

“Gospel Therapy”

A New Vision Of Life Through Christ



**SELF STUDY
and
SMALL GROUP
LEADER'S GUIDE**

**An Eleven Week Study Program
Addressing the Physical, Mental
And Spiritual Components of Depression**

Rev. Daniel Lee Krueger

**** Reproducible Student Sheets ****

Cost \$20.00 U.S.

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To my wife Kris and my children
Daniel, Jonathan, and Kirsten
who are second only to Christ
as God's greatest gifts to me.
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Krueger

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Preface

Shortly after the introduction of “Gospel Therapy” it became apparent that those who used “Gospel Therapy” in a group setting needed some additional resources to help guide their discussions. This is particularly true for the Introduction through Lesson 5, where the material focuses more on understanding the physical, behavioral, and social aspects of depression and anxiety.

To facilitate discussion, particularly on these earlier chapters, I have produced this “Small Group Leader’s Guide.” This work may also prove useful to those who are using “Gospel Therapy” as a private, self help tool.

It is my prayer that through a more complete understanding of the nature of depression and anxiety, and a more directed application of the gospel, that the literally millions of people who struggle with depression may experience a more complete healing.

Reverend Daniel Lee Krueger

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Table of Abbreviations

Genesis	Gn	Habakkuk	Hab
Exodus	Ex	Zephaniah	Zep
Leviticus	Lv	Haggai	Hag
Numbers	Nu	Zechariah	Zec
Deuteronomy	Dt	Malachi	Mal
Joshua	Jos		
Judges	Jdg	Matthew	Mt
Ruth	Ru	Mark	Mk
1 Samuel	1Sa	Luke	Lk
2 Samuel	2Sa	John	Jn
1 Kings	1Ki	Acts	Ac
2 Kings	2Ki	Romans	Rm
1 Chronicles	1Ch	1 Corinthians	1Co
2 Chronicles	2Ch	2 Corinthians	2Co
Ezra	Ezr	Galatians	Ga
Nehemiah	Ne	Ephesians	Ep
Esther	Es	Philippians	Php
Job	Job	Colossians	Col
Psalms	Ps	1 Thessalonians	1Th
Proverbs	Pr	2 Thessalonians	2Th
Ecclesiastes	Ec	1 Timothy	1 Ti
Song of Solomon	SS	2 Timothy	2 Ti
Isaiah	Isa	Titus	Tit
Jeremiah	Je	Philemon	Phm
Lamentations	La	Hebrews	Heb
Ezekiel	Eze	James	Ja
Daniel	Da	1 Peter	1Pe
Hosea	Ho	2 Peter	2Pe
Joel	Joe	1 John	1Jn
Amos	Am	2 John	2Jn
Obadiah	Ob	3 John	3Jn
Jonah	Jon	Jude	Ju
Micah	Mi	Revelation	Re
Nahum	Na		

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Models for Instruction

How to Lead a Group in “Gospel Therapy”

“Gospel Therapy” was designed to be a very intensive course of study. Overcoming depression and anxiety are not easy tasks. It should be expected that any deviation from the work that is outlined in this book will yield diminished results. Still, different groups and organizations may have different needs and objectives in studying this book.

One group may wish to go through “Gospel Therapy” from a more informational objective rather than a therapeutic objective. An example of this might be a Sunday morning Bible class, or a book review club. Some churches have groups organized around care for the body and the spirit. Along with Bible Study this type of group may do some aerobic exercise, or may focus on weight loss and diet. Other groups may be organized specifically for the care of those with mental illness, substance abuse issues, or for those who live with individuals dealing with mental illness.

Having taught this material in several different settings, I offer the following models for using “Gospel Therapy”.

Model 1: Sunday Morning Bible Study or Book Review

This is perhaps the most difficult setting in which to use Gospel Therapy. Typically this model offers only 45 minutes of concentrated time for study. The Sunday morning setting is also notorious for inconsistent attendance, and an inability to have people do homework.

Since many of the lessons in Gospel Therapy draw upon information from previous lessons (particularly the first four), inconsistent attendance may create some confusion and the need to constantly reference previous lessons. To get through this material in the suggested 11 week model I typically need a 1½ hour class period which includes a short break. With a 45 minute teaching period one is faced with either stretching out the class to half of a year, or skimming through a large portion of the material.

I believe the best solution to this problem is to condense the information from the Introduction through Lesson 4 into two sessions, advising the class that if they want a more complete picture they must read the material for themselves. Of the remaining lessons, several would be split into two sessions. Reviewing the Day 2,4, and 6 Bible readings could be incorporated into the class structure, but other weekly exercises (diet, sleep, analyzing cognitive distortions) would not be part of the class discussion.

Model 2: Groups Focused on Physical Fitness and/or Diet

These types of groups tend to be very regular in attendance for extended periods, but may not have an hour and a half to devote to the material. My recommendation for these groups is that they divide the lesson material in half. Gospel Therapy would be a 22 week course of study, rather than 11 weeks. The weekly devotional material can easily be expanded to two weeks by reviewing the suggested readings for days 2,4,6 in one week and the suggested additional Bible readings for the next week.

These sessions would still need to be at least one and a half hours, but 30 - 45 minutes would be devoted to physical matters, and a 45 minutes to 1 hour would be devoted to Gospel Therapy.

Model 3: Groups Focused Primarily on Therapy (*reproducible page*)

Or Groups who devote at least 1½ hours to Bible Study

These groups should be organized around a 1½ - 2 hour time period. Those who join such a group must be committed to weekly work and regular attendance for at least 11-12 weeks. Ideally, I would encourage these groups to commit to a 16 week period. The last several weeks would focus primarily on a continued analysis of cognitive distortions and implementing the principles of Gospel Therapy into the lives of individuals. This also provides an opportunity to take some additional time on specific lessons.

I would suggest that the initial group meeting use the following schedule:

1. Opening Prayer or devotional
2. 5-15 minutes of getting acquainted
Have each group member share some family and work background, as well as their reasons for joining this group.
3. 10 minutes for overview of the book
Group leader hands out books and describes how the study of the book will be carried out. In describing the process the following points should be stressed.
 - a. The first 3-4 lessons focus on physical and social components of depression and anxiety. The last 6-7 lessons focus primarily on the mental and spiritual components of depression.
 - b. Each lesson has weekly activities (show some examples in the book)
 - c. Show the Appendix pages. Stress that sleep, diet, and exercise are important components of depression and anxiety and that they need to be monitored while going through the lessons.
 - d. Show the Law~Gospel cards. Point out that these cards will not be used until lessons 4 and following.
4. 30-40 minutes reading through the Introduction of the book as a group, pausing periodically for discussion.
5. 5-10 minutes of discussion regarding the work to be done for future lessons followed by a closing prayer.

Group participants would be required to read the material for each upcoming week and come to the next group meeting having completed all **Review Questions** for each lesson along with the **Study and Discuss** sections in the book. Following lesson 1 the participants will also be responsible for completing the **Weekly Activities** for each lesson.

In this model, beginning with the third session (weekly activities of lesson 1, review of lesson 2), each class would begin with a review the assigned weekly activities, followed by a discussion of the lesson material. For the last seven group meetings an ample amount of time (at least 15 minutes) should be devoted to “Analyzing Cognitive Distortions” as completed by the group members.

With the prevalence of depression in our culture, one of the goals of these groups should be to identify at least one individual who could start an independent group teaching the principles of “Gospel Therapy.” A second goal of this group should be continued study and growth in God’s word. Toward the conclusion of Gospel Therapy the group should try and identify other Gospel centered material worthy of continued study by the group.

Leader's Introduction

Starting down a New Road

Starting the Class or Group Meeting

Look at the appropriate model for teaching “Gospel Therapy” on pages 1-2 of this guide. If you are using model 3, it may be helpful to reproduce page 2 and distribute it to your class or group.

Review Questions for the Introduction

The Introduction lists several biblical characters who made big blunders in life: Moses, David, and Peter. What other Biblical characters come to your mind that did great things for God, but also made huge blunders in life?

Read together the Bible passage quoted on page 1 from Romans 7:15-24. (*After reading the passage together as a group the Leader will ask*) What are some ways in which you find this passage to be true in your own life?

Why shouldn't we doubt our eternal salvation, even when we find ourselves so incapable of doing the things we know God wants us to do? (*p. 2 There is no place in this life where God can not find us. There is nothing we can do from which he can not deliver us. Our salvation is based . . . upon the objective work that Christ accomplished for us on the cross.*)

Do we gain the power to do what God wants us to do by understanding God's law and commands better? (*p. 2-3 We can only gain the power to subdue our sinful nature by growing in our knowledge of what God has done, and learning how to apply that knowledge to more of our daily life.*)

Besides the example involving death given in the book on page 3, can you think of other examples where the power to do what the Bible says comes from believing in what God has promised?

How does the recovery of stroke victims provide a useful model for the process by which we change how we think? (*pp. 3-4*)

Why is it important for us to dialog with others as we try to change how we think about life? (*p. 5*)

Discuss the concept, challenged on pages 5-8, that it doesn't make any difference where you go to church or if you go to church?

Preparing for Lesson 1

Group members will read through the material in Lesson 1 on their own and answer all the “Review Questions” in their weekly handout as well as the “Study and Discuss” questions contained in the material.

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Leader's Lesson 1

Understanding How the Brain Works

Review Questions for Lesson 1

How does clinical depression differ from simply being sad (p. 9 “while Jesus experienced these feelings, he also could experience joy and gladness. His reaction was to a situation, and not a general characteristic of his mood. Clinical depression is different. Clinical depression alters one’s ability to do work or to function socially or personally.” p. 10 “Depression is not just a reaction to a specific event, but a filter through which all life events pass. Clinical depression is a persistent style of thinking, a filter which alters our perception of reality in a profoundly negative way.”)

Look at the list of depressive symptoms on page 10. Are there any symptoms on the list that you may not have associated with depression?

Review the Study and Discuss activity on page 11.

Read Mark 12:30

With what four things are we to love our Lord? *Heart, soul, mind, strength.*

Read Psalm 31:9-10 and Proverbs 14:30

How do sorrow, grief, or envy affect our bodies? *My strength fails because of my affliction, and my bones grow weak. Envy rots the bones.*

How does Jesus’ suffering for us testify to the interplay of body and spirit? (p. 11 *Jesus experiences abandonment by God (Mt 27:46) “My God, My God, why have you forsaken me” as well as physical death, in order to accomplish our salvation.*)

Did the medical community expect the results of the studies on combining psychotherapy with the use of antidepressants (p. 12 “Not one of us had a clue at the outset that psychotherapy would add that much . . .”)

What happens to relapse rates among those who suffer from depression when they combine antidepressant therapy with psychotherapy? (p. 12 “Several studies have shown that the relapse rate of combined therapy is substantially less than the relapse rate for people who use only drug therapy.”)

List several examples that illustrate the principle that how we think physically changes the structure of our brain. (p. 13 “Scientists have found that a baby’s experiences--whether he’s happy, whether he hears lots of music or speech, gets hugs and eye contact--actually change the physiological development of his brain--the quality and quantity of the electrical wiring between cells.” p. 14 *After a stroke the brain must rewire itself.* p. 15 *People who keep their brains active can compensate for the brain damage caused by Alzheimer’s.*)

Review the Study and Discuss activity on page 16.

Read Philippians 4:4-9

How does focusing on the good things in life affect our state of mind? *The God of peace will be with you.*

Do the activity on page 17. Stress to the group that whether something is positive or negative is determined by how you feel AFTER you do it, not based upon your desire to do it.

What is repentance? (p. 18 *The familiar biblical word “repent” literally means “change your mind” (from the Greek words “meta” change and “noieo” consider, perceive, or think)*)

Review the Study and Discuss activity on page 18.

Read Jeremiah 31:31-34

Why did the old covenant God made with Israel fail? *Israel broke the covenant.*

How will God change Israel so that the new covenant will not fail? *God says, “I will put my law in their minds and write it on their hearts.”*

Read Romans 12:2

What change must take place in order for us to be able to understand God’s will? *Our minds must be renewed.*

Read Mark 1:14-15

What kind of news does Jesus bring to us? *Good news.*

What change occurs with those who repent? *They believe good news.*

Preparing for Lesson 2

Group members will read through the material in Lesson 2 on their own and answer all the “Review Questions” in their weekly handout as well as the “Study and Discuss” questions contained in the material.

Review and explain the weekly activities. Show people the chart on page A3 for tracking diet, sleep, exercise, devotional time, and overall mood. Stress the importance of tracking these critical factors.

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Small Group Leader's Guide

APPENDIX

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Introduction

Starting down a New Road

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Lesson 1

Understanding How the Brain Works

Review Questions for Lesson 1

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Look at the list of depressive symptoms on page 10. Are there any symptoms on the list that you may not have associated with depression?

Do the Study and Discuss activity on page 11.

How does Jesus' suffering for us testify to the interplay of body and spirit? (p. 11)

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What happens to relapse rates among those who suffer from depression when they combine antidepressant therapy with psychotherapy? (p. 12)

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Do the Study and Discuss activity on page 16.

Do the activity on page 17. Stress to the group that whether something is positive or negative is determined by how you feel AFTER you do it, not based upon your desire to do it.

What is repentance? (p. 18)

Do the Study and Discuss activity on page 18.

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Review Questions for Lesson 2

Brain Chemistry and the Effects of Drugs, Diet, and Exercise

What is the primary difference between an infant brain and an adult brain? *(p. 24)*

Why is a healthy myelin sheath essential to the functioning of the brain? *(p. 24)*

How do neurons talk to each other? *(pp. 24-25)*

What body functions are controlled by the neurotransmitter serotonin? *(p. 29)*

How do MAOI antidepressants work? *(p. 30)*

What are some of the side effects of MAOI antidepressants? *(p. 31)*

How do TCAs or Tricyclic antidepressants work and what neurotransmitters do they affect? *(p. 31)*

What are the side effects of TCAs? *(p. 31)*

What are SSRIs? *(p. 31)*

What are some of the side effects from SSRIs? *(p. 31)*

How does estrogen alter levels of serotonin? *(p. 32)*

How does progesterone alter levels of serotonin? *(p. 33)*

What will happen to a woman who suddenly and dramatically alters her hormone levels through a hysterectomy, change of life, or by stopping hormone therapy? *(p. 33)*

Serotonin is manufactured from a protein called tryptophan. Can your body make this protein from foods that do not contain this protein? *(p. 34)*

What kind of meals help tryptophan molecules get into the brain? *(p. 35)*

Why do high protein diets put people at risk for depression? *(p. 36)*

What vitamin deficiency is often linked to depression in the elderly and others with liver problems? *(p. 36)*

How much of your brain is fat, and what type of fat is the most prevalent in your brain? *(p. 40)*

What form of depression seems to be most closely linked to a deficiency of Omega 3 fats in the diet? *(p. 41)*

In studies examining the relationship of exercise and depression symptoms, how much exercise was required to improve depression symptoms? *(p. 42)*

ANALYZING COGNITIVE DISTORTIONS ~ WEEK 5

Day:	Cognitive Distortion (1-10):
Describe Event:	
Negative Fear, Doubt, Worry, or Guilt Associated with this Event:	
Distorted or Negative Interpretation and Response That Was Made as a Result:	
Positive Aspect of God's Love and Promises That Answers Negative Feelings:	
More Appropriate Interpretation or Response Based on God's Grace:	

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Day:	Cognitive Distortion (1-10):
Describe Event:	
Negative Fear, Doubt, Worry, or Guilt Associated with this Event:	
Distorted or Negative Interpretation and Response That Was Made as a Result:	
Positive Aspect of God's Love and Promises That Answers Negative Feelings:	
More Appropriate Interpretation or Response Based on God's Grace:	