



SUPERVISION GUIDEBOOK

Supporting Care Partners with Supervision Resources

TABLE OF CONTENTS

SUPERVISION

1. What is Supervision?	Page 2
2. How Important Is It to Attend Supervision Meetings?	Page 2
3. What Can I Expect to Happen in a Supervision Meeting?	Page 2
4. What Will My Supervision Group Look Like?	Page 3
5. What Is A Check-In Report?	Page 3
6. What Are Characteristics of an Effective Check-In Report?	Page 4
7. Why Do We Have In-Depth Discussions?	Page 4
8. When Does Urgent Care Take Priority in our Supervision Group?	Page 5
9. What Can I Expect From My Supervision Group Facilitator?	Page 5
10. Why Is Affirmation So Important in Our Supervision Group?	Page 6
11. Why Do We Complete a Supervision Evaluation Report After Every Meeting?	Page 7

FOCUS QUESTIONS

12. What Is the Purpose of Using Focus Questions?	Page 7
13. How Are Focus Questions Chosen?	Page 8
14. What Do Each of the Focus Questions Sets Concentrates On?	Page 8
15. What Are Key Ideas To Remember About Focus Questions?	Page 9
16. Focus Question Exercise	Page 10
17. Answers to Focus Question Exercise	Page 10

CONFIDENTIALITY

18. How Do We Maintain Confidentiality in Supervision?	Page 11
19. What Do We Do When We Discover a Care Receiver's Identity?	Page 11
20. What is the Hierarchy of Concentration?	Page 12

CARE PARTNER DOCUMENTS

• Care Partner Covenant	Page 14
• Care Partner Covenant to Care	Page 15
• Brief Check-In Report	Page 17
• In-Depth Progress Report	Page 18
• Supervision Meeting Evaluation Report	Page 20
• In-Depth Supervision Evaluation Report	Page 21
• Focus Questions	Page 24

SUPERVISION

WHAT IS SUPERVISION?

Supervision is Care Partners working together to enable the best Christ-centered care possible to benefit their Care Receivers.

1. SUPERVISION IS ALL ABOUT CARE PARTNERS WORKING TOGETHER

This is not one person supervising everyone else, but a mutual partnership of supervising one another. It's an opportunity to support and encourage one another's ministry, encourage one another when the caregiving gets difficult, and hold one another accountable for the vital ministry you have agreed to do.

2. SUPERVISION IS ULTIMATELY FOR THE SAKE OF THE CARE RECEIVER

With everything you do in supervision you need to keep this goal in mind. Sometimes the group will focus on the needs of the Care Partner, but even then, the group does so in order to enable them to provide the best Christ-centered care for the Care Receiver.

3. SUPERVISION IS NOT A GOSSIP GROUP

The goal makes it clear supervision is not a gossip group, a therapy group, a place for one person to show off their clinical skills, or a place to get chewed out for their mistakes.

HOW IMPORTANT IS IT TO ATTEND SUPERVISION MEETINGS?

Supervision is at the heart of what we do as Care Partners. Our monthly meetings provide crucial training, accountability, affirmation, and the opportunity to help one another give the best Christ-centered care to Care Receivers.

1. THERE IS NO SUCH THING AS AN UNSUPERVISED CARE PARTNER

No Care Partner will be assigned a caring relationship without being in supervision.

2. MISSING MEETINGS CONSISTENTLY

If a Care Partner stopped participating in supervision meetings, they would need to end any caring relationship they have with a Care Receiver.

3. AN IMPORTANT PROMISE

Faithful participation in supervision is an important promise you made when you agreed to serve as a Care Partner. Review the *Care Partner Covenant* and *Care Partner's Covenant to Care*.

WHAT CAN I EXPECT TO HAPPEN IN A SUPERVISION MEETING?

You can expect the agenda of the monthly 2-hour meeting to have the same flow each month unless a special meeting is planned.

1. ANNOUNCEMENTS AND UPDATES

We honor one another by starting meetings on time with announcements and ministry updates. You will

hear important information shared by your campus leadership team.

2. ON-GOING TRAINING OR TEAM BUILDING EXERCISES

While you made it through the initial training for becoming a Care Partner, there are many additional training topics we will cover during the first hour of each monthly supervision meeting. Continually developing your caregiving skills is an important characteristic of an effective Care Partner.

Occasionally team building activities will replace the training time so team members can build trust and camaraderie within each supervision group.

3. BREAK TIME FOR 5-10 MINUTES

You can expect a break between the training portion and the small group time each month.

4. SMALL GROUP TIME

This of course, is the time when we get to the heart of providing care to group members.

Each group will have a time of sharing Brief Check-In Reports, one or two Care Partners give an In-Depth Report, the group will take time to pray for one another, and then evaluate their time together using a Supervision Meeting Evaluation Report.



WHAT WILL MY SUPERVISION GROUP LOOK LIKE?

You will be assigned to a supervision group with up to 8 members. This includes a Supervision Group Facilitator who helps the group work effectively and stay on time.

1. REARRANGING ALL SUPERVISION GROUPS

Once a year supervision groups will be rearranged for variety, continual growth, and the health of all supervision groups and members. Groups will be given notice several months before the list of the new groups is distributed.

Strong feelings of loss can occur for group members and will work through closure with their group.

2. THE NEED TO REGROUP

There may come a time when a Care Partner has difficulty relating in a supervision group. The leadership team will evaluate the situation and try to resolve conflict before assigning the Care Partner to a different group. As Care Partners, we want to learn, grow, and work together to get along and experience healthy relationships in our supervision groups. This allows everyone to feel valued and accepted.

WHAT IS A CHECK-IN REPORT?

Each month every supervision group member who has a current caring relationship will give a Check-In Report. Giving everyone an opportunity to “check-in” has several important benefits:

1. UP-TO-DATE

The supervision group stays up-to-date about each team member's caring relationship.

2. ACCOUNTABILITY

Each CP remains accountable when they know they will be reporting on their caring relationship.

3. COMMITMENT

Each Care Partner is empowered to follow through on their commitments to their Care Receiver.

4. URGENT NEED

The supervision group discovers if any Care Partner has an urgent need for their relationship.

WHAT ARE CHARACTERISTICS OF AN EFFECTIVE CHECK-IN REPORT?

Characteristics Care Partners want to always keep in mind for the Check-In Report include,

1. BRIEF

Check-In Reports should be brief and to the point regarding your caring relationship. It should take no more than 2 minutes. If it takes more time than that, it is too long.

2. HONEST

A Check-In Report tells the truth. If Care Partners feel uncomfortable, afraid, or angry at their Care Receivers, or they have a concern about an aspect of the relationship, they need to say so. Members of the supervision group cannot provide support and encouragement if they don't know what's going on.

3. CONFIDENTIAL

The Check-In Report is always presented in a way that preserves confidentiality. Use no names and give no needless details.

4. PREPARED IN ADVANCE

Care Partners care enough about their Care Receivers, themselves, and other members of the supervision group to prepare carefully ahead of time. If you do not write out your check-in statement, you will take more time than you should for checking in - - time others in your supervision group need.

WHY DO WE HAVE IN-DEPTH DISCUSSIONS?

Each month, one or two Care Partners give an In-Depth Report in your small group, depending on time. This is a more comprehensive report on the caring relationship and gives the group needed details to discuss the relationship.

A group discussion follows the report that includes support, encouragement, feedback, affirmation, and accountability. In-depth discussions provide everyone an opportunity to supervise and support the Care Partner giving their In-Depth Report. In many ways this is like caring for a Care Receiver:

1. YOU WILL BE PROCESS ORIENTED

You relate with a process orientation and try to help the Care Partner come up with their own solutions rather than tell a Care Partner what they should do.

2. YOU WILL USE YOUR CAREGIVING SKILLS

You listen and reflect content, feelings, and spiritual concerns.

3. YOU WILL NOT “FIX” THE PROBLEM

At times, you will share your own experiences as a Care Partner and suggest ideas for the Care Partner to consider, but you are not trying to fix the Care Partner’s problem or answer all their questions.

4. YOU WILL PROVIDE A CARING ATMOSPHERE

You provide a caring, trust-filled atmosphere where the CP feels supported and encouraged and where they can find the faith and commitment to stay accountable for the ministry they have been given.

5. THE CARE PARTNER WILL LEAVE WITH AN ACTION PLAN

The Care Partner will leave the supervision meeting with an action plan for what to do next in the relationship with their Care Receiver.

Special Note: An In-Depth Report needs to be carefully and thoughtfully prepared in advance to be the most effective.

WHEN DOES URGENT CARE TAKE PRIORITY IN GROUP TIME?

During Check-In Reports, your Supervision Group Facilitator may sense urgent care needs to be provided to help a Care Partner through a particular situation. After all Check-Ins have been completed, the Supervision Group Facilitator will go back to the Care Partner with the urgent need.

The whole group will engage in discussion to help the Care Partner identify possible solutions when,

1. The Care Receiver may be hinting about suicide, homicide, or abuse.
2. The Care Receiver may be threatening to bring premature closure to the relationship.
3. The Care Receiver may need a recommendation for other care, i.e., professional counseling, legal assistance, or other resource.
4. The Care Partner seems very upset about some troubling aspect of the caring relationship.

Special Note: If you believe a Care Receiver is suicidal, homicidal, or involved in abuse, it is essential to take immediate action and not wait your next supervision meeting. Call your Supervision Group Facilitator immediately for support and direction.

WHAT CAN I EXPECT OF MY SUPERVISION GROUP FACILITATOR?

1. FACILITATE

Your Supervision Group Facilitator is there to facilitate (make easy) your group during the small group portion of a supervision meeting.

2. AVAILABLE

Your Supervision Group Facilitator will be available for group members outside of supervision meetings, e.g., individual supervision, questions, concerns, or the need to talk.

3. GRACE

Your Supervision Group Facilitator will give you grace for a missed supervision meeting, or the need to step back from having a Care Receiver for a period of time. Contacting your Supervision Group Facilitator is a must in these situations.

4. PRAYER

Your Supervision Group Facilitator is committed to praying for their group.

5. IDEAS AND CONCERNS

You can count on your SGF to take your ideas and concerns to the leadership team.

WHY IS AFFIRMATION SO IMPORTANT IN GROUP TIME?

Ministry can be tough! Care Partners may be feeling discouraged because they did not care for their Care Receiver the way they wished they had. During the in-depth discussion, each member will look for ways to affirm, compliment, and build up the Care Partner.

For example, consider,

1. FAITHFULNESS

“You have been so faithful in your care for you Care Receiver. You haven’t missed a week with him.”

2. INSIGHTFUL

“I think you have some real insight into your Care Receiver’s situation.”

3. PROGRESS

“I remember when you first started meeting with your CR. You have made a lot of progress.”

4. DEPENDABLE

“You were there for the Care Receiver when she needed you. I’ll bet she’s grateful.”

5. PERSEVERANCE

“You’ve had a difficult time with this Care Receiver, but you hung in there and persevered with him.”

6. IMPRESSIVE

“I am impressed by the way you pray for your Care Receiver.”

7. BLESSED

“Your Care Receiver has grown spiritually. God has clearly blessed your ministry in wonderful ways.”



Special Note: Make your affirmation sincere. A sincere affirmation works wonders, but an insincere affirmation will be quickly recognized as false and is likely to hurt the Care Partner.

WHY DO WE COMPLETE A SUPERVISION MEETING EVALUATION AFTER EVERY SUPERVISION MEETING?

Regular evaluation keeps a pulse on our activity and effectiveness as a group. Supervision Meeting Evaluations help the CPLT (Care Partner Leadership Team) evaluate a variety of aspects of our Care Partner ministry.

1. Each supervision group members fills out an evaluation.
2. Each member will turn in their evaluation to their Supervision Group Facilitator at the end of each supervision meeting.
3. The Supervision Group Facilitator reviews and discusses evaluations with the leadership team.
4. Evaluations are a great place to write out your ideas or concerns for the Care Ministry.

In addition to monthly evaluation, we also do a periodic in-depth evaluation of each supervision group.

FOCUS QUESTIONS

WHAT IS THE PURPOSE OF USING FOCUS QUESTIONS?

Focus questions consists of 8 sets of questions to ask after a Care Partner gives an In-Depth Report. Although supervision groups are not required to use focus questions, they do have a variety of benefits and are encouraged to use them for group in-depth discussions. The purposes of focus questions are:

1. TO ALLOW GOD TO WORK IN THE RELATIONSHIP

Focus questions help one another consider ways to improve the relationship and improve their caring skills so they can be better instruments in God's hands.

2. TO BE A MEANS TO AN END, BUT NOT AN END IN THEMSELVES

Supervision groups use focus questions for the purpose of helping Care Partner's provide the best care possible.

3. TO SERVE THE NEEDS OF CARE PARTNERS

Focus questions give Care Partner's opportunity to express feelings, be challenged and/or take a risk.

4. TO CARE FOR THE CARE PARTNERS

Focus questions make it possible to identify a Care Partner's needs so the group can give needed care.

5. TO GO DEEPER

Focus questions help the group to stay with one aspect of the caring relationship long enough to get past the surface issues and face in-depth problems or joys.



6. TO FOCUS GROUP ATTENTION

The discussion of any relationship could take several valid directions. But if the group tries to discuss them all, they will end up not discussing any aspect in depth.

7. TO FACILITATE GROUP DISCUSSION

Focus questions prime the pump of thinking, analysis, and discussion. They facilitate (to make easier) in helping Care Partners express their questions, comments, concerns, and ideas to one another.

HOW ARE FOCUS QUESTIONS CHOSEN?

Focus questions are chosen by the Care Partner giving their In-Depth Report, the Supervision Group Facilitator, and/or small group members.

1. THE CARE PARTNER GIVING THEIR IN-DEPTH REPORT

The Care Partner giving their report identifies a focus question set that best meets their needs. This is included in the last question on the In-Depth Report.

2. THE SUPERVISION GROUP FACILITATOR

If the Care Partner does not identify a focus question set the Supervision Group Facilitator may decide on a focus question set to start with.

3. OTHER SMALL GROUP MEMBERS

At any time during the in-depth discussion supervision group members may suggest possible focus question sets to concentrate on.

4. MOVING ON TO MORE QUESTIONS

The group may move to other focus question sets and/or questions during the course of the discussion. When a group member suggests moving to a different set, the Supervision Group Facilitator helps the group decide whether they are ready for a new topic and, if so, what the topic should be.

WHAT DO EACH OF THE FOCUS QUESTION SETS CONCENTRATE ON?

SET A - THE RELATIONSHIP WITH THE CARE RECEIVER

1. What is and isn't happening in this relationship?
2. What are the strengths and weaknesses in the relationship?
3. Which vital aspects are, or should be, present in this relationship?

SET B - THE SPIRITUAL NATURE OF THE RELATIONSHIP

1. How do you see God at work in this relationship?
2. What are the Care Receiver's spiritual concerns? How is the Care Receiver growing spiritually?
3. How effectively has the Care Partner communicated and shared God's love?

SET C – THE DIRECTION OF THE CARING RELATIONSHIP

1. What do you think is the future of this relationship?
-

2. What are the Care Partner's and Care Receiver's expectations and goals?
3. Do you see signs it's time to end the relationship?
4. How has the relationship changed?

SET D - THE CARE PARTNER'S FEELINGS ABOUT THE CARING PROCESS

1. How do the Care Partner's feelings affect the relationship?
2. How can the supervision group care for the Care Partner and explore the Care Partner's feelings?



SET E - THE CARE PARTNER'S SKILLS

1. How well is the Care Partner using major caregiving skills: listening, reflecting feelings, empathy, confidentiality, and assertiveness?
2. How well does the Care Partner meet the Care Receiver's special needs?

SET F - THE CARE PARTNER'S PERSONAL GROWTH

1. Is the Care Partner growing in their attitudes, values, self-understanding, self-esteem, and relationship with God?
2. How is the Care Partner's growth affecting the relationship?

SET G - THE CARE RECEIVER'S SITUATION

1. How does the Care Partner understand the Care Receiver's situation, needs, and perceptions?
2. How appropriate is a Care Partner for the Care Receiver's needs?

SET H - A POSSIBLE MENTAL HEALTH REFERRAL

1. Does this Care Receiver need to be referred to a mental health professional?

Special Note: Read each list of questions. The more you know the questions and the more you use the questions you will see the purposes behind them. Read them and read them again!

WHAT ARE KEY IDEAS TO REMEMBER ABOUT FOCUS QUESTIONS?

Three key ideas to remember about Focus Questions,

1. Focus Questions direct and focus supervision group discussion.
2. Focus Questions begin and define in-depth discussion, but supervision group members ask their own follow-up questions as discussion goes on.
3. Focus Questions are not meant to control your group's conversation, rather to facilitate it.

You will run into two problems with Focus Questions.

1. Supervision groups just don't use Focus Questions.
2. A group member uses Focus Questions as a club to control others in the group.

FOCUS QUESTION EXERCISE

Using the Focus Questions, found in the *Care Partner Documents* section of this booklet, read each situation below and decide on a Focus Question Set appropriate for the caring relationship. Then choose the Focus Question(s) to begin an in-depth discussion from the Focus Question Set you chose.

SITUATION DESCRIPTION #1

"I don't know where to go next with my Care Receiver. We seem to have settled a lot of the problems she started off with, but I don't think it's time to bring closure to the relationship. It seems as if there's still more to talk about."

What Focus Question Set would you choose? _____

What Focus Question(s) would you chose? _____

SITUATION DESCRIPTION #2

"I'm very frustrated with my Care Receiver. I can't put my finger on why, but every time I get ready to go visit him, I just start feeling angry inside."

What Focus Question Set would you choose? _____

What Focus Question(s) would you chose? _____

SITUATION DESCRIPTION #3

"The last time I visited my CR, she was so depressed she could hardly talk. Her home is usually neat, but that day it was quite messy. I wonder if she needs more help than I'm giving her."

What Focus Question Set would you choose? _____

What Focus Question(s) would you chose? _____

SITUATION DESCRIPTION #4

"This is supposed to be Christian ministry, but I don't see what part God has in what I'm doing. All I do is listen. We never pray or read the Bible. I think my CR's life should be more victorious."

What Focus Question Set would you choose? _____

What Focus Question(s) would you chose? _____

ANSWERS TO FOCUS QUESTION EXERCISE

SITUATION #1:

Set C; Questions 13, 14, 15

SITUATION #3:

Set G; Questions 7 and Set H; Questions 4, 5, 7

SITUATION #2:

Set D; Questions 3, 6, 8, 10

SITUATION #4:

Set B; Questions 2, 4, 7

CONFIDENTIALITY

HOW DO WE MAINTAIN CONFIDENTIALITY IN SUPERVISION?

We want to uphold confidentiality but being extremely rigid can be a problem. When a mistake is made, forgive and move on as quickly as possible. Remember ways to maintain confidentiality in supervision.

1. NO USE OF NAMES

Don't tell the supervision group the Care Receiver's name or the names of family members.

2. CARE RECEIVER ASKED NOT TO SHARE

Don't tell your group something the Care Receiver specifically asked you to tell no one. (If this is an issue you need help with, talk to your Care Partner Leader or Supervision Group Facilitator in private.)

3. INTIMATE DETAILS

Don't share intimate details of the Care Receiver's life that have no bearing on the caring relationship.

4. SMALL GROUP DISCUSSIONS

Keep confidential everything discussed in the supervision group.



5. DAMAGING INFORMATION

If your Care Receiver has shared something that possibly could be very damaging if you were to share it in your supervision group, request individual supervision with your Supervision Group Facilitator.

6. TRUST SMALL GROUP MEMBERS

Trust the others in your supervision group. They are as committed to confidentiality as you are.

7. PLAN AHEAD

Preparing your Check-in Report or In-Depth Report ahead of time helps you keep confidentiality in mind and may keep you from accidentally sharing names.

8. PURPOSE IN MIND

Share details with a purpose in mind. Be sure to share what you need to share to receive supervision you need. Don't share details that have little to do with maintaining quality in the relationship.

WHAT DO WE DO WHEN WE DISCOVER A CARE RECEIVER'S IDENTITY?

It is not *if* you discover a Care Receiver's identity, but *when* it does happen, what do you do then?

1. KEEP IT TO YOURSELF

There is no need to tell other Care Partners, or anyone else, you have figured out who the Care Receiver is.

2. FORGET ABOUT IT

Forget about is as soon as possible. Don't take pride in the fact that you've determined who the Care Receiver is and dwell on your accomplishment.

3. DON'T QUIT PARTICIPATING

Continue to provide the best supervision possible to a Care Partner and don't refuse to participate in supervision.

4. DON'T SHARE WITH OTHERS

Don't let on to a Care Receiver or member of their family you know who their Care Partner is.

5. NO NEED TO SWITCH GROUPS

There is no need to go to your Care Partner Leader and ask to be transferred to a different supervision group because you have figured out the identity of a Care Receiver.



WHAT IS THE HIERARCHY OF CONCENTRATION?

To provide the best care for a Care Receiver, you must follow the *Hierarchy of Concentration*. It is a simple idea, "In supervision you concentrate on some topics more than others."

1. CONCENTRATE ON THE RELATIONSHIP

The topic that should get the most attention is the *relationship and interactions* between you and your Care Receiver.

2. CONCENTRATE ON THE CARE PARTNER IN THE RELATIONSHIP

The second level of attention is the *caregiver* – your situation, needs, feelings, and skills.

3. CONCENTRATE ON THE CARE RECEIVER'S SITUATION AND NEEDS

Issues talked about least are details about *the Care Receiver and their situation*. This area is emphasized least because,

- Your Care Receiver's needs are best be met when you focus on developing a quality relationship and receiving the support, encouragement and accountability you need.
- The fewer details you share about a Care Receiver, the better you maintain confidentiality.

CARE PARTNER COVENANT

(To be signed by CP and a CPLT member before or on the day of commissioning)

THROUGH THIS COVENANT, THE CARE PARTNER AGREES TO:

- Accept the Care Receiver assigned to you and care faithfully for them.
- Attend meetings and inform your Supervision Group Facilitator if you must be absent or late.
- Maintain confidentiality regarding your Care Receiver and Care Receivers of other Care Partners.
- Promote the ongoing strength and effectiveness of Celebration Church Care Partner ministry.
- Pray for your Care Receivers, Care Partner Leaders and other Care Partners.
- Accept one another unconditionally and be available to one another during times of crises.
- Prepare for monthly supervision meetings by completing a *CP Brief Check-In Report* and *CP In-Depth Progress Report* when assigned.
- Share honestly with your supervision group about your experiences as a Care Partner.
- Represent authentically our *Care Partner Covenant to Care* (as presented in the training class on Boundaries) in all your activities as a Care Partner.
- Serve for a one-year term as a Care Partner of Celebration Church. By mutual agreement between the Care Partner and Care Partner Leaders, this covenant can be renewed for an additional term.

THROUGH THIS COVENANT, THE CARE MINISTRY LEADERS AGREE TO:

- Encourage continued growth of Care Partners in prayer and affirmation.
- Provide meaningful support, encouragement, and accountability for all Care Partners.
- Pray for Care Partners, Care Receivers, and other Care Partner Leaders.
- Accept one another unconditionally and be available for Care Partners during times of need.
- Conduct regular supervision meetings and provide continuing education for Care Partners and be available for one-on-one supervision, when necessary.
- Maintain confidentiality of all Care Partner relationships and the identity of Care Receivers.
- Keep Celebration Church leaders aware of and informed about all aspects of Care Partner ministry.

Care Partner's Name – Please Print

Date of Commissioning

Care Partner's Signature

Care Partner Leader's Signature

CARE PARTNER'S COVENANT TO CARE

I agree to and accept the following practices, priorities, and principles as a Care Partner,

1. I WILL PUT GOD FIRST WITH A GRATEFUL HEART

Care Partners are first of all people of faith who seek to put God first in all that they say and do.

- "Put God first ahead of all else and live righteously, and He will give you everything you need."
- "Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength."

2. I WILL DEPEND ON GOD FOR RESULTS IN MY CAREGIVING

Care Partners depend on God by lives of fervent prayer, by providing care that is process-oriented and not results-oriented, and by keeping in mind their role as caregiver and God's role as Caregiver.

- "My help comes from the LORD, the Maker of heaven and earth."
- "Pray continually."
- "I planted the seed, Apollos watered it, but God made it grow."

3. I WILL WORSHIP GOD REGULARLY

Care Partners express devotion to God by faithfully participating in worship and by trusting the Holy Spirit to renew and transform their lives, the lives of Care Receivers, the church, and the world.

- "You also, like living stones, are being built into a spiritual house... offering spiritual sacrifices acceptable to God through Jesus Christ."
- "And let us consider how to provoke one another to love and good deeds, not neglecting to meet together, as is the habit of some, but encouraging one another, and all the more as you see the Day approaching."

4. I WILL PROMOTE RESPECT AMONG CARE PARTNERS AND LEADERS

Care Partners promote a spirit of gentleness and peace among other Care Partners, Care Partner Leaders, pastors, church staff, and congregants by behaving appropriately and respectfully toward them, by speaking well of all, and by putting the best construction on everything.

- "But we appeal to you, brothers and sisters, to respect those who labor among you, and have charge of you in the Lord and admonish you; esteem them very highly in love because of their work. Be at peace among yourselves."
- "The fruit of the Spirit is love, joy, peace, patience, kindness, generosity, faithfulness, gentleness, and self-control."

5. I WILL HELP MY CARE RECEIVER FIND CARE WHEN THEY NEED MORE THAN I CAN GIVE

If Care Partners see signs of problems such as depression, suicide, substance abuse, child or elder abuse, or spouse abuse, they seek help from leaders and pastors. When faced with potentially serious issues that could affect the health, well-being, or reputation of a Care Receiver and others, they recognize their limitations and, following guidance from their Care Partner Leaders, encourage a Care Receiver to accept help from a professional caregiver when the person needs more specialized care than a Care Partner can provide. They do what is right in the sight of God and according to the laws of our state.

- "Do not think of yourself more highly than you ought."
- "Do not withhold good from those to whom it is due, when it is in your power to do it."

6. I WILL GUARD THE REPUTATION OF CARE MINISTRY

Care Partners are matched with Care Receivers of the same gender and, in their relationships with other Care Partners and Care Partner Leaders should work to guard one another against inappropriate physical contact, suggestive dress and gestures, or sexual behavior that could threaten the reputation and effectiveness of Care Partners in the church.

- "Let us behave decently, as in the daytime...Clothe yourselves with the Lord Jesus Christ."
- "For this is the will of God, your sanctification: that you abstain from fornication; that each one knows how to control your own body in holiness and honor, not with lustful passion; that no one wrong or exploit a brother or sister in this matter.... For God did not call us to impurity but in holiness."

7. I WILL SERVE WITHOUT EXPECTING OR ACCEPTING FINANCIAL REWARD

Care Partners care freely without expecting return, never abusing a relationship by asking for or receiving favors, gifts, money, or material benefits from a Care Receiver (other than small tokens of appreciation).

- "Keep your lives free from the love of money and be content with what you have."
- "And whatever you do, in word or deed, do everything in the name of the Lord Jesus, giving thanks to God the Father through him."
- "Since you know that from the Lord you will receive the inheritance as your reward; you serve the Lord Christ."

8. I WILL MAINTAIN CONFIDENTIALITY

Care Partners understand the importance of confidentiality and trust in the caring relationship, faithfully maintain confidentiality, and encourage other Care Partners to do the same.

- "Set an example for the believers in speech."
- "Reckless words pierce like a sword, but the tongue of the wise brings healing."

9. I WILL DISCIPLINE MYSELF TO MEET MY CARE RECEIVER'S NEEDS

Care Partners commit themselves to serve the needs of the Care Receiver and not their own needs, striving to understand themselves and their own motives, maintaining clear boundaries in relationships, and graciously accepting the guidance, decisions, and constructive comments of their Care Partner Leaders and other Care Partners.

- "If it is serving, let him serve; ...if it is contributing to the needs of others, let him give generously."
- "Pay close attention to yourself and to your teaching; continue in these things, for in doing this you will save both yourself and your hearers."

10. I WILL WILLINGLY RECEIVE DIRECTION AND SUPERVISION

Care Partners receive their assignments from Care Partner Leaders, meet with Care Receivers faithfully, and participate in scheduled supervision to ensure quality Christ-centered care for the Care Receiver.

"But everything should be done in a fitting and orderly way."

CP BRIEF CHECK-IN REPORT

(Used by CP to share a brief update on the caring relationship during a regular supervision meeting)

Care Partner's Name _____ Date of Supervision Meeting: _____

Write a 1-2 sentence answer to these questions and share them with your Supervision Group during the Care Partner's Check-In.

1. **How many times** have you met with your Care Receiver? Do you plan to meet again?
2. What is your Care Receiver's **current situation**, concerns, or challenges?
3. What are your **process-oriented goals** for the relationship right now? In the future? What are you doing to reach them?
4. **What is going well** in the relationship? What is **not going well**?
5. **What resources** have you suggested to them – books, small groups, classes, other support?
6. **How can the supervision group help you** give the best possible care to your Care Receiver?

Characteristics of an Effective Check-In

Brief. Keep it short – no longer than 2 minutes. No need to report all the details about the situation.

Honest. Tell the group when you feel uncomfortable, fearful, angry, or concerned about any aspect of the relationship. You won't get the support and help you need if they don't know what's really going on.

Confidential. Talk in a way to protect privacy of the Care Receiver – use no names and give no identifying details about the person.

Prepared in Advance. You will get the most out of a supervision meeting by preparing carefully and thoughtfully ahead of time.

CP IN-DEPTH PROGRESS REPORT

(Used by CP to share in-depth progress report on the caring relationship during regular supervision meeting)

Care Partner's Name _____

Date of Supervision Meeting: _____

1. **How many times** have you met with your Care Receiver?
 - How often do you meet? _____ Weekly? _____ More than weekly? _____ Less than weekly?

2. **What other caregivers** (therapist or counselor, social worker, doctor, etc.) are involved with your Care Receiver?

3. How would you **describe their current situation**, concerns, or challenges?

4. What are your **process-oriented goals** for the relationship right now? In the future? What are you doing to reach them?

5. **Consider the spiritual dynamics of the relationship and state of the Care Receiver's faith.**
 - What are your Care Receiver's **spiritual needs**? What do they hear God saying to them right now? How do you know this?

 - What do you notice about **how your Care Receiver is growing** in faith, trust, and obedience to God through your relationship with them? What might be reasons for the lack of growth? How can you respond in either situation?

 - **How are you growing** in faith, trust, and obedience to God through your relationship with them? What is God saying to you about you as you minister to the Care Receiver?

6. **Reflect on the progress and current status of your relationship with your Care Receiver.**

- How do **you feel about your relationship**? Use 3-4 words or phrases to describe it.

- What has been **challenging, difficult, or a problem** for you in the relationship? In what ways do they **resist** or even reject and fight with you?

- What do you think might be **factors affecting their responses** to you and the relationship?

- What do you think should be **the future focus of the relationship**:
 - Continue the current direction
 - Closure
 - Referral to a professional
 - Community resource
 - Something else: _____

7. **What questions, concerns, issues, or areas of need do you want help with** so you can give the best possible care to your Care Receiver?

8. **Identify a question you have or Focus Question Set** your supervision group could use to discuss your caring relationship?

SUPERVISION MEETING EVALUATION REPORT

(Completed by SGF & CP after each regular supervision group meeting)

SGF/Care Partner's Name _____ Date of Supervision Meeting: _____

EVALUATING THE SUPERVISION MEETING

1. How helpful was this month's training topic or team building exercise?
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
Not Very Helpful Very Helpful

2. How did you feel about today's supervision meeting?
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
Terrible Great

3. How do you rate the tempo and energy of this supervision meeting?
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
Too Slow Too Fast

4. Rate the distinctively spiritual nature of your supervision group experience.
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
Not at all Very much so

5. How actively did you participate in your supervision group?
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
Very Inactively Very Actively

6. How well focused was your supervision group during this meeting?
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
Very Unfocused Tightly Focused
Accomplished Little Very Productive

7. Overall, how do you feel about the supervision meeting experience?
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
Discouraged & Uncertain Encouraged & Motivated

GENERAL COMMENTS AND FEEDBACK ABOUT SUPERVISION

1. What **observations or comments** would you like to make regarding the supervision meeting?

2. What was especially **positive or difficult** about this meeting? How did you respond to it?

3. Do you find yourself **wanting to say** things during supervision group, but not saying them? What do you think is the reason?

4. What **new challenges** do you see coming for your supervision group? What help do you need for dealing with them?

IN-DEPTH SUPERVISION GROUP EVALUATION REPORT

(Completed by CP to prepare for periodic in-depth supervision group evaluation)

Care Partner's Name _____

Date of Supervision Meeting: _____

This evaluation of your supervision group is designed to help you 1) examine your own supervision group participation, 2) gauge the quality of interaction among supervision group members, 3) monitor the effectiveness of your supervision experience, and 4) discover areas of growth for you and the supervision group.

I. EVALUATING MYSELF

A. MY FEELINGS ABOUT MY PARTICIPATION IN THE SUPERVISION GROUP

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
Very Uncomfortable Very Comfortable

Please be prepared to talk about your evaluation. What specifically makes you feel at ease or uncomfortable in the group? Here are some ideas to prompt your thinking. Note any that apply.

I'm uncomfortable because...

- I feel left out of the group.
- I don't feel completely accepted by the group.
- I wonder if group members respect me.

I'm at ease because...

- I feel welcome and included by the group.
- I feel accepted as I am.
- I feel respected by the group members.

Thoughts to share with the supervision group:

B. MY LEVEL OF PARTICIPATION IN THE SUPERVISION GROUP

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
Very Low & Detached Very High & Connected

Please be prepared to talk about your evaluation. Why do you think your participation in the group is very high or very low? Here are some ideas to prompt your thinking. Note any that apply.

I don't participate much because...

- I have a hard time trusting people.
- I have a hard time empathizing with people.
- I find myself being critical of others' ideas and opinions.
- I have a hard time complementing and praising others.
- It is hard for me to be warm and affectionate.
- I have trouble paying attention to what others say and I am impatient with them.

I participate because...

- I am very trusting.
- I can easily empathize with people.
- I tend to accept other people's ideas and opinions easily and unconditionally.
- I am able to generously praise and complement other people.
- I freely express warmth and affection.
- I can listen well to others with great patience and compassion.

- I find it difficult to express what I think and feel to others in a group.
- I don't like other people making suggestions about what I should do.
- I like the way I am and don't see why I need to grow or change the way I do things.
- It is easy to share my thoughts and feelings in a group.
- I am willing to seriously consider suggestions and comments from others.
- I want to learn, grow, and be open to change to be more effective in serving others.

Thoughts to share with the supervision group:

II. EVALUATING MY SUPERVISION GROUP

A. HOW WELL THE SUPERVISION GROUP WORKS TOGETHER

1. — 2. — 3. — 4. — 5. — 6. — 7. — 8. — 9. — 10.
 Low Cooperation High Cooperation

Please be prepared to talk about your evaluation. Why do you think your group is working well or not working well together? Here are some ideas to prompt your thinking. Note any that apply.

The group doesn't work well because...

- A few tend to dominate the group.
- We have a hard time with listening and often fail to understand one another.
- We're uncomfortable with feelings and often withhold or ignore them.
- We're more critical than affirming of one another's feelings.
- We tend to wear masks, hiding our real selves.
- We really don't trust each other much.
- We tend to be more competitive than supportive.
- We don't always protect confidentiality.
- Our conversation often wanders and we lose focus on our tasks.
- We waste time in our supervision group.

The group works well because...

- Everyone participates equally.
- We listen carefully and understand one another's ideas.
- We share, recognize, and accept one another's feelings.
- We often affirm one another.
- We are open and honest about ourselves.
- We have a climate of mutual trust.
- We support one another.
- We keep confidences and maintain privacy.
- We keep on track and remain focused on our tasks together.
- We use time wisely.

Thoughts to share with the supervision group:

WHEN TO USE FOCUS QUESTIONS

SET A: THE CARING RELATIONSHIP

1. The group wants a beginning look at a relationship.
2. The Care Partner needs a refresher on basic activities that need to happen in a relationship.
3. The group wants to get a general view of what is going on in the relationship.
4. The relationship between Care Partner and Care Receiver seems to be going sour and the group isn't sure what is causing the difficulty.
5. The Care Partner needs to value the healing power of the relationship itself apart from specific results.
6. The Care Partner needs to reflect on how their style of relating affects the quality of their caregiving.

SET B: THE SPIRITUAL NATURE OF THE CARING RELATIONSHIP

1. The Care Partner needs to see what God is doing in the relationship.
2. The Care Partner does not see anything constructive happening in the relationship.
3. The Care Partner has lost sight of God's part in the relationship. The Care Partner is:
 - emphasizing cure rather than care
 - self-centered instead of Christ-centered
 - trying to make everything happen by themselves
4. The Care Partner needs to look for and respond to a Care Receiver's less obvious spiritual needs.

SET C: THE DIRECTION OF THE CARING RELATIONSHIP

1. The Care Partner expresses confusion about what is, or what should be happening in the relationship.
2. The Care Partner or Care Receiver wonders whether it's time to bring closure to the relationship.
3. The group is wondering whether it would be appropriate to close the relationship.
4. The relationship seems to have lost its purpose or direction.
5. The group wants to look ahead in the relationship to what might be coming.
6. The Care Partner, or the Care Receiver, doesn't feel as if progress has been made in the relationship.

SET D: THE CARE PARTNER'S FEELINGS ABOUT THE CARING PROCESS

1. The Care Partner needs to let off steam about the relationship.
2. The Care Partner is having difficulty with the relationship.
3. The Care Partner feels vague dissatisfaction with the relationship.
4. The Care Partner's emotions are too intense or not intense enough.
5. The Care Partner shows signs of boredom in the relationship.
6. The Care Partner seems to be relating with sympathy or over identification instead of empathy.

SET E: THE CARE PARTNER'S SKILLS

1. The group wants to affirm the Care Partner for using good caring skills.
2. The group suspects the Care Partner is not using needed skills or they need to develop certain skills.
3. The group wants to look in-depth at one visit between the Care Partner and Care Receiver.
4. To determine what help, growth, or continuing education would most benefit the Care Partner.
5. The Care Partner needs to use caring skills more effectively to improve the relationship.

SET F: THE CARE PARTNER'S PERSONAL GROWTH

1. The Care Partner needs to look at how the kind of person they are affects their caregiving.
2. The Care Partner needs to see how their relationship with God affects their caregiving.
3. The Care Partner is facing a personal growth crisis. (The supervision group can recognize signs of anxiety, confusion, or anger in the Care Partner and can provide them with the opportunity to recognize and deal with the personal growth crisis).

SET G: THE CARE RECEIVER'S SITUATION

1. The Care Partner does not understand everything going on in the relationship.
2. The group detects conflict between the Care Partner and the Care Receiver.
3. The Care Partner believes it may be needed to refer the Care Receiver to a community resource.
4. There is an emergency situation in the Care Receiver's life.
5. The group is unsure whether this Care Partner is the correct caregiver for this Care Receiver.
6. The Care Partner is feeling overwhelmed, scared, or worried about the relationship.
7. The group suspects there may be multiple needs and priorities for ministry in the Care Receiver's life and the most obvious needs are not necessarily the most important needs.
8. There are contradictions between what the Care Receiver says and what they do.

SET H: A POSSIBLE MENTAL HEALTH REFERRAL

1. The Care Receiver shows signs of being severely depressed.
2. The Care Receiver seems increasingly unable to cope with life.
3. The Care Partner wonders whether the Care Receiver might be suicidal.
4. The Care Partner is considering referring the Care Receiver to a mental health professional.

**SET A:
FOCUS ON THE CARING
RELATIONSHIP**

1. Describe your relationship with your Care Receiver.
 - a. What are the most rewarding aspects?
 - b. What are the biggest challenges?
2. What are your feelings when you start your visit? When you conclude your visit?
3. What do you think your Care Receiver's feelings are when you arrive and when you leave?
4. Does the CR trust you to share risky thoughts and feelings? If not, why not? What could be done?
5. Evaluate and give examples of the following aspects of the relationship.
 - a. *Respect*: Do you treat one another with respect? Do you consider yourself above your Care Receiver?
 - b. *Genuineness*: Do your verbal and nonverbal messages agree? Do your Care Receiver's verbal and nonverbal messages agree with each other?
 - c. *Warmth*: Do you communicate empathy and acceptance to your CR? Does your CR sense that?
 - d. *Positive Regard*: How do you show you value your Care Receiver as loved and redeemed by God?
6. Do either of you feel uncomfortable because of inappropriate or unrealistic expectations?
 - a. Do you place unrealistic expectations on the Care Receiver or yourself?
 - b. Does the Care Receiver place unrealistic expectations on you or themselves?
 - c. How do you or your CR communicate expectations?
7. Is your focus on process or results?
 - a. Do you offer solutions or advice, and try to rescue the Care Receiver? Explain.
 - b. Are you pressuring yourself to make your Care Receiver improve or change?
 - c. Do you feel like a failure because your Care Receiver has not improved or changed?
 - d. Do you pressure your Care Receiver to change?
8. How are you and your CR doing with boundaries?
 - a. Is your CR becoming dependent on you? If so, how?
 - b. Are you becoming dependent upon the relationship with your Care Receiver? If so, how?
 - c. In what ways are you feeling manipulated?
 - d. How might you be enabling your Care Receiver's inappropriate behavior?
9. Is this caring relationship helping you? If so, how?

**SET B:
FOCUS ON THE SPIRITUAL NATURE
OF THE RELATIONSHIP**

1. How do you convey Jesus' love through your words and actions? How does your Care Receiver convey Jesus' love through their words and actions?
2. Do you see God at work in you? In your Care Receiver? In your relationship?
 - a. How have you encountered Jesus in your CR?
 - b. How is Jesus challenging you through the relationship?
 - c. How has your CR encountered Jesus in you?
 - d. How has your Care Receiver's faith life blessed you?
 - e. Are there other ways God's presence or healing has been evident in the relationship? Describe.
3. What questions about God or His relationship with people come up in the relationship? (E.g., What is God really like? Why does God seem so far away? Why does God allow suffering and evil? What is the will of God?). Who raises these questions? In what context? How do you respond when a Care Receiver raises them?
4. What faith issues are important to your CR? (E.g., relationship with God, meaning or purpose in life, identity, self-worth, guilt or fear). How do you know these issues are important? Is this a change?
5. How appropriate and effective is your use of such traditional resources as prayer, Scripture, and sharing a blessing with your Care Receiver?
6. Does the CR need to hear God's words of forgiveness and acceptance? How will you share forgiveness?
7. What kind of God is your Care Receiver yearning for? (E.g., a God of love, peace, reconciliation, forgiveness; a God who is present in times of crisis).
 - a. How have you or might you share those attributes of God?
 - b. What biblical passage portrays these facets of God?
 - c. Have you experienced God in these ways? If so, how might you share that with your Care Receiver?
8. How do you pray for yourself, for your Care Receiver, and for the relationship?
9. How does your relationship exemplify the idea that "God is the Cure-Giver; I am the caregiver?"
10. How have you experienced the Holy Spirit's power in ministry with your Care Receiver? What "fruit of the Spirit" (love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self-control) are you experiencing and expressing?

**SET C:
FOCUS ON THE DIRECTION OF THE
CARING RELATIONSHIP**

1. Is the relationship changing? Since when? How?
2. Where is the relationship going?
3. Are your expectations about the direction of the relationship appropriate and realistic?
4. What do you think are your Care Receiver's expectations for the direction of the relationship? How realistic or appropriate are they?
5. How long do you think the relationship will last?
6. What were your ministry goals for your previous visit? Were they reached?
7. What are your ministry goals for the next visit?
8. How do you set caring ministry goals? Whose needs – yours or your Care Receiver's – are reflected in your goals?
9. Do your ministry goals seem focused more on process or results?
10. Are you tempted to set goals for the Care Receiver? If so, how?
11. Do you assist the Care Receiver to set goals for themselves and to establish a sequence of small steps to reach those goals?
12. What will be on your Care Receiver's mind during your next visit?
13. Are you ready to consider ending the formal relationship? If so, what leads you to consider it?
14. Do you think your Care Receiver is considering ending the formal relationship? What gives you that impression? How have you responded to those signals?
15. Would ending the formal relationship at this time be premature? If so, what explains why you or your Care Receiver would be considering this?
16. If you and your supervision group consider it best to end the formal relationship, how will you bring it up to your Care Receiver? What process will you use in ministry through the closure period?

**SET D:
FOCUS ON CARE PARTNER'S
FEELINGS ON THE PROCESS**

1. How did you feel when:
 - a. You first called your Care Receiver on the phone?
 - b. You first met the Care Receiver?
 - c. Your visit was over?
 - d. The Care Receiver said...? *[add situation]*
2. How are you doing as a Care Partner? What feelings go along with your self-assessment?
3. Evaluate your emotional ties to your Care Receiver.
 - a. Are you becoming too emotionally involved to be an objective, effective Care Partner? If so, explore your emotional involvement.
 - b. Are you detaching and becoming too distant from your Care Receiver? If so, why?
4. What are your thoughts about progress of your relationship? What feelings go along with your assessment?
5. How do you feel about the process of caring for this person?
6. Do you feel strong emotions with your Care Receiver?
 - a. What emotion(s)?
 - b. When?
 - c. What issues may your emotions be inviting you to consider?
7. Do the values or beliefs, or does the lifestyle of your Care Receiver irritate or confuse you? How?
8. Do you own responsibility for your feelings in the relationship?
9. Are you able to express your feelings about the Care Receiver and relationship appropriately with the Care Receiver? With your supervision group?
10. How are your feelings helping or hindering your caregiving?

**SET E:
FOCUS ON THE CARE PARTNER'S
SKILLS**

1. In your last visit, what went well?
2. In your last visit, what do you wish you had said or done differently?
3. In general, what caring skills do you do well?
4. In general, what caring skills do you need to work on?
5. How well do you listen to and observe the Care Receiver? Give some examples.
6. Are you, your thoughts and emotions coming through to the Care Receiver? How do you know?
7. Are you being directive? How often? To what degree? In what ways?
8. Do you get into the Care Receiver's world and view it as they do? Explain. Does your Care Receiver's world seem foreign or familiar? How does this affect your ability to relate to them?
9. How well do you lead the Care Receiver to a better understanding of their feelings through reflective listening, summarizing, or interpreting? Examples?
10. How accepting are you of facts and feelings the Care Receiver shares?
11. How do you create a comfortable environment where your Care Receiver can share?
12. Are you avoiding clichés with your Care Receiver? (E.g., "Keep your chin up." "I know just how you feel.")
13. Are you assertive with the Care Receiver when you need to be? Give examples. If not, what aspect(s) of assertiveness do you need to work on? Practice or role-play these situations in your Supervision Group.
14. How are you maintaining confidentiality in the relationship?
15. Do you use email, texts, or calls with your Care Receiver? If so, in what situations? Describe the effectiveness of these activities.
16. Is the quality of your caring diminished because some of your basic skills have gotten rusty? How can you polish them?
17. If your Care Receiver is experiencing a problem that deals with specific crises (dying, hospitalization, grief, or divorce), what special needs do they have? Assess the quality of your ministry in this situation and give examples.

**SET F:
FOCUS ON THE CARE PARTNER'S
PERSONAL GROWTH**

1. How are you growing, changing, or being challenged in this relationship?
2. Is this ministry situation challenging you to acknowledge, express, and confront attitudes or feelings? If so, which ones? (This does not include attitudes and feelings about the relationship or caring process. This refers to your attitudes and feelings about such aspects of life as aging, disability, death, use of drugs, pain, dependency, debilitation, or values and lifestyles different from your own).
 - a. Do any of these attitudes or feelings impede your ministry? (That is, do they make it difficult for you really to understand your Care Receiver or to see life as your Care Receiver sees it?)
 - b. How are you doing at facing these attitudes and feelings, accepting them, and dealing with them? What help do you need to deal with them better?
3. What insights are you gaining about yourself, other people, the human condition, or God?
4. How is your understanding of the purpose, goals, and techniques of care ministry changing?
5. Is your understanding of what it means to be a Care Partner changing? If so, how?
6. How is God renewing or transforming you or your Care Receiver through this ministry?
7. Is your trust and dependence upon God growing through this ministry? If so, how? How do you express heightened trust and dependence on God?
8. How are you learning to value your ministry for what it is rather than what it does?

**SET G:
FOCUS ON THE CARE RECEIVER'S
SITUATION**

1. What are your Care Receiver's problems? What does your Care Receiver think their needs or problems are?
2. Do you and your Care Receiver differ in the way you understand the Care Receiver's problems? If so, how is that affecting your work?
3. How has your Care Receiver's background contributed to their present situation?
4. What's confusing about your Care Receiver or their situation?
5. Have your views of your Care Receiver or their situation changed over recent visits? If so, how?
6. What words or actions of your Care Receiver seem to give you the greatest insight into them?
7. Do any aspects of your Care Receiver's situation seem too great for you to handle? If so, which ones? How do you plan to address these needs?
8. If the Care Partner is considering referring the Care Receiver to a community resource:
 - a. What need prompted you to consider referring the Care Receiver to a community resource?
 - b. Are you or your Care Receiver tempted to see a referral to a community resource as a quick fix for your Care Receiver's need?
 - c. Which community resources might be the most relevant for the Care Receiver's situation? (If you are considering a referral to a mental health professional, see *Focus Question Set H.*)
 - d. How would a referral to community resource affect your relationship with a Care Receiver?

**SET H:
FOCUS ON POSSIBLE MENTAL
HEALTH REFERRAL**

1. What has prompted you to consider referring your Care Receiver to a mental health professional?
2. Have you noticed the following behaviors?
 - a. Reduced ability to cope with life
 - b. Symptoms of severe depression, such as uncontrollable crying, hopelessness, or inability to get out of bed
 - c. Suicidal behaviors or expression of suicidal thoughts
 - d. Physical or sexual abuse to or by the Care Receiver
 - e. Extreme withdrawal
 - f. Hallucinations
 - g. Significant weight loss or gain
 - h. Abusing alcohol or other drugs or chemical dependency
3. Based on the *Request for Care* you received from the Connections Coordinator, would you have expected your Care Receiver to be doing better by now?
4. Which type of mental health resource might be appropriate in this situation?
5. How do you think the Care Receiver will respond to your suggestion of a mental health referral?
6. What effect would a referral to a mental health resource have on your relationship with Care Receiver?
7. What are some ways you could present the idea of a mental health referral positively?
8. If your Care Receiver refuses to seek help from a mental health professional, what will your next step be?