

Biblical Care Training Guide

Session 1

Introduction to Biblical care

You are starting one of the greatest adventures in life: partnering with God in touching the lives of men and women, young and old, who desperately need to experience God's kindness, wisdom, and strength.

Those who want to be agents of God's healing, forgiving, restoring power need to sharpen their skills on an ongoing basis. We have developed a way to prepare you to care for people more effectively. The topics in our study will help identify individual's needs by listening carefully to people, encouraging them with compassion, and directing them to other resources within Church of the King or beyond.

The number of people who go to pastors for emotional, relational, and spiritual counseling can consume their time and steal their energy. Pastors can lighten their load and give care to more people by enlisting a group of men and women in a lay caregiving ministry to be trained and supervised by a pastor and professional counselors. We are caregivers, not professionals. But we are often the first point of contact in hurting people's search for hope.

Our time with those in need is not an addition to discipleship; it is discipleship. It is part of our church's mission of Reaching People and Building Lives. We intersect their lives at a point of need, perhaps when they are more open to God, biblical insight, and repentance than any other time in their lives. Painful experiences are stepping-stones of spiritual growth.

The model for this ministry is _____, up to 4 or 5 meetings. We don't expect lay caregivers to provide the long-term counseling of a licensed professional. After providing initial support and making an assessment the lay caregiver will refer the person to a support group, a physician, a counselor, an attorney, or a financial planner. The goal is not to _____ years of problems in a few conversations, but to be a step, a crucial step, but only a step, in God's plan to restore a person, a couple or a family to wholeness in Christ.

This short-term model of care may require some adjustments in our expectations and actions. Some of us are ready to dive in to help people as often and as long as they need us. We are compassionate, eager and willing to do anything to help those in need. This compassion is a God-given strength but our zeal to help runs the risk of jumping in the deep end of the pool where we'll sink! The short-term model means we recognize our limitations.

4 Objectives of Biblical Care

1. _____ with the Holy Spirit.
 - a. How to discern what the Holy Spirit is doing in someone's' life.
 - b. How to hear from the Holy Spirit on behalf of another.
2. _____ emotions
 - a. Create a safe environment
 - b. What questions do we ask?
3. _____ Community
 - a. Wholeness and health are only possible in community. Most people that come for help are not connected.
4. _____ a plan of Next Steps for referral

God can put us in the lives of broken and wounded people. We then have the high privilege and responsibility to care for them. We can't give what we don't possess, so take some time to reflect on the ways God has healed your heart when it was broken, times he restored your sense of hope, and the people He used to give grace and truth to you. Reconfirm with Him how you are called to Biblical Care ministry and if your vision is aligned with His vision for caring for others so that you can enjoy this fulfilling opportunity.

- Do you feel "called" to this ministry?
- Tell your story to the group if you feel comfortable.

Outline of Biblical Care Sessions

Session 1: The purpose of the first meeting is to build _____ and listen to their story. We ensure that people feel “heard.” The person requesting care should be the one who is talking the most.

We discuss what can be expected; that we will meet 4-5 times after which we give them a plan with next steps. We emphasize confidentiality. Are they comfortable praying together with you, or receiving scripture verses? There may be homework. Do not overload the first meeting.

After we gather an understanding of the particular challenges that the person in front of us are having, we want to write down what we are going to address. We want to include them through articulating goals together, to see if they're in agreement and if we really understood what the particular challenge is. We ask them a question such as, “In 3 months what would your life look like if your problem was no longer present?” “What do we need to work on for your life to be restored?” The question can be posed many different ways so that we mutually agree on what we'll focus on. Once you get that agreement, you can move forward. The next step may be to set agreeable goals. Setting goals is an important component in providing care for someone.

Goals:

1. Serve as a _____ or blueprint as to where you're going and where you want to go.
2. Keep the conversation centered on the _____. Care receivers who come in for the first time can be all over the place. Goals helps them to prioritize and helps you to prioritize one challenge at a time.
3. Help measure _____ and encourages confidence.
4. Assists the care receiver to discover deeper _____ issues. Often, what they are describing to us are symptoms of a much deeper problem.

So, it helps us to get away from the surface problems and help them discover what is really causing their problem.

Which goal do we address first?

As an example, someone comes in with substance abuse issues. They're actively using and yet, they want a job. They're unemployed. So, which one would you address first? They both are important. They might ask you in the session what to do. You recognize that until he gets clean, the job is secondary because he's not going to be able to keep a job when actively using. So, we help that person to prioritize.

Creating goals brings order, keeps the conversation centered, it helps to prioritize which ones you're going to address first and separates symptoms from deeper causes. After the meeting has concluded, we can make a note in the church's software system to be used as a reference later.

Session 2: The purpose of the second meeting is to dig a little _____ spiritually. The second meeting starts with a debrief of how things are going and recap the last session to see how the person felt about the first meeting and maybe wants to add some extra thoughts or insights. We can use tools such as the life map or genogram (explained later) to gather more insight. This can either be processed in the meeting or given as homework to be reviewed in the next meeting.

Session 3: The third meeting is to _____ the homework assignments and process these with them.

Sessions 4-5: The next meetings are geared towards formulating next _____ and follow up. Suggest small group attendance, or a support group addressing their issue, financial coaches, for chronic/medical needs a Stephen minister, or physician, professional counseling, rehab programs. We will address what we have available as support within the church in a follow up session.

Role Play Focus: (Building rapport and assisting in setting goals)

- Pair up with someone.

- Scenario: The care receiver is a single believer that has been depressed for a while after receiving news of a chronic illness. She has thrown herself into a relationship (not a believer) that is unhealthy in an attempt to deal with the pain of this news. Now she is pregnant and is considering an abortion.
- Instructions: Which challenges take priority? How do you unpack this?

Issues: SESSION 1

We need to distinguish a concern from a crisis. The most pressing issue is the abortion, so we ask questions about any plans or actions she might take after leaving the session.

The depression which hinders her decision making ability needs attention as well. Ask her for any suicidal thoughts and her view on medication for depression.

We can ask her if she will commit to not make any major decisions until she has consulted a doctor on how to deal with her depression while pregnant.

We can recommend advice from a pastor and/or encourage a visit to a Crisis Pregnancy center.

We set goals for the other Issues in a follow up session.