhere else.

Marriage counseling is the clearest example. Most secular marriage therapy helps a couple better negotiate their marriage contract: who does what, how to communicate, how to get more of what each one wants. Some of that is useful. But it never sees the covenant love of God as the model we desperately need and so often fall short of. It fixes the terms of the deal and leaves the hearts where it found them.

The goals have to be right. The goal of a Christian marriage is to please God in it and to bless our families by becoming Christ-like servants who fully relate to one another with truth and grace. A counselor who does not share that goal will steer the couple somewhere else, however kind and skilled the steering.

This is why we insist that the best Christian counseling is both biblical and practical, and refuses to divide the two. Scripture is not a devotional thought at the start of a session; it is the source of the practical steps. Practical help is not a concession to the real world; it is what obedience looks like on a Tuesday.

INSTEAD

Decide who you trust before the crisis comes. Ask a counselor what the goal of marriage is, and how Scripture functions in their sessions, not whether they believe it. If the answer is thin, keep looking. A church should be able to say to its people, "We know these counselors, and they will take you where we are taking you."

3 — LETTING WELL-MEANING ADVICE GO BAD

Most of the care in a church is given by people who mean well and were never trained. Usually that is fine. Sometimes it is not, and church leaders know exactly what it looks like when it is not.

The bruises that get forgiven without any repentance or accountability. The impatient approach to a trauma sufferer who is told to just move on, and learns never to bring it up at church again. The parenting advice that worked for the person giving it, handed to a family whose situation is nothing like theirs.

None of these come from bad people. They come from good people who were handed a counseling-sized problem with no training, no plan, and nobody to call. And when it goes wrong, two things happen: the hurting person is hurt again, and the helper quietly decides never to volunteer for that again. Then the church concludes that lay care does not work. It does. It just does not work alone.

INSTEAD

Give your willing people two things: training that prepares them, and a partner they can trust. A Care Partner does not carry the case; the counselor does. The Care Partner learns to prepare, listen, ask good questions, and help the person take the next step, and knows who to call when a situation is bigger than they are. That is learnable in weeks, and it is sustainable for years.

4 — THINKING IT HAS TO BE ALL OR NOTHING

Churches tend to land on one of two extremes. Either we counsel everything in-house, or we refer everything out. Either the pastor is the only one responsible for care, or the pastor must refuse to counsel at all. Both extremes come from the same mistake: believing the church has to do 100 percent or nothing.

The do-everything church runs its pastor into the ground, because counseling does not scale the way preaching does. Every situation he takes on is capacity he no longer has for the next person. The do-nothing church sends everyone out and never grows the muscle, so ten years later it has

the same phone number and the same quiet people slipping out the side door. And in both, nobody in the pew ever gets to say, "I'll go with you."

A healthy care process is shared, both internally and externally. Some care happens in the church, by trained people. Some counseling happens with a partner the church trusts. The pastor is part of it without being the whole of it. That protects everyone involved: the people seeking help are not abandoned, and the people giving it are not overwhelmed.

> **INSTEAD**
>
> Stop asking whether your church should counsel. Ask who does what. Counseling goes to counselors you trust. Care goes to trained people in your church. The pastor oversees both and carries neither alone. That is the Intentional Care Pathway: a partner, a plan, and people, in proportion to what your church can carry right now.

5 — OVERLOOKING THE PEOPLE WHO HAVE ALREADY BEEN THROUGH IT

When churches look for people to care, they usually look at the staff list, the elder board, or whoever already teaches a class. They rarely look at the people who once sat on the other side of the table.

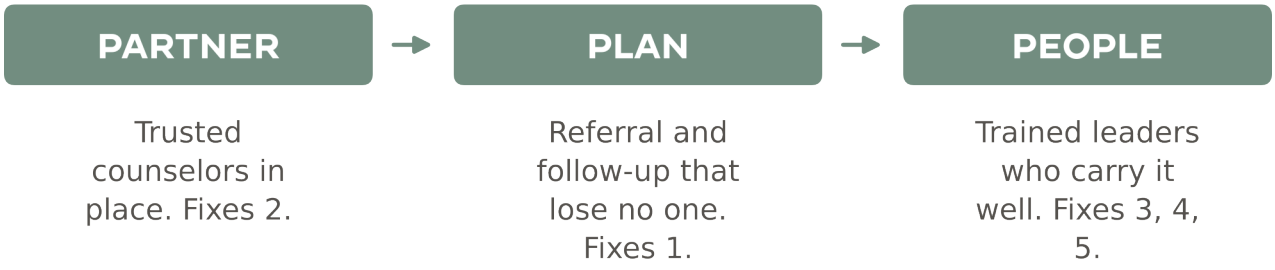
That is a mistake, because the people who have walked through grief, or a broken marriage, or a season of depression, and found Christ to be enough, are the ones who know the road. They do not need to be convinced that walking alongside matters. They remember what it was like to walk alone, or what it was like when somebody finally did not let them.

The man who led the grief group at my church walked in years earlier as a young widower who needed one. He did not look the part. Tattoos down both arms, a leather vest, and a heart of gold. He became one of the most effective leaders I have seen, because he had a story, he had hope, and someone gave him permission to use both.

> **INSTEAD**
>
> Look at who has been helped before you look at who is qualified. Give them training and permission. Then let them lead. We never lose when we love, and the people who have received the most love are often the readiest to give it.

WHERE TO START — THE INTENTIONAL CARE PATHWAY

Effective care needs three things. Most churches have one or two. Every mistake above is what happens when one of the three is missing.



Partner, plan, people — the BCC Care Network helps you build all three, starting wherever you are.

Walking alongside one person? Become a Care Partner.

Free. About twenty minutes to set up. Training, Biblical Care Plans, and someone at BCC to ask when you are not sure what to do next. No churchwide decision needed. **bcccares.org/register/care-partner-commissioned**

Leading a church? Become a Network Partner.

A designated BCC counselor who knows your leaders, priority scheduling, a reduced session rate, and a plan for what happens next. From $25 a month for coordination, not counseling. Nothing is committed until you have seen the specifics in writing. **biblicalcounselingcenter.org/care-network**

Galatians 6:2 (ESV) — *"Bear one another's burdens, and so fulfill the law of Christ."*

Scripture quotations are from the ESV® Bible (The Holy Bible, English Standard Version®), copyright © 2001 by Crossway. Used by permission. All rights reserved.

HELPING CHURCHES CARE FOR **PEOPLE**