

**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?