

Preclass Reading – Week 7

**MAKING THE FIRST VISIT***Getting Off to a Good Start***“I THINK THERE'S HOPE”**

Cynthia received an email from Richard, their Connections Coordinator, alerting her that she had a new care request. Cynthia's heart started pounding. She had just been commissioned as a Care Partner, and this was her first care assignment. The “Request for Care” (RFC) form said Cynthia's new Care Receiver, Miriam, had just had a baby and was feeling overwhelmed. The RFC also said it was a difficult pregnancy and Miriam had to spend the last month in bed.

Cynthia thought back to when her own two children had been born. She called Miriam and she noticed that Miriam sounded tired as she answered the telephone. They agreed to meet the next day at 7:00 P.M. at their local café.

Cynthia called Miriam as soon as Richard left. She noticed that Miriam sounded tired as she answered the telephone. They agreed to meet the next day at 7:00 P.M.

When Cynthia arrived, three-week-old Jimmy was making more noise than someone that size should have been capable of. Miriam looked as if she were about ready to cry. There was too much noise to talk, so Cynthia took Jimmy and started walking around with him. Miriam looked relieved and said she would go make grab some tea for them. By some miracle, Jimmy fell asleep minutes after Cynthia took him. Miriam put him in his stroller, and she and Cynthia sat at the table with their tea.

They chatted about babies. Cynthia told Miriam about the time when Claire, Cynthia's youngest, had suffered from colic and cried for a month straight.

"This isn't very encouraging," Miriam said with a laugh.

"I know what you mean," Cynthia said, "but now I look back at that as just one part of my relationship with Claire. I love her so much, and I'm glad I had a chance to take care of her when she needed me. But that's just me, and I'm not saying you should feel the same way. How do you feel about what's going on?"

Miriam started to cry as she told about getting little sleep, feeling overwhelmed by Jimmy's unending demands, and feeling worried about how she and Manny, her husband, were getting along. Cynthia listened and asked whether some specific event had caused Miriam to ask for help. Miriam told her about a fight she'd had with Manny, and how terrible she had felt afterward. Cynthia asked about Miriam's pregnancy. She started to see a bigger picture of months of changes and challenges Miriam had been through and how Miriam felt out of control of her own life.

Cynthia thought to herself, "I can help here. I understand what she's going through, and I'm willing to listen to her and go through this with her as she works it out."

An hour was up before they knew it. Cynthia asked Miriam whether there was anything else she needed to talk about that evening.

Miriam said, "No, thanks. It's really helped just to be able to talk about it. I think I'll see if I can sneak in a nap before Jimmy wakes up again."

Cynthia suggested they meet at the same time the next week, and Miriam agreed. Once she got home, Cynthia updated Podio (Our Care Tracker): *Good visit. She's exhausted, but I think there's hope.*

NUTS-AND-BOLTS “Q AND A” ABOUT CARING RELATIONSHIPS

Getting started in a relationship can bring up many questions. *Reference Box A* lists 15 nuts-and-bolts questions about how to begin and conduct a relationship. Answers are found in the following paragraphs.

Reference Box A – 15 Questions about Caring Relationships

1. How often will you meet with your Care Receiver?
2. Where will you meet with your Care Receiver?
3. Once your caring relationship has begun, who may initiate a visit?
4. How long should a visit last?
5. How many visits will you have with your Care Receiver?
6. What records will you keep about your relationship?
7. How will you keep those records confidential?
8. When should you be available to your Care Receiver?
9. What should you do if your Care Receiver has an emergency?
10. Are there kinds of care you should not provide?
11. What if you or your Care Receiver needs to cancel a visit?
12. What about communicating with your Care Receiver by cards, text, phone calls, and e-mail?
13. What if you discover your Care Receiver's family member or friend needs a Care Partner?
14. What if you have a question about your relationship that is so pressing it can't wait until the next supervision meeting?
15. What if your Care Receiver offers you a gift?

1. HOW OFTEN WILL YOU MEET WITH A CARE RECEIVER?

Care Partners typically meet with their Care Receivers once a week. In addition, you may talk on the phone with your Care Receiver between visits.

There are some possible exceptions. If your Care Receiver is in the midst of a crisis, such as being in the hospital or having just lost a loved one, you may spend more time with your Care Receiver for a week or two, assuming you can. On the other hand, if you are tapering off your relationship as you move toward closure, you may meet less frequently than once a week.

2. WHERE WILL YOU MEET WITH YOUR CARE RECEIVER?

Meet in places comfortable for your Care Receiver. We do not suggest you meet in your home or the Care Receiver's home. Some other options are:

- at church where space is available

- in a restaurant or coffee shop
- at some other public place, like a library or park

In any of these public places, make sure you can hear each other and not be overheard. Also, make sure your Care Receiver doesn't mind possibly being seen meeting with you.

3. ONCE YOUR RELATIONSHIP HAS BEGUN, WHO MAY INITIATE A VISIT?

Either you or your Care Receiver may request a visit.

Typically, you will set up your next visit at the end of the current one. It is also typical to establish a schedule where you meet at the same time each week. Even if you have a regular schedule, it is a good idea to verify the next visit by saying something like, "We'll be meeting again next Wednesday, right?"

If your Care Receiver has a special need to meet, they may call you and request a visit. You will need to negotiate a time that works for both of you. If you need to meet with a Care Receiver at an unscheduled time, you also may call and negotiate a meeting time.

4. HOW LONG SHOULD A VISIT LAST?

Visits usually last about an hour. This seems to be enough time to discuss a Care Receiver's concerns. For a routine visit, you probably don't want to meet more or much less than an hour.

Sometimes, however, the visit may be longer or shorter. If your Care Receiver is in a crisis, you may choose to meet longer. For example, if your Care Receiver's child is missing, you might stay with them until the situation is resolved, if you are able to do so. If your Care Receiver is in the hospital and feeling bad, you might limit your visit to 10 or 15 minutes because that may be all they have energy for.

5. HOW MANY VISITS WILL YOU HAVE WITH YOUR CARE RECEIVER?

While the total number of visits can vary widely, in most cases it is more likely to be 2, 3, or 5. The number of visits depends on what the Care Receiver needs. If your Care Receiver is grieving the loss of a loved one, you may meet with them for two or three months, and possibly a year or more. If your Care Receiver recently moved into your area and is feeling down, you may only meet for three to six weeks before bringing closure.

6. WHAT RECORDS WILL YOU KEEP ABOUT YOUR RELATIONSHIP?

All record keeping will be done in Podio – our Care Tracker. Each Care Receiver will submit a "Request for Care" form to our Central Connections Coordinator that requests a Care Partner be assigned to them. When you begin a relationship, you will update the Podio file each time you make a visit, phone call, send a text or email to your Care Receiver. You will learn more about our Care Tracker later in this class session.

7. HOW WILL YOU KEEP RECORDS CONFIDENTIAL?

Never leave your notes lying around or in a place where someone might happen upon them. You may want to keep a note pad for jotting down your notes.

8. WHEN SHOULD YOU BE AVAILABLE TO YOUR CARE RECEIVER?

It is typical to tell your Care Receiver they may call you whenever they need to. In an emergency they may even call you in the middle of the night. The idea is to be available to your Care Receiver at any time if they really need to contact you.

You may need to put some limits on your availability. For example, you may not be able to take calls from

your Care Receiver at work except in emergencies. You might invite them to leave a message on your cellphone during the workday and assure them you will call back as soon as possible.

9. WHAT SHOULD YOU DO IF YOUR CARE RECEIVER HAS AN EMERGENCY?

If your Care Receiver has an emergency – such as going to the hospital, a loved one is in an auto crash, a family member or friend is dying, or a child's running away – you may want to go and be with them. If you can't be there, try to be available over the phone and assure your Care Receiver that you will pray for them.

You will also want to inform your Campus Care Ministry Coordinator, with your Care Receiver's permission and if your Care Receiver has not already done so.

10. WHAT KINDS OF CARE DO YOU NOT PROVIDE?

There are several types of care not provided by a Care Partner.

You have learned about when and how to refer Care Receivers for professional care earlier in our training class. You also know if your Care Receiver is severely depressed or suicidal, you should refer them for professional care as soon as possible.

Situations could also arise when a Care Receiver asks you to provide care outside what Care Partners normally do. For example, your Care Receiver asks you to drive them to the store every day or even to do their shopping. In such a case you need to maintain clear boundaries.

You will certainly provide holistic care for your Care Receiver as needed. This may include occasionally stopping at the store to pick something up for a homebound Care Receiver.

Primarily, however, you are an individual who listens, prays, and walks with a Care Receiver through difficult times. You are not their “personal assistant.” If you believe your Care Receiver is asking you to provide care that takes advantage of you, ask yourself if you're stepping over your Care Receiver's boundaries or if they are stepping over yours.

Discuss the situation with your supervision group. You might decide to help your Care Receiver figure out how they can get to and from the store instead of offering to provide transportation yourself.

11. WHAT IF YOU OR YOUR CARE RECEIVER NEED TO CANCEL A CARING VISIT?

If you cannot keep an appointment, let your Care Receiver know as soon as possible and reschedule. Remember, however, your visits need to take very high priority. Don't cancel a visit for something like an invitation to go out with a friend or to do something you could do just as well at another time.

Your Care Receiver should do the same: call and let you know as soon as possible and reschedule.

If your Care Receiver takes advantage of you by regularly canceling visits, you need to bring that up assertively when you meet with them. Try to find out why they cancel visits and address those reasons. Also discuss it with your supervision group.

12. WHAT ABOUT COMMUNICATING WITH A CARE RECEIVER BY CARDS, TEXTS, PHONE, OR E-MAIL?

All are fine and can be very considerate acts. Just make sure you never think any of those ways of communicating with a Care Receiver can replace regular face-to-face contact. Also, be sure to maintain confidentiality. Be sure to get your Care Receiver's permission before sending e-mail messages or leaving messages on an answering machine.

13. WHAT IF YOU DISCOVER YOUR CARE RECEIVER'S FAMILY MEMBER OR FRIEND NEEDS A CARE PARTNER?

While you might be tempted to try to function as Care Partner for a family member or friend, your primary responsibility is to focus on the assigned Care Receiver. Therefore, get the person's permission to let your Care Partner Leaders know about the need and submit it via normal protocol. Your Campus Connection Coordinator will assign a Care Partner if it is possible and appropriate to do so.

Occasionally, you may have a conversation with family members or friends and will use your Care Partner skills as you would with a Care Receiver. If the person seems to need such conversations regularly, however, ask their permission to tell your Care Partner Leader, who will see if it would be appropriate to assign a Care Partner to the family member or friend.

14. WHAT IF YOU HAVE A QUESTION ABOUT YOUR RELATIONSHIP THAT IS SO PRESSING IT CAN'T WAIT UNTIL THE NEXT SUPERVISION MEETING?

If you have a question that affects a Care Receiver and it can't wait until your next supervision meeting, call your Campus Care Ministry Coordinator, Supervision Group Facilitator, or a Care Partner Leader.

15. WHAT IF YOUR CARE RECEIVER OFFERS YOU A GIFT?

The "Care Partner Values" you learned in the class on "Boundaries in Caregiving" states you will never receive any compensation for your caregiving. If a Care Receiver's gift were so valuable as to be a "payment for your services," you would have to refuse it. What about smaller gifts, however, such as a piece of cake or handmade Christmas gift? Read "The Grace to Receive" in *Appendix A* for an answer.

HOW TO CONDUCT A FIRST VISIT

The rest of this Preclass Reading will show you how to set up, conduct, and end a first visit. Many of these questions and considerations will continue to be important throughout your relationship. As you read about all the steps in the first visit, be sure not to lose sight of all you have learned about caregiving up to now. First and foremost, your job in the first visit and in every subsequent visit is to listen and to be a caregiver who is compassionate, full of belief, skilled, reliable, and God-centered.

BEFORE YOU SET UP A FIRST VISIT

Before you set up a first visit, you will receive an assignment from your Campus Connections Coordinator. *Reference Box B* shows the sequence of events that will take place.

Reference Box B – The Sequence of Events Leading up to a First Visit

1. The Central Connections Coordinator receives a signed "Request for Care" form from a person who may need a Care Partner and it explains confidentiality and supervision.
2. The Central Connections Coordinator will notify the Campus Connections Coordinator of the "Request for Care."
3. The Campus Connections Coordinator will match the Care Receiver with an appropriate Care Partner based on their unique situation and needs.
4. The Care Partner will call the assigned Care Receiver within 24-48 hours to set up their first visit.

HOW TO SET UP A FIRST VISIT

Since your Care Receiver will be expecting your call, you need to make that call as soon as possible after you learn about your new assignment. Waiting too long to make this first call may start the relationship off on the wrong foot.

Reference Box C lists five steps in setting up a first visit.

Reference Box C – The Five Steps in Setting Up a First Caring Visit

1. Pray first.
2. Encourage an early meeting.
3. Respond if your Care Receiver is reluctant to schedule a first visit.
4. Respond if your Care Receiver refuses to meet.
5. Be sure to set a specific time and place, if possible.

Hopefully responses 3 and 4 will not occur, but you need to know about them in case they do.

PRAY FIRST

Before you call a Care Receiver, be sure to pray. *Reference Box D* suggests a way to express your prayer.

Reference Box D – Sample Prayer

God, thank you for the opportunity to serve you by bringing your care to *[name]*. Please bless *[him or her]* and let them know you are near. Use our relationship to bring your saving, healing love to *[name]*, and also to me. Equip me, dear God, with the gifts and attitudes I need to bring *[name]* in touch with you. Help me to remember all I have learned and to use my skills sensitively and well. I praise you for all the awesome things you are going to do through this relationship. Amen.

ENCOURAGE AN EARLY MEETING

If possible, arrange your first visit within the next day or two. You definitely want to meet with your Care Receiver before a week has gone by.

Reference Box E contains a good example of what to say.

Reference E – Calling to Set Up the First Visit

"Hello, *[name of Care Receiver]*, this is *[your name]*, and I'm a Care Partner at Celebration Church. I'm calling to arrange a time when we can get together. I thought we could try to find a time tomorrow or the next day when we could meet together. Is that possible for you?"

Since your Care Receiver has already agreed to your ministry, don't feel as if you are intruding when you call. Actually, your new Care Receiver is probably eager to talk to you.

Be assertive when you call. Although the Care Receiver is probably ready and willing to set up a first visit, avoid making statements that could give the Care Receiver a chance to change their mind and back out.

Reference Box F gives some examples of what not to say and what to say.

Reference Box F – How to Propose a Visit

Don't say:

"Can we get together?"

"Would you like to get together?"

Do say:

"I'd like to set up a time when I could meet you this week."

(After some prior conversation:) "When would be a good time for us to get together?" *(And you might add:)* "I'd like to do it sometime within the next few days, if that's convenient for you."

RESPOND IF YOUR CARE RECEIVER IS RELUCTANT TO SCHEDULE A FIRST VISIT

On rare occasions, Care Receivers may have second thoughts after agreeing to receive care. They may feel very nervous about beginning a caring relationship, or they may decide they should be able to handle their problems on their own.

Another possibility is that someone has tried to talk them out of receiving care.

Whatever the reason, the best response to such second thoughts is to get your Care Receiver to talk about them and for you to listen. Use your listening skills to draw out your Care Receiver and find out what makes them reluctant to meet.

Once you understand your Care Receiver's thinking, you can respond. Sometimes a simple clarification about what a Care Partner is and how they work is enough to encourage them to meet with you.

Be assertive in your response. Your Care Receiver will certainly benefit from the ministry. You will want to do everything you can to convince them to take advantage of it. Remain process-oriented, however. Don't try to force or bully a Care Receiver into receiving care.

Reference Box G contains examples of assertive statements you might make to encourage your Care Receiver to meet with you.

Reference G – Statements to Encourage Your Care Receiver to Meet with You

- "I'd really like to meet and talk with you at least once. Then we can go on from there."
- "I'd like to talk with you about what's been going on in your life. I know it is sometimes hard to talk about these things, but that's why I would like to meet with you."
- "I can understand you might be reluctant to meet with me for the first time. It might be scary to talk with someone else about things concerning you. But why don't we agree to meet just one time? If things go well, we can go from there. If they don't, we'll just leave it at that."

RESPOND IF YOUR CARE RECEIVER REFUSES TO MEET

A Care Receiver may refuse to meet with you at all, even after you have assertively emphasized your desire to meet at least once.

In such a situation, *Reference Box H* gives an example of what you might say.

Reference Box H – When the Care Receiver Says No to a First Visit

"All right, perhaps sometime in the future we might be able to get together. If You would like to call me, here is my cell number."

Afterward, contact your Campus Connections Coordinator and explain the situation. Then you and the Connections Coordinator can decide where to go from there.

SET A SPECIFIC TIME AND PLACE, IF POSSIBLE

Your telephone call should not end until you and your Care Receiver agree on a specific time and place for your first meeting.

I. GETTING THE FIRST VISIT STARTED

Reference Box I – The Five Parts of a First Visit

1. Get Started
2. Explore
3. Clarify
4. Provide Holistic Care, If Necessary
5. End the Visit

Each of these parts is divided into a number of steps. Getting started means making a good beginning to the visit and the entire relationship as well as moving the conversation to talking about the troubling issues facing the Care Receiver. The seven steps in getting started are listed in *Reference Box J*.

Reference Box J – The Seven Steps in *Getting Started*

1. Deal with nervousness.
2. Make introductions.
3. Be yourself.
4. Engage in small talk.
5. Mention confidentiality and supervision.
6. Bridge the gap.
7. Listen.

1. DEAL WITH NERVOUSNESS

Recognize and accept the fact that you will probably be somewhat nervous as you begin each of your relationships. Don't feel ashamed about that. Even experienced professionals occasionally have some nervousness when they deal with first visits.

Such nervousness is not a sign of incompetence or lack of confidence. It is probably a sign of your concern for your Care Receiver and your hope for what God will do through the caring relationship.

What can you do about nervousness when you experience it? Before you knock on the door, take a moment to pray. Review your notes. Believe God will be with you and trust you are well prepared.

2. MAKE INTRODUCTIONS

When you first meet your Care Receiver and greet them, simply introduce yourself. You don't need to jump immediately into an explanation of what you are there to do or to start taking care of business right away. Instead, spend some time getting to know your Care Receiver. *Reference Box K* shows a very simple way in which you might begin.

Reference Box K – A Possible Beginning

"Hello, I'm [your name]. We talked on the phone earlier. I'm really glad I have the opportunity to meet you in person."

3. BE YOURSELF

You don't have to become someone else to be a caregiver. *Reference Box L* contains words from the first Care Partner training class, "The Person of the Caregiver." Reread these words and remember you can be yourself – the person God created, has loved, saved, and blessed – the first time you visit your Care Receiver and every time.

Reference Box L – Words from "The Person of the Caregiver"

This first class is called "The Person of the Caregiver" because it focuses on you, the person you are and the person you will become, as God equips you to serve as a Care Partner. As important as all your skills will be when you enter into your relationships, the most important caring tool you will bring is yourself. Let me say that again. You – who you are, how you relate to others, how you care for and accept your Care Receiver, your trust in God – are the most important elements you bring to the caring relationship. God will use you to bring Christ's healing to your Care Receivers.

4. ENGAGE IN SMALL TALK

Your first visit and all subsequent visits will probably begin with some small talk. Small talk is a social lubricant. It makes forward motion possible in relationships. Be aware, however, that small talk can also be a way to avoid hard work. It can result from not knowing what to do. It also can occur because of fear.

No rule tells you what the proper amount of small talk is, because it varies from individual to individual and from situation to situation. You will have to judge for yourself. If you are visiting a person who is homebound, you may spend 15 minutes or even more in chitchat. If you are visiting a person in the midst of a serious crisis, however, you will likely spend little or no time in casual conversation but will begin at once to get down to the problem.

5. MENTION CONFIDENTIALITY AND SUPERVISION

Earlier in our training class, you learned the importance of mentioning confidentiality and supervision during the first visit. Even though the Care Receiver signed a "Request for Care" form, it is important to highlight these topics again to make sure your Care Receiver understands their importance.

Reference Box M repeats a Focus Note from the "Confidentiality" class session. It shows how to explain

confidentiality during the first visit. *Reference Box N* contains an example from the same class that shows how to explain supervision. As you read these, remember you will probably rephrase them to fit your Care Receiver's needs and your style.

If your Care Receiver doesn't have any questions about confidentiality and supervision, then quickly move on to the next step in the first visit. If they do have questions, listen and address those concerns.

Reference Box M – Explaining Confidentiality to a Care Receiver

"I know that [*name of Campus Connections Coordinator*] explained confidentiality to you, but I want to share what it means to me. What happens in our relationship is just between the two of us. You and I may talk about some very personal matters in our visits, and I want you to be assured that what we talk about will remain confidential."

Reference Box N – Explaining Supervision to a Care Receiver

"[*Name of Care Partner Leader*] told you I am required to participate in group supervision to help me provide the best possible care for you. At those meetings we talk about our relationships, but we never use names or identifying details that would break confidentiality."

It is not likely to happen, but what if your Care Receiver said they could not accept your participation in group supervision? If that were to happen, explain you need to talk with your Care Partner Leaders about this since you are required to work in a supervision group.

Politely end the visit and tell the Care Receiver someone will be contacting them in the next day or so. You and your Care Partner Leaders will determine what to do next.

6. BRIDGE THE GAP

After you and your Care Receiver have engaged in small talk and you have mentioned confidentiality and supervision, you need to "bridge the gap" and move into a purposeful discussion of the concerns or challenges your Care Receiver is facing. Sometimes the Care Receiver will bridge the gap and sometimes you will need to.

Care Receiver Initiates

If your Care Receiver brings up the concern or challenge on their own, that's great. Then you and the Care Receiver are well on your way to getting started with the relationship.

Care Partner Initiates

Otherwise, you will need to bridge the gap, leading the discussion to your Care Receiver's concerns or challenges. One way to do so is by sharing some basic information about your role as a Care Partner. *Reference Box O* gives an example of what you might say.

Reference Box O – Bridging the Gap by Describing Your Role

"As a Care Partner I have the privilege of sharing other people's difficult times, listening to them, sharing their challenges and pain, and praying with them. I'm not here to try to solve your problems

or tell you what to do. I believe God will speak to you and guide you.

"You've had some concerns in your life recently. Would you mind telling me about what has been going on for you? That's a good way for us to get started."

Reference Box P contains some other "bridging the gap" statements you can make for a smooth transition from small talk to discussion of the Care Receiver's concerns.

Reference Box P – Bridging the Gap Statements

"[Name of Campus Connection Coordinator] told me a little bit about what's happening in your life. It sounds as if it's been hard for you recently. I'm wondering if you could tell me more about it."

"I know you're having surgery tomorrow and I'm wondering how you're feeling about it."

"You've been divorced now for about two months, and often people who have gone through a divorce find a lot of strong feelings surfacing. I'm wondering how you're doing. What feelings have you had to deal with lately?"

The statements in *Reference Box P* are assertive and matter-of-fact. You and your Care Receiver both know why you are there. After you spend some time getting acquainted, the Care Receiver may appreciate you assertively helping the conversation move into talking about their issues.

7. LISTEN

From this point on, you will want to let the Care Receiver do most of the talking. You may remember from the class, "The Art of Listening," that Care Receivers should do a very high percentage of the talking during a visit. Exercise your listening skills; pay attention, show you are listening, reflect, and ask open-ended questions to encourage your Care Receiver to talk more freely and openly.

II. EXPLORE

Next you will explore a Care Receiver's concerns or challenges to learn more about what the person needs and to help their see their issues more clearly. You will take five steps as you explore. These steps may last well beyond your first visit. They are listed in *Reference Box Q*.

Reference Box Q – The Five Steps in Explore

1. Focus on the precipitating cause.
2. Find out about a larger problem, if there is one.
3. Find out how the Care Receiver has tried to solve the problem.
4. Discuss other current help, if any.
5. Determine whether this is a forced referral.

You move through these steps is by using your Care Partner skills of listening, exploring feelings, asking open-ended questions, relating assertively, and remaining process-oriented.

1. FOCUS ON THE PRECIPITATING CAUSE

The precipitating cause is the specific event that caused your Care Receiver to ask for help. The event

might be obvious, such as the death of a loved one, or it may be hidden, such as when a Care Receiver finally realizes her pregnancy is not an altogether happy event for her. The way a Care Receiver seeks help will often be due to a suggestion from a pastor, staff member, serving team volunteer, or a friend.

Once you know what the precipitating cause is for your Care Receiver, make that the focus of your conversation. It is most likely what your Care Receiver wants to talk about. Don't be surprised, however, if you soon start talking about other issues that are important to your Care Receiver. Start with the precipitating cause but follow wherever your Care Receiver leads.

How do you find out what the precipitating cause is?

If it is obvious, you will know; for example, Harry's wife just went to the hospital and they discovered she has inoperable cancer. The "Request for Care" form will include information about the circumstances prompting the referral, which may tell you about the precipitating cause.

Other times the precipitating cause may not be obvious. You may need to ask some questions to discover what it is. *Reference Box R* lists some examples of questions you might ask.

Reference Box R – Asking About Precipitating Causes

"What happened that led you to talk to pastor *[name of pastor or the person who made the referral]* about this?"

"How is it you and Pastor *[name of pastor or the person who made the referral]* decided you needed a Care Partner at this time?"

"Pastor *[name of pastor]* told me on Thursday afternoon you called him feeling very upset and wanting to talk with someone. What was going on in your life at that time?"

These questions are certainly assertive, but also caring. You may need to ask them several times in several different ways to get your Care Receiver to disclose what led them to seek care at this time.

2. FIND OUT ABOUT A LARGER PROBLEM, IF THERE IS ONE

Your Care Receiver's precipitating cause may be a part of a larger concern or challenge. For example, personal doubts about their faith may be part of a larger pattern of being only nominally active in the church for many years.

As you start talking about the precipitating cause, you may find it is related to a larger problem. This may be a problem that has been around for a long time but has finally become painful enough to cause the Care Receiver to seek help. If there is a larger problem, find out more about it, including:

- How it started
- How long it has been going on
- Who else may be involved

You won't find out everything about a larger problem in your first visit, but you can begin to explore it, using your listening skills to encourage the Care Receiver to say more about it.

3. FIND OUT HOW THE CARE RECEIVER HAS TRIED TO SOLVE THE PROBLEM

If you discover there is a larger problem, find out what your Care Receiver has done to try to solve it. This

will help you understand the problem better and help you avoid suggesting ways of addressing the problem the Care Receiver has already tried.

For example, a Care Receiver might have been praying about their child's unemployment for several months and arrived at the conclusion God is not going to help with that problem. If you don't know that, you may encounter some strong feelings when you bring up prayer and you may not understand where the strong feelings came from. Knowing about an attempted solution, you may stay away from suggesting prayer for a while.

4. DISCUSS OTHER CURRENT HELP, IF ANY

Try to get an idea of what other help or care your Care Receiver is receiving. For example, they might be seeing a physician for a physical problem, a financial counselor, a support group for job seekers, or a professional counselor for emotional issues.

When you know what other help your Care Receiver is receiving, you can better understand the overall scope of their concern or challenge. This knowledge may help you avoid duplicating, interfering with, or competing with other efforts.

If the Care Receiver is working with a professional counselor, for example, sometimes the counselor will insist the Care Receiver not be working with anyone else. On the other hand, some counselors welcome other caregiving efforts. You will need to encourage the Care Receiver to check this out.

5. DETERMINE IF THIS IS A FORCED REFERRAL

Most of the time Care Receivers welcome the relationship and have requested it themselves. Sometimes, however, someone forces a Care Receiver to meet with a caregiver or Care Partner. If you suspect your Care Receiver was forced to meet with you, explore your suspicions and find out whether they really want to receive care. *Reference Box S* contains a suggestion of one way to proceed.

Reference Box S – If You Think the Care Receiver has been Forced to Meet

"As we've been talking, it sounds as if someone has talked you into this and you haven't had much say in the matter. Even if that's the case, however, it's still my opinion it would really be good for us to continue to meet periodically. I certainly am willing to and want to. What do you think?"

If a Care Receiver is unsure about whether to accept your ministry, talk further. Explore their feelings about the relationship. Help them decide whether to continue. Without the Care Receiver's own commitment to receive care and to work on whatever problem or life situation they are experiencing, they might give up the process when it becomes difficult or blame you for forcing unwanted care.

III. CLARIFY

Once you have explored the Care Receiver's concern or challenge, continue listening, reflecting, and asking open-ended questions to clarify what your Care Receiver's issues are – both for your understanding and for your Care Receiver's. *Reference Box T* contains the four steps to Clarify.

1. RECOGNIZE THE TIP OF THE ICEBERG

Keep in mind that what you learn about a Care Receiver in the first visit might be only the tip of the iceberg. The problems your Care Receiver first talks about may be the least threatening ones to reveal. They may

be testing the water to see if they can trust you. There is no fast way to get to the whole iceberg.

Perhaps you've heard the old riddle: *How do you eat an elephant? One bite at a time.* Don't worry about moving quickly. As a trusting relationship builds in following sessions, your Care Receiver will be open to sharing more of their concerns, and deeper concerns, with you. It takes time.

Consider this example. A man who is out of work complains to you, his caregiver, that there just are not any good jobs available. This might be very true. He might also be troubled, however, by deeper concerns related to his ability to provide for his family, worries about aging, inadequacies in obtaining a job, and possible strained relations at home. As trust develops and rapport between you strengthens, your Care Receiver will be more willing to reveal more of the iceberg.

Reference Box T – The Four Steps to Clarify

1. Recognize the tip of the iceberg.
2. Develop preliminary hypotheses.
3. Focus on the problem and possible solutions.
4. Find out about desired changes.

2. DEVELOP A PRELIMINARY HYPOTHESES

As you talk during a first visit, begin forming a preliminary hypothesis about the Care Receiver – what has happened, what is happening now, and what needs to happen. Consider this example.

- *What has happened?* The Care Receiver has been in shock over the death of their spouse.
- *What is happening?* The Care Receiver is showing signs of anger and sadness as they begin to admit to the reality of the loss.
- *What needs to happen?* This Care Receiver will need many visits to recognize, accept, and express their feelings of grief.

Here's another example of constructing a hypothesis.

- *What has happened?* The Care Receiver lost their job and is having trouble finding a new one.
- *What is happening?* They are feeling defeated by the difficult job search and is also feeling guilty about not providing for their family.
- *What needs to happen?* The Care Receiver may need help from a career counselor. They also need someone to listen as they deal with painful feelings.

Never lose track of the fact your hypotheses are preliminary and tentative. Always be ready to change or drop your initial hypotheses as you gather more information and gain new perspectives on your Care Receiver. Some caregivers make the mistake of being biased by their initial conclusions, a phenomenon that is called the *primacy effect*.

The primacy effect is a matter of letting your initial ideas become so firmly entrenched in your mind that no new data will ever dislodge those erroneous conclusions. Your openness to new information will help you avoid the primacy effect.

3. FOCUS ON THE PROBLEM AND POSSIBLE SOLUTIONS

As your visit continues, help your Care Receiver clarify and specify what the problem is. Help them sift through what might have caused the problem, and what they might do to overcome the problem.

Regardless of whether your Care Receiver discovers new insights or solutions, the process of digging into the problem can be quite therapeutic. Your Care Receiver may come away with a sense their situation is not as hopeless as it had seemed. You will build trust between the two of you as you work together.

4. FIND OUT ABOUT DESIRED CHANGES

After you have explored, developed, and discussed the Care Receiver's situation, you may want to find out what kind of changes your Care Receiver desires. If they don't know what changes they want, that is okay. You will have several visits to talk about their desires and plans.

Care Receivers may have unrealistic expectations as well. That's okay. You need not rush to instruct. Often, as the relationship flourishes, their ideas about what is reasonable and possible will change.

You do not have responsibility for bringing about changes your Care Receiver wants. Your responsibility is to work the caregiving process and leave the results to God. You might give your Care Receiver's morale a boost, however, just by suggesting the two of you will be exploring alternatives and possibilities for change. You will have accomplished a great deal in the first visit if your Care Receiver starts thinking about the possibility of positive change.

IV. PROVIDE HOLISTIC CARE, AS NEEDED

Holistic care means caring for the whole person – for their spiritual, emotional, physical, psychological, and social needs. As you develop your relationship with a Care Receiver, watch for the holistic needs they might be experiencing.

While Care Partner Ministry is primarily listening, caring, and praying, sometimes you may help meet physical or social needs, for example, by running an occasional errand or helping your Care Receiver become involved in a group or a club.

Often you will provide holistic care by recommending your Care Receiver take advantage of other kinds of care and support resources.

How much you try to meet holistic needs depends on the nature of your Care Receiver's needs and your capability – your talents, training, time, and energy to respond to those needs. Your supervision group can help you decide what to do for a Care Receiver and how best to help them get their own needs met.

In the first visit you may discover a need for some kind of holistic care, beyond listening and caring. For example, a Care Receiver may need to contact a social service agency to apply for food stamps or other assistance. If your Care Receiver needs help with such an issue, work with them to decide what they can do to get these needs met.

Don't rush in, in a results-oriented manner, to solve the problem yourself. Rather, follow a process of helping a Care Receiver take steps to meet their own needs, if possible.

V. END THE VISIT

After an hour or so, you will need to bring the visit to a good conclusion. The six steps to take are listed in *Reference Box U*.

Reference Box U – The Six Steps in *End the Visit*

1. Ask about further pressing problems.
2. Postpone new material.
3. Summarize.
4. Offer a prayer or blessing.
5. Set up the next caring visit.
6. End the caring visit.

1. ASK ABOUT FURTHER PRESSING PROBLEMS

When it's about time to end the visit, find out whether the two of you need to discuss any other immediate and pressing problems. *Reference Box V* shows a simple way to ask.

Reference V – Probing for Further Pressing Problems

"Is there anything else pressing we haven't talked about?"

If your Care Receiver has problems that simply can't wait, discuss them at this time. Otherwise, save them for your next visit. You aren't going to get to everything in the first visit. This will be true for subsequent visits also. You will probably end every caring visit with some topics left undiscussed.

2. POSTPONE NEW MATERIAL

If your Care Receiver does raise a new problem or situation that could be picked up at a later time, go ahead and postpone the discussion of it until your next visit. *Reference Box W* shows what you might say.

Reference W – Sample Postponement Statement

"You've raised a new topic for us to talk about. Since this is not a pressing issue, can we save it for our next visit? Then we'll have more time to discuss it."

3. SUMMARIZE

As you bring your caring visit to a close, you may find it helpful to summarize what you have discussed. You can see an example of how this summary might go in *Reference Box X*.

Reference X – Sample Summary Statement

"I'm glad we have had a chance to sit down and talk. You've mentioned a lot of feelings about your husband's death, especially your loneliness. You also have some concerns about being able to provide for yourself. We certainly haven't solved anything yet, but we have made a start, and I look forward to working on these issues with you."

4. OFFER A PRAYER OR BLESSING

The process of summarizing may lead naturally to a time for praying together or saying a blessing. As with all Christ-centered caring, use prayer if it meets your Care Receiver's needs and is comfortable for them.

If it is appropriate to pray, try to include your Care Receiver's concerns into your prayer or blessing. Help them see God is concerned and present and they can count on God's help and care.

5. SET UP THE NEXT VISIT

Be sure to set up a second visit with your Care Receiver. Before you leave, have a time established for the next visit. Never leave it hanging on the assumption one of you will arrange something later.

Being definite about the next time you are to get together is part of your caring. The Care Receiver knows the two of you will continue working together. That means further growth and change are possible.

The Care Receiver's thoughts may go like this:

"Although we really don't know yet what we're going to do, it's hopeful for me to know we're going to do something."

As you plan a second meeting, you may want to establish a regular basis for getting together – every week at a certain time, for instance. You may also want to give the person your cell number and explain you are available if they need to call.

6. END THE VISIT

Reference Box Y shows ways to end the first visit.

Reference Box Y – Closing a Visit

"How about if we bring things to a close for today and pick this up the next time [*next Tuesday*]?"

"Why don't we end our discussion at this point? I'll see you again next week at this same time [*or whenever you have scheduled your second visit*]."

"I'm glad we were able to talk today. I'm looking forward to seeing you next time [*next Thursday*]."

GETTING READY FOR THE TRAINING CLASS SESSION

In your training class, you will practice the first visit. Since there much to remember, go over the steps of the first visit several times so you will remember what each entail. You don't have to memorize all the steps for the skill practice, but it helps if you are familiar with them.

AN OVERVIEW OF THE FIRST VISIT

BEFORE YOU SET UP THE VISIT

THE CENTRAL CONNECTIONS COORDINATOR AND CAMPUS CONNECTIONS COORDINATOR WILL:

1. Learn about a person who needs a Care Partner.
2. Receive a signed "Request for Care" form which explains confidentiality and supervision.
3. Tell the Care Receiver a Care Partner will call them in the next day or two.
4. Notify the Care Partner of their assigned Care Receiver.

SET UP THE FIRST VISIT

YOU WILL:

1. Pray first.
2. Encourage an early meeting.
3. Respond to any reluctance to meet.
4. Respond to a refusal to meet.
5. Set a specific place and time.

CONDUCT THE VISIT

PART 1: GET STARTED

1. Deal with nervousness.
2. Make introductions.
3. Be yourself.
4. Engage in small talk.
5. Mention confidentiality and supervision.
6. Bridge the gap.
7. Listen.

PART 2: EXPLORE

1. Focus on the precipitating cause.
2. Find out about any larger problem.
3. Find out how the Care Receiver has tried to solve the problem.
4. Discuss any other current help.
5. Determine if the referral was forced.

PART 3: CLARIFY

1. Recognize the tip of the iceberg.
2. Develop preliminary hypotheses.
3. Focus on the problem and on any possible solutions.
4. Find out about desired changes.

PART 4: PROVIDE HOLISTIC CARE, AS NEEDED

PART 5: END THE VISIT

1. Ask about further pressing problems.
2. Postpone new material.
3. Summarize.
4. Offer a prayer or blessing.
5. Set up the next visit.
6. End the visit.

APPENDIX A

THE GRACE TO RECEIVE

by Kenneth C. Haugk

Tommy was in third grade at the church's school when I first met him. He was depressed, angry at himself and the world, and confused by many hurts in his life. On his teacher's recommendation, Tommy agreed to meet with me once a week to talk about his problems. At the beginning of one early session, Tommy walked in, handed me a nickel, and said, "This is for you." He wanted to give me the nickel, he explained, because he liked me, and I was helping him with his problems.

As I stared at the nickel Tommy had given me, I struggled to make a quick but important decision. I knew Tommy's family didn't have much money and that a nickel was probably important to him. And although I charge for my private counseling practice, I never charge for counseling individuals and families at the church and school. Besides, I was already getting a salary for the work I did at the congregation.

But finally, it was precisely because I knew the nickel was meaningful to Tommy – and because he wanted to do something meaningful for me – that I decided to accept the gift. Just to make sure he didn't feel compelled to pay me, I said, "You know that you don't have to give this to me."

His answer settled the matter: "Yes, I know; but I want to give it to you." I thanked him, took the nickel, and we proceeded as usual with the counseling session.

Counselors, teachers, ministers, parents, friends – all of us often find it difficult to receive gifts from others. Oh, we find it relatively easy to help others – to give money to them, spend time with them when they're sick, visit when they are in need of a visit, and so on. But when it comes time for us to be on the receiving end, we often fidget, squirm, make excuses, and even refuse – for their own good, of course! We employ clichés like "Better to give than to receive" to support our one-sided way of relating to people.

- When we refuse a gift from someone, are we really doing so out of concern for them?
- Or are we rather avoiding feelings of discomfort and indebtedness?
- Could our refusal be a good way to keep the upper hand in the relationship?
- Do we refuse gifts to avoid community and intimacy with a person or persons?

Strange that we Christians should find it difficult to be gracious receivers when we confess that our entire lives – physical and spiritual – are gifts of God's Spirit. And although the Bible stresses *giving*, it also gives us examples of *receiving*.

Christ showed us how to be gracious receivers when He allowed the sinful woman to anoint Him. In fact, Jesus rather enjoyed receiving this gift. He had forgiven and accepted the woman, and she wished to demonstrate her faith and gratitude. Jesus and the woman shared an act of community that would not have been possible had He refused her ministrations.

The Apostle Paul had a similar give-and-take relationship with the people of Philippi (Philippians 4:10-20). He gave to them; they gave to him: they both received from each other. Paul highly valued self-sufficiency, but he could graciously receive gifts when in need. Both *giving* and *receiving* were important to Paul and he participated comfortably in both.

It is a general psychological and theological truth that individuals have difficulty giving to others unless

they have first received. Scripture emphasizes this most clearly. In 1 John 4:7-21, the writer points out that we are able to love others only because we have first received love from Christ. In 2 Corinthians 1:4 Paul tells us we are able to comfort and help others only because Jesus has first comforted us.

It is this divine love and concern we have experienced that expands and becomes a source for our acts of love and concern for others. When Christians, then, give love and concern to others, they are sharing the love of Christ active within them. And when we receive gifts of love from our brothers and sisters in Christ, we are in a real sense also receiving Christ.

The Parable of the Last Judgment (Matthew 25:31-46) instructs us to feed people, give them something to drink, welcome strangers, clothe people, take care of sick persons, and visit prisoners. And, Jesus takes time to emphasize, when we do this we are not only helping other people, we are also ministering to *Jesus Christ Himself*.

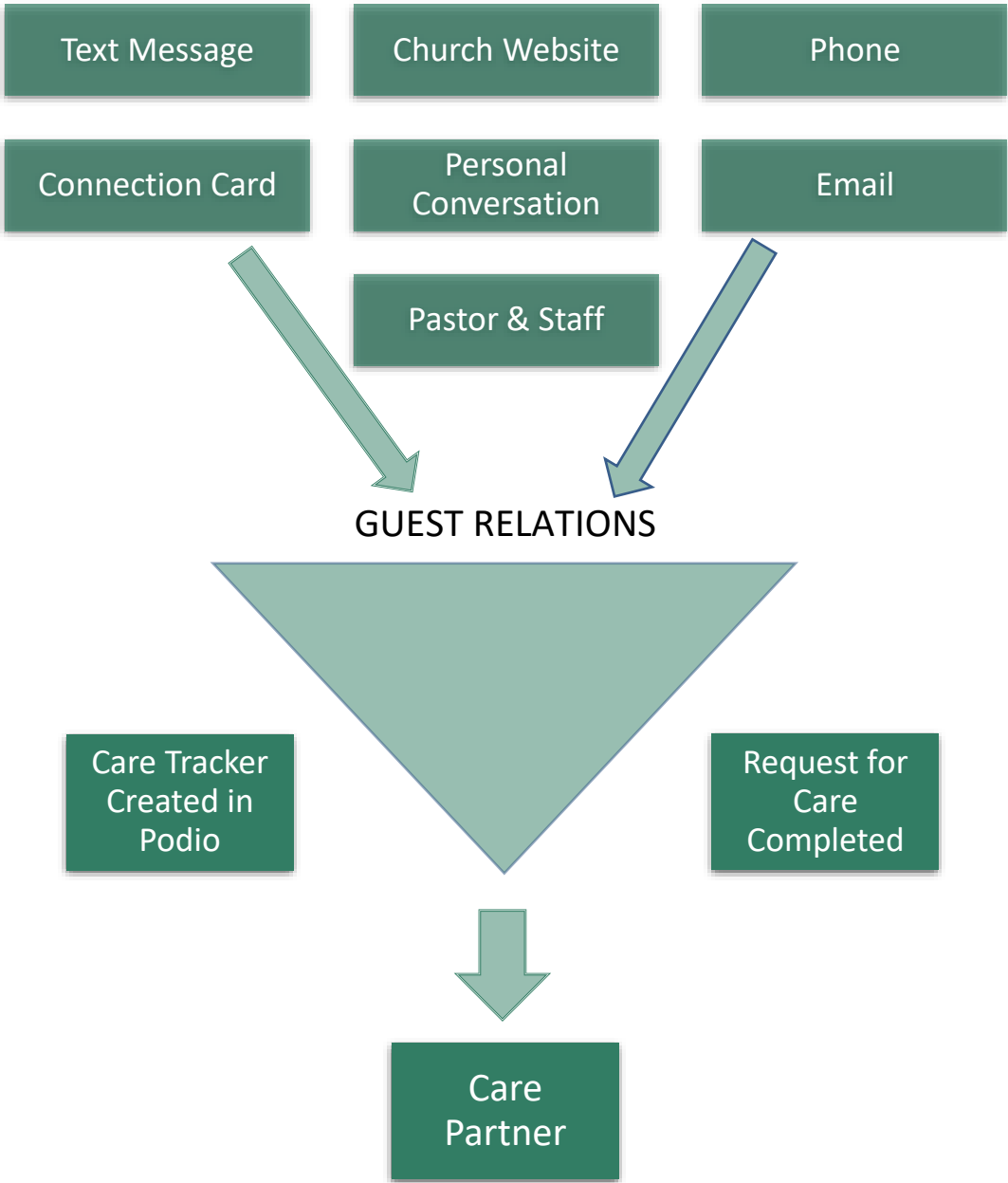
"Truly I tell you, just as you did it to one of the least of these who are members of my family, you did it to Me."

So Christ is present in both the giver and the receiver, in both the act of giving and the act of receiving.

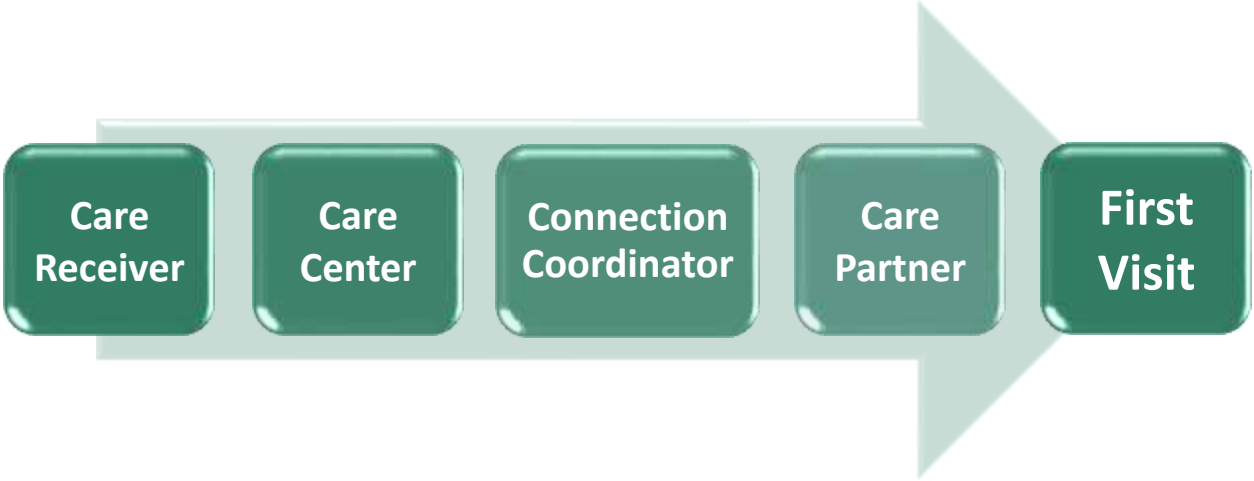
In the interaction between Tommy and me there was give and take. It is obvious I was in ministry to him as I counseled him about his life situation. Perhaps less obvious but just as real, Tommy – by his words of affection and his gift of the nickel – was just as involved in sharing Jesus Christ *with me*. Had I refused his gift, I could have destroyed a part of the Christian community which was growing between us. . .

We all probably agree that we could improve our acts of giving. But perhaps we also need to brush up our receiving actions and attitudes as well.

INCOMING REQUESTS



FROM REQUEST TO FIRST VISIT



OVERVIEW OF FIRST VISIT

SET UP VISIT	GET STARTED	EXPLORE	CLARIFY	WHOLISTIC CARE?	END THE VISIT
<ul style="list-style-type: none"> → Pray first. Remember you are the Care-Giver, God is the Cure-Giver. → Encourage an early meeting. → Respond to any reluctance to meet. → Set a specific place and time. 	<ul style="list-style-type: none"> → Be yourself. → Engage in small talk. → Mention confidentiality and supervision. → Bridge the Gap. → Listen. 	<ul style="list-style-type: none"> → Focus on precipitating cause. Make it the focus, but follow CR's lead. → Connected to larger problem? → How has CR tried to solve problem. → Discuss any other current help. 	<ul style="list-style-type: none"> → Is issue tip of iceberg? Develop trust to reveal more. → Clarify problem. → Develop hypotheses. What has, is, and what needs to happen. → What is desired change. Is this realistic? 	<ul style="list-style-type: none"> → Watch for wholistic needs. → Don't rush in to solve the problem. → Work with CR to know what they can do to get needs met. → Help CR learn to meet their own needs, if possible. 	<ul style="list-style-type: none"> → Postpone new material. → Summarize. → Offer a prayer. → Set-up next visit. → End the caring visit. ***** • Enter notes in Podio. • Continue to pray for your CR. • Participate in Supervision.

The Care Partner will call their assigned Care Receiver within 24-48 hours to set up their first meeting. Waiting too long to make this call may start your relationship off on the wrong foot.

Training Class Notes – Week 7



MAKING THE FIRST VISIT

Getting Off to a Good Start

The people were amazed at his teaching because he taught them as one who had authority, not as the teachers of the law. Mark 1:22

I. YOUR AUTHORITY TO CARE

NOTES:

II. HOW CONNECTIONS WORK

A. FINDING, PREPARING, AND CONNECTING CARE RECEIVERS

1. FINDING CARE RECEIVERS

NOTES:

2. PREPARING CARE RECEIVERS (REFERENCE 7-31-REQUEST FOR CARE FORM)

NOTES:

3. CONNECTING CARE RECEIVERS WITH CARE PARTNERS

NOTES:

III. PRACTICE THE FIRST CARING VISIT

Focus Note 1 – Care Receiver’s Instructions for Skill Practice 1

Spend 5 minutes studying the information in this Focus Note and preparing to play your role.

Your Situation:

- Your name is Pat Carlton. You have been an active member of your church for six years. Since your spouse, Casey, went in the hospital two weeks ago, no one from church has visited him in the hospital, had any prayers in church, or even showed they knew what was going on. You are angry at the church. You are thinking about leaving the church and feeling guilty about these thoughts and feelings.
- Your new pastor, Pastor Nancy, called you yesterday. You told her about your worries about your spouse and shared some feelings of anger at the church. Your pastor recommended you meet with a Care Partner to talk about your feelings, and you agreed. The pastor explained what Care Ministry is and how it works and said a Care Partner would be calling you in the next day or so.
- The precipitating cause for you was your pastor's visit. The pastor's visit was a pleasant surprise, and you suspect that God knew what you needed and directed the pastor to call you.
- You have tried talking yourself out of your anger, but it doesn't work.
- The change you would like to take place is to not to feel angry at the church anymore, but you don't see how that could happen.
- You are interested in gardening, and you have a large flower bed in front of the house with many different kinds of flowers. Think about additional details you could add to make this character more real and one you will feel comfortable playing.

Steps in Your Skill Practice:

1. The skill practice begins with a Care Partner calling you to set up a first visit. Be somewhat reluctant to make an appointment for your first visit but agree as you discuss it with your Care Partner.
2. Be slightly uncomfortable at the beginning of the visit. Become friendlier and more comfortable when you start engaging in small talk.
3. Wait for your Care Partner to bridge the gap before you start talking about your concerns.
4. Be a little embarrassed and reluctant to say much about your feelings toward the church and God. Make the Care Partner ask questions and draw you out.
5. Don't share your precipitating cause until the Care Partner asks you about it.
6. As your Care Partner asks questions, reflects, and listens, slowly reveal small parts of your story, such as what you have done to solve the problem and change you would like to see.
7. End the skill practice at the end of 10 minutes.

Focus Note 2 – Observer’s Instructions for Skill Practice 1

Read the Care Receiver's Instructions in *Focus Note 1* and review the “Overview of the First Visit.” Review discussion questions in *Focus Note 3* to prepare to lead the discussion after the skill practice.

Focus Note 3 – Discussion Questions for Skill Practice 1

1. How did the Care Receiver feel about the visit?
2. How did the Care Partner feel about the visit?
3. What went well and what would you do differently in the phone call to set up the first visit?
4. What did the Care Partner do to bridge the gap? How well did it work?
5. How would the Care Partner summarize the Care Receiver's concern or challenge?
6. Does the Care Receiver agree this is accurate?

IV. PRACTICE THE FIRST CARING VISIT (CONT.)

Focus Note 4 – Observer’s Instructions for Skill Practice 2

Read the Care Receiver's Instructions in *Focus Note 5* and review the “Overview of the First Visit.” Review discussion questions in *Focus Note 6* to prepare to lead the discussion after the skill practice.

Focus Note 5 – Care Receiver’s Instructions for Skill Practice 2

Spend 5 minutes studying the information in this Focus Note and preparing to play your role.

Your Situation:

- Your name is Pat Baggio. You recently finalized a divorce after 12 years of marriage. Your ex-spouse, Casey, has custody of your two sons, Robert and Dean, ages nine and six. You agreed to that because you thought it would be better for the children, whom you love deeply
- Your ex-spouse was extremely demanding in the divorce proceedings, but you didn't want to make a lot of waves. As a result, you ended up with all the debt, and your spouse ended up with the house and most of the other resources. Now you have to live in a cramped apartment because that is all you can afford.
- You maintained your positive attitude throughout the divorce proceedings, but now your ex-

spouse is making it very difficult for you to see your children. You cannot afford to go back to court, and when you demand your rights, your ex-spouse punishes your children and makes their lives miserable.

- You feel trapped and deeply hurt. After you bent over backwards to make the divorce as smooth and easy as possible – for the sake of your children – your ex-spouse is now taking advantage of you and treating you disrespectfully.
- While you are normally an easy-going person, you are starting to feel very angry. As you admit your angry feelings about the visitation issues, you find many other feelings of loss, sadness, and hurt, which you have ignored, are coming to the surface.
- You needed someone to talk to, so you made an appointment with Pastor King. After listening to you, sharing some Scripture passages, and praying with you, he recommended you start meeting with a Care Partner. You agreed eagerly because you have realized you don't want to go through this crisis alone.
- The precipitating cause of your visit to your pastor the events of last Friday. It was your weekend to have the boys, and you had bought tickets to see the circus as a special surprise. You had to skip some meals to afford the tickets, but you really wanted to do this for your children. You went to pick up the children at the regular, mutually agreed-upon time on Friday, but they were not home. You waited for three hours and then went home. You left messages on your ex-spouse's cellphone but did not receive a call back until Monday evening, when your ex-spouse said, "We received a last-minute invitation to go to the lake with my parents. You can have the children two weekends in a row."
- The change you would like is to be able to stand up to your ex-spouse, find a way to protect your children from the fallout of the divorce, and be treated with more respect.
- Think about additional details you could add to make this character more real and one you will feel comfortable playing.

Steps in Your Skill Practice:

You have set up the first meeting over the phone. Your skill practice will start with the arrival of the Care Partner for the first visit.

1. You are anxious to start talking about what has been troubling you. You think about the situation with your ex-spouse all the time, and you really want to tell someone else about it. Therefore, you aren't interested in small talk and you will move the conversation quickly into talking about your children and how much you miss them.
2. Share the precipitating cause if your Care Partner asks about it.
3. Share your desired change if your Care Partner asks about it.
4. End the skill practice at the end of 10 minutes.

Focus Note 6 – Discussion Questions for Skill Practice 2

1. How did the Care Receiver feel about the visit?
2. How did the Care Partner feel about the visit?
3. What did the Care Partner do to bridge the gap? How well did it work?
4. What hypothesis did the Care Partner develop?
5. Did anything in the visit support or contradict the hypothesis?
6. What do you think needs to happen in the next few visits of this relationship?

Focus Note 7 – Care Receiver’s Instructions for Skill Practice 3

Spend 5 minutes studying the information in this Focus Note and preparing to play your role.

Your Situation:

- Your name is Casey Keller. You are 72 years old and you fell and broke your hip a month ago. Since your spouse died ten years ago, you have lived on your own in your own home.
- When you broke your hip, you decided you needed to move out of your house and into an assisted-living facility, where you can get more and more care as you need it, including a bed in a nursing home, if that ever becomes necessary.
- You have been in your new apartment for a week, but you are feeling terribly lonely. You miss your friends in the old neighborhood, and you miss your home. You feel terribly sad about all you have lost in the last month – your home, friends, and mobility.
- A recent visit from Berti Vogts, a life-long friend, really reminded you of how sad and lonely you are. You have been wondering if this is the beginning of the end of your life, which also makes you feel sad and a bit fearful.
- You know you will be able to snap out of it eventually, but right now life is pretty painful.
- The worst part for you is not having anyone to talk to. You are a shy person and don't make new friends easily. You were very happy when your pastor called to say he was coming over to visit and you welcomed his suggestion of a Care Partner.
- You have been looking forward to having company and you arranged for someone to buy some cookies so you could serve them to your Care Partner.
- You need to talk about spiritual issues, such as your future, the fact that you are going to die, your anger at God for letting all this happen, and that you have been having trouble praying recently. You want someone to share Bible passages and pray with you. In your mind you have set aside the entire Saturday afternoon for a long visit with your new Care Partner.
- The precipitating cause is Berti's visit, which emphasized how you miss the old neighborhood.

- The change you want is to feel more comfortable making friends in your new home.
- Think about additional details you could add to make this character more real and one you will feel comfortable playing.

Steps in Your Skill Practice:

1. You will begin the skill practice almost an hour into the first visit. You have already set up the appointment, started the visit with delightful small talk, served the cookies, and moved into talking about your spiritual concerns.
2. Tell your Care Partner about the concerns you have been having about your relationship with God.
3. When your Care Partner suggests you end your first visit, you will be surprised and unhappy.
4. You will say you haven't had time to talk about the most important issue you've been thinking about, which is how to start making new friends. Say you were expecting to visit much longer.
5. When your skill practice is almost over, agree to end the visit and make an appointment for another visit.
6. End the skill practice at the end of 10 minutes

Focus Note 8 – Observer's Instructions for Skill Practice 3

Read the Care Receiver's Instructions in *Focus Note 7* and review the "Overview of the First Visit." Review discussion questions in *Focus Note 9* to prepare to lead the discussion after the skill practice.

Focus Note 9 – Discussion Questions for Skill Practice 3

1. How did the Care Receiver feel about the visit?
2. How did the Care Partner feel about the visit?
3. How did trying to end the visit go?
4. What could the Care Partner do differently next time?
5. What do you think needs to happen in the next few visits of this relationship?

V. LOOKING FORWARD TO YOUR FIRST VISIT

NOTES:

VIII. CLOSING PRAYER

PRAYER SUGGESTIONS FOR THIS WEEK

My Prayer Partner is _____

Prayer partners can do together as much or as little as they desire. Here are some possibilities.

- Pray privately for each other.
- Share prayer concerns (in person or over the telephone) once a week and pray for each other (privately).
- Meet regularly in person to share prayer concerns and pray for each other.
- Talk regularly by telephone to share prayer concerns and pray for each other over the telephone.
- Practice a spiritual discipline, such as Bible study, together.

Prayer requests and testimonies to share with my prayer partner

Prayer requests and testimonies shared by my prayer partner

APPENDIX A

REQUEST & AGREEMENT FOR CARE

Please provide the following information about yourself and need for care.

Name: _____

Address: _____

Cell Phone: _____ Email Address: _____

Are you a member of Celebration Church? Yes No

Which Celebration Church campus do you attend? Arena OP JC Amelia Online

I am requesting care for: Myself My Spouse & Myself

Does your spouse consent to this request? Yes No N/A

Circumstances prompting a *Request for Care* and type of support or guidance you are seeking:

Please read the following information and acknowledge your acceptance of care from Celebration Church

Celebration Church Care Ministry Team consists of experienced, mature Pastors and highly-trained, well-supervised Care Partners. We are not licensed professional counselors, psychologists, physicians, social workers, accountants, financial planners, or attorneys; we do not provide therapy, psychiatric, medical or mental health treatment nor do we give legal or financial advice.

We will listen to the story about your situation and ask questions to fully understand what is going on in your life right now. Together, with faith, prayer, and wisdom from God’s Word, we will help you identify potential solutions and access practical resources that empower you with strength and skills to take the next appropriate steps to move forward through the changes and uncertainty you are facing.

CONFIDENTIALITY & SUPERVISION

We protect your privacy and keep all information you tell us confidential. No information, written or verbal, will be released to anyone outside of the Care Ministry Team without your written permission. Therefore, you can feel free to talk about your situation without fear anyone else will know about it. The Care Ministry Team meets monthly in small groups to give and receive peer supervision as a means of ongoing support and advanced training to ensure high-quality, competent caregiving is delivered to you. As they talk about their own thoughts and feelings as a caregiver, they may share some factual information about your situation, but will never disclose anything that would reveal your personal identity.

DUTY TO WARN & PROTECT

If you disclose intentions or imply a plan to harm yourself or another person, we are required to make reasonable attempts to warn the intended victim, to notify other family members, and report this information to legal authorities and appropriate social service agencies.

PROFESSIONAL CONSULTATION OR REFERRAL

On occasion, we will recognize your need for care is beyond our ability to provide adequate care and we may decide the best way to care for you is to consult with or refer you for direct care by a licensed professional. In that case, we will discuss the options with you and help you obtain the best appropriate professional care for your needs. Your relationship with a Care Partner may continue only after you have met with the professional and they have given permission for the Care Partner relationship to continue.

ABUSE OF CHILDREN & VULNERABLE ADULTS

If you state or suggest a child or an elderly or disabled person has been physically, emotionally, or mentally abused or neglected, is a victim of a sexual offense or contact, or may be at-risk for harm or injury of any kind, we are required to report this information to legal authorities and appropriate social service agencies.

UNDERSTANDING & ACCEPTANCE

I understand Celebration Church Care Ministry, agree to the meaning and limits of confidentiality, and give permission for my caregiver to give and receive supervision as a part of my care. Further, I acknowledge reporting requirements as explained. I choose to receive care from a Pastor and/or Care Partner and will actively engage in the care process with my assigned caregiver. I voluntarily sign this document and submit this *Request & Agreement for Care*.

Yes, I have read, understand, and accept the terms of this Request & Agreement for Care.

Care Receiver's

Signature Care Receiver's Signature

Care Receiver's Printed

Name Care Receiver's Printed Name

Today's

Date Today's Date

APPENDIX B

REQUEST FOR CARE – SKILL PRACTICE 1

Please provide the following information about yourself and need for care.

Name: Pat Carlton

Address: 1234 First Ave. Jax, FL

Cell Phone: 904-555-4567 Email Address: ncarlton@yahoo.com

Marital Status: Single Engaged Married Separated Divorced Widowed

Are you a member of Celebration Church? Yes No

Is this a request for you individually or for you and your spouse together?

Does your spouse consent to this request? Yes No N/A

Which Celebration Church campus do you attend? Arena OP JC Amelia Online

Circumstances prompting a *Request for Care* and type of support or guidance you are seeking:

Spouse in hospital for two weeks, with no one coming from church to visit.
Frustrated at church and worried about spouse.

APPENDIX B

REQUEST FOR CARE – SKILL PRACTICE 2

Please provide the following information about yourself and need for care.

Name: Pat Baggio

Address: 1234 First Ave. Jax, FL

Cell Phone: 904-555-4321 Email Address: baiop@gmail.com

Marital Status: Single Engaged Married Separated Divorced Widowed

Are you a member of Celebration Church? Yes No

Is this a request for you individually or for you and your spouse together?

Does your spouse consent to this request? Yes No N/A

Which Celebration Church campus do you attend? Arena OP JC Amelia Online

Circumstances prompting a *Request for Care* and type of support or guidance you are seeking:

Recently divorced

Experiencing some conflict about visitation with children

APPENDIX B

REQUEST FOR CARE – SKILL PRACTICE 3

Please provide the following information about yourself and need for care.

Name: Casey Keller

Address: St. Denis Retirement Home Apt. 98. 1234 First Ave., Jax, FL

Cell Phone: 567-555-9876 Email Address: N/A

Marital Status: Single Engaged Married Separated Divorced Widowed

Are you a member of Celebration Church? Yes No

Is this a request for you individually or for you and your spouse together?

Does your spouse consent to this request? Yes No N/A

Which Celebration Church campus do you attend? Arena OP JC Amelia Online

Circumstances prompting a *Request for Care* and type of support or guidance you are seeking:

Broke a hip a month ago

Recently moved out of own home into St. Denis facility

Feeling sad and lonely