The Training Of Lay Persons For Careproviding Ministries Among Hispanics

Eliezer Castanon

Andrews University

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ABSTRACT

THE TRAINING OF LAYPERSONS FOR CAREPROVIDING MINISTRIES AMONG HISPANICS

by

Eliezer Castañón

Adviser: Ben Schoun
Problem

This project reflects an effort to involve Hispanics in providing care to those who need help. Multichurch districts and pastors with limited time to care and counsel the flock have created a problematic situation, but not without solution. Nevertheless, the solution has received resistance on the part of the pastors and also the laity of the church. After an investigation of the biblical basis for using laypersons to engage in gift ministry, the project proposed to develop a training program that would include the cultural perspectives in providing care for Hispanics.

Method

This project comprises of two parts. In establishing the Scriptural basis, God's love for humanity is presented as the model by which humans should love and care for one another. The concepts of the laity's real position and expected tasks as the
priesthood of all believers were studied in conjunction to the concept of being part of the body of Christ. The biblical investigation also included analyzing spiritual gifts with special emphasis on three gifts crucial in pastoral care and counseling and discovering one's own spiritual gifts. Further biblical studies included the concepts of "bearing one another's burdens" and the standards of measurement for pastoral care.

In the practical portion of the project the current literature was examined to determine which careproviding skills and techniques were appropriate for Hispanics, to discover an effective way of recruiting lay careproviders, to consider the cultural factors for the development of a training program, and to suggest a relevant method for self-management. These factors were combined and the results led to the development of a lay careproviders training program for Hispanics. This training program may prove to be more effective if it is done for twenty weeks--ten weeks basic skills in lay careproviding and ten weeks in a self-management program. An alternate plan is also considered--a weekend retreat.

Conclusion

Lay careproviding fills a need in the Christian church. To accomplish the goal that every believer should be involved in the church's ministry, the church must comprehend that each believer is a priest, he/she has a priesthood, and should act according to his/her gifts. In order to help reach this goal, training in the area of pastoral careproviding should be provided in each church so that the careprovider can contribute to the main goal, "Jesus soon coming."
Andrews University
Seventh-day Adventist Theological Seminary

THE TRAINING OF LAYPERSONS FOR CAREPROVIDING MINISTRIES AMONG HISPANICS

A Project Report
Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Ministry

by
Eliezer Castañón
June 24, 1988
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MINISTRIES AMONG HISPANICS

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To my wife, Aida Luz, and my three children, Arody, Debbie, and Dina, who patiently endured my prolonged hours of absence from home while I was preparing this project report.
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CHAPTER I

INTRODUCTION

Pastoral care and pastoral counseling are not the same. Both involve persons that can minister to small groups or on a one-to-one basis. Their purpose is to provide individuals with healing and growth possibilities.

Pastoral care has many connotations. For the purpose of this project, pastoral care has the following meaning: It is a life-style expressed by either pastor or laypersons focused upon attending the needs of the community of Christ by loving, accepting, forgiving, and understanding them. Its objective is to skillfully lead them to a fuller comprehension of themselves and their relationship to others and God, with the purpose that they can become whole and mature in Christ.

This I understand is in harmony with Howard Clinebell's definition: "Pastoral care is the broad inclusive ministry of mutual healing and growth within a congregation and its community, through the life cycle."¹ The task of pastoral care, viewed in this perspective, is on-going.

Pastoral counseling is just one part of the broad concept of pastoral care. It is a series of conversations in which a skillful and responsible pastor or layperson uses various therapeutic methods to equip an individual or group with skills to manage their life and to repair their brokenness.

A study of the current literature reveals various levels of counseling. Miller and Jackson view counseling as follows:

Counseling is a special kind of helping relationship. It follows from an agreement between two people to enter into a relationship whereby one (the counselor) applies special skills to assist the other in the resolution of a personal or interpersonal problem.¹

The Holy Scriptures is an evidence of the theologians doing the counseling (Matt 10:7-8). For some reason this shifted to the professional sector.² Professional counseling has a different connotation than pastoral counseling. A job description, education requirements, certification requirements, and fee charges of the professional counselor makes us more cognizant to the difference of the two types of counseling.

A professional counselor helps an individual deal with a wide range of personal and social problems such as drugs, and alcohol abuse, family conflicts, including child and spouse abuse, suicide, work problems, criminal behavior, and problems of aging. They also counsel rape victims, individuals and families trying to cope with illness and death, and people with emotional problems... Since privacy is essential to permit confidential and frank discussions with their clients counselors usually have private offices.

Generally a master's degree or a doctorate in counseling psychology, psychology, or a related field is required. Professional counselors must be certified or licensed... In addition to the master's degree or doctorate, a period of supervised internship, and a passing grade on an examination are required for certification.

Fees for a fifty minute-hour approaches one hundred dollars or more.³

Pastoral counselors do counseling as part of their pastoral ministries. Cavanagh talking about the differences between professional counselors and pastoral counselors presents various aspects that are significant. He says:

Pastoral counselor differs from other counselors in that, to the relationship of counselor and counselee, God is added as a third party... Under certain circumstances the pastoral counselor may no longer be permissive but must be directive... The pastor will deal most frequently in personal counseling, counseling concerning emotional problems which arise from tensions and


conflicts of modern life. . . The pastor will be dealing mostly with parishoners who approach him first.¹

In light of the literature on pastoral counseling and from my own experience I personally perceive the pastoral counselors usually involved in short term counseling, probably ten sessions or less. They deal with immediate relationships and problems aiming to help persons improve their interpersonal relationships and also their relationship with God. His overall goal in counseling is to promote spiritual growth. The continuing contact—stretched over many years—with their church members is an advantage other counselors usually do not have. Another advantage they have is the privilege to enter the homes and in many cases places of work, or any other place as a matter of fact, to encounter his confidant without waiting for an invitation. In other words their counseling process is usually informal. The instruments they use include prayer, Scripture, and devotional material. Nevertheless, they have to make a balance between the spiritual guidance and the communication skills in order to be effective.

Lay counselors is a term that identifies a layperson who is not the pastor of the church nor a trained counselor with a professional degree in psychology or psychiatry. He/she is a Christian and a member of the body of Christ who provides care to others in a specific way²

Unlike professional counseling, pastoral counseling, which includes lay counseling, can be done almost anywhere, anytime, and in most cases without being asked to be counseled. Gary Collins emphasizes that counseling can be done "in a home, pastor's office, in the parking lot, at the back of an empty church, or in a hospital room."³


The support and care a layperson can give, centers in communication skills. This involves: listening, maintaining genuine interest and love, knowing when to speak and when to keep silent, timing, keeping confidence, saying the right words, giving advice when appropriate, helping and edifying, encouraging, expressing empathy, confronting things that are wrong and need warning, being honest, accepting the individual and modeling.

The burden of providing care for those who are in pain, jeopardized by crises, confused, or whatever the need may be, is to be shared by pastors and laypersons alike. Clebsch and Jaekle, in their profound definition of pastoral care ("helping acts, done by representative Christian persons, directed toward healing, sustaining, guiding and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns"), reveal that "representative Christian persons" are not only clergy members. They state: "Such representative persons may or may not hold specific offices in a Christian church. . . ."

Correctly understood, pastoral care is a task of the congregation in its totality. Howard Stone says that it is "a task of ministering to one another and reaching out beyond ourselves." A church that employs its total force to minister to the needs of "the people" wherever they may be will grow, but a church that trains laypersons for careproviding will be four times more effective than those that do not train their laypersons. Clinebell asserts:


2. William A. Clebsch and Charles R. Jaekle, Pastoral Care in Historical Perspective (New York: Janson Aronson, 1964), p. 4

3. Ibid.

A church's caring ministry to the community's lonely, sick, aging, bereaved, home-bound, stranger, institutionalized, exploited, socially and economically oppressed, can be quadrupled by involving trained laypersons fully in caring work.\textsuperscript{1}

This variable that leads to the healing and growth of a congregation has not been given thorough consideration even though it is an important factor for the growth of the church. The growth referred to here is first maturity and second quantity. Stone adds: "Lay training for caring is one of the keys to the revitalizing and growth of a congregation."\textsuperscript{2}

For the purpose of this paper, the term careprovider denotes an individual that aids the pastor of the congregation in providing care without compromising quality. The term is one that I have developed for this project because it has a more complete understanding for Hispanics than other terms used in related literature. Terms such as caregivers, befrienders, peer counselors, and paraprofessional counselors are also used in the literature. This term is used for a specific group that has been carefully selected and trained with skills and techniques in order to provide care.

These persons are assigned to specific persons at the "Self-Management Seminar" to help them with their problems. They will also be assigned to others who need help in the area that they are gifted. Though the goal of a caring church is to include every member as a minister of care, not all members meet the qualifications of careproviders in the sense previously mentioned. I suggest that the pastors should help these members to identify their spiritual gifts and give them extra congregational responsibilities according to their gifts, such as: helping the homebound, homes for the elderly, neighborhood visits and other activities that do not involve them in the delicate process that requires confidentiality, and other specific caring/communication skills for which they have not been trained.

\textsuperscript{1}Clinebell, p. 396.

\textsuperscript{2}Stone, p. 4.
The lay-training program in this project is designed to provide basic communication/caring skills to the careproviders. The knowledge and the skills obtained by this training program, plus constant supervision, gives credibility and respect to the careproviding ministry of the church and to the careproviders.

Statement of the Project

This study attempted to develop a program that would provide Hispanic laypersons with skills and techniques for careproviding. Laypersons should be able to identify their gifts and particular ministries and use behavioral methods\(^1\) to minister to the members of the church and their respective community.

Laypersons have been well-trained to do traditional evangelism, but no one has developed a program to train Hispanic laypersons in the careproviding ministry.

Many pastors have multichurch districts, so their time to counsel and care for the flock is limited. In addition, pastors are not usually accessible. Laypersons, who live in the immediate area, once they are trained, could be a significant help to the pastor and to those who need someone to minister to them.

Justification for the Project

Not only pastors are capable of providing care for the community; the laity can do just as well. In their January 6, 1983, report on the Fuller Theological Seminary La Vie Program, Samuel Southard and Walter Becker state that 97 percent of the care and counseling of the church can be done by lay persons.

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\(^1\)The behavioral methods referred to in this project are methods that are used in counseling to produce behavioral change. The following books are just an example of the various ways behavioral methods are utilized: John D. Krumboltz and Carl E. Thoresen, *Counseling Methods* (New York: Holt, Reinehart and Winston, 1976); and David L. Watson and Roland G. Tharp, *Self-Directed Behavior* (Monterey: Brooks/Cole Publishing Company, 1985).
Lay careproviders can help in a number of caring ministries. The following list is not exhaustive. Many more can be added.¹

1. Help members and non-members manage specific problems.
2. Help new members cope with their new life-style.²
3. Visitation.
   - Homebound
   - Prison ministry
   - Prospective members
   - Former members
   - Non-attending members
   - Hospital visitation
   - Institutionalized members
4. Guide participants of health programs to accomplish their goals.
5. Tutor children with problems in school.
6. Assist in community service programs.
7. Care for the aging.
8. Work with youth.
9. Work with family programs.
10. Help in marital problems in the initial stage providing coping strategies.
11. Help in grief situations.
12. Help the bereaved.

¹This list was mainly developed by the students in Dr. Hubbard's class CHMN 640 Andrews University, October 2, 1985.

²Dr. Reuben A. Hubbard expresses that we lose 71 percent of the non-biological baptisms. The term non-biological refers to those that are not born into the church. Class notes CHMN 640 Andrews University, October 2, 1985.
14. Care for the emotionally ill.
15. Care for the physically ill.
16. Help in time management.
18. Train others as careproviders.

Even though the lay careproviders are able to handle 97 percent of the problems or situations, they should be aware of their limitations. There exists no effective how-to-do it manual—like a recipe book—in caregiving. The following are the major limitations for careproviders.¹

1. Cannot diagnose.
2. Cannot work with mentally ill.
3. If a client considers suicide, is severely depressed, and acts in a bizarre manner—make a referral to an expert professional.
4. Refer those who have difficult theological questions.
5. Refer those who complain of physical symptoms.
6. Refer those who need financial planning.
7. Refer those who need legal advice.

**Description of the Project**

The program presented here has been developed from the literature on counseling and pastoral care, cultural studies on Hispanics, and my personal experience.

I have examined current literature to determine which counseling skills and behavioral methods seem most appropriate for Hispanics, to discover an effective way of recruiting lay caregivers, to determine what cultural factors if any must be reflected upon

¹This list of limitations for careproviders are a result of a list Dr. Reuben Hubbard presented in his class CHMN 640. Some observations Dr. Gary Collins presents in his book *How to Be a People Helper* (Santa Ana: Vision House, 1976), p. 67.
in order to make the program useful to Hispanics, and to analyze which methods of self-management would be relevant to Hispanics. The behavioral techniques a person can use to help solve his personal problems are understood as self-management.

The concept of the priesthood of all believers is presented to show the responsibility of all members for ministering according to their gifts. The role of the pastor in relation to trained lay caregivers is described and clarified. A plan to identify qualified laypersons by observations of the pastor and fellow church members, by their own responses to a study on spiritual gifts, and a Spiritual Gifts Inventory is presented as part of the recruiting stage.

The teaching procedures are participatory and are included as an explanation of skills through lecture, open discussions, illustrations, verbatims, application of knowledge in case studies, and practice in triads.

Laypersons who are trained in providing care would be assigned actual participants to care for at the Self-Management Seminar, which would help people with their problems and also enhance careproviders' skills through practice of what they have learned during the course.

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1 Self-management is a behavioral technique a person can use to help manage his or her personal problem. Class notes CHMN 640, October 2, 1985.

2 Verbatims are a series of answers to a certain counseling situation, in which the student selects the correct answer and apply the skills learned. This method was used by Dr. Reuben Hubbard in his class CHMN 640, October 2, 1985.

3 Triads is a term used to identify a group of three persons engaging in different exercises to practice and apply the skills learned through lecture and discussion. This method was used by Dr. Reuben Hubbard in his class CHMN 640, October 2, 1985.

4 This term is used interchangeably with caregivers since for Hispanics the meaning is more significant once it is translated.
Expectations from the Project

I expect this project to provide a plan that can potentially accomplish the following:

1. Prepare a group of capable men and women of different ages for providing care in the church and the community.

2. Provide an alternate way of evangelism that can be used for internal growth and also outreach.

3. Train not only laity, but pastors as well, and help them to become conscious of the great potential laypersons have in caregiving.

4. Enable careproviders to minister to the great majority of the people in the church without relying on the pastor to do the job. They will become aware of when to refer the confidants\(^1\) to the pastor, without overburdening him.

5. Provide church members with better attitudes toward laypersons who are trained as careproviders once they acknowledge that they are qualified to help them.

Limitations of the Project

The term Hispanic is a vast concept embracing people of all the different Spanish-speaking cultures. Nevertheless the focus of this project was Mexicans, Puerto Ricans, and Cubans, the three major groups of Hispanics in the United States. Even though this study primarily focuses on Hispanics in the United States, most of the material can be easily modified for Hispanics in Latin America.

A major limitation to this project was my own inability to implement the training program, to have an on-the-job experience, and thereby learn what variations and adjustments were needed in the program. Since this paper is in the category of the "in-residence" project, it is a designed project, but no field test has been done.

\(^1\)The term confidants, is a term that this writer has used to refer to the person who the care is being provided. The literature uses other terms as helpee, counselee, and client.
CHAPTER II

BIBLICAL BASIS FOR THE IMPORTANCE OF LAY TRAINING IN PASTORAL CARE AND COUNSELING

Introduction

Lay pastoral care and counseling is a relatively new concept for contemporary churches. It has to do with laity who are involved as partners with pastors in pastoral care and counseling. Church history provides evidence of a shared ministry of care. There is no doubt that laity have always provided care and counseling, but it has been intermittent and informal, and the caregiver was untrained. There is also theological support for systematic involvement of the laity in pastoral care, this idea is reviving a traditional function of pastoral care.

Understanding God's love and having a view of one's love for one's neighbor clarifies the church's motive for providing lay pastoral care. Enlarging on this understanding is the basis for this chapter. Other concepts that deserve treatment include the concept of the "Body of Christ," including the characteristics of such a body; the "Priesthood of All Believers" and its importance in lay pastoral care; identification of the "Spiritual Gifts," which relate to lay pastoral care; the idea of "Bearing one another's burdens" and its application; and an analysis of the "Ultimate Standard of Measurement for Lay Pastoral Care" and its consequences.
God's Love Is the Motive of the Church's Love

A View of God's Love

Pastoral care involves love. No person can engage in care and counseling if love is not an intrinsic part of his or her life. Much has been said about the origin and essence of God, but nothing can surpass the significant fact that God is love.\(^1\) Although other religions worship a god who must be appeased, Christianity asserts that God loves and cares for us. God's love is both the impetus for and the medium through which a ministry of loving and caring occurs. A person engaged in pastoral care ministers on the basis of prior acceptance and love by God.

The need for pastoral care is evident in the gloomy, unfeeling condition of modern life. Pastoral love and care inspired by the love of God in Christ can become the antidote for misery, loss, and hurt. The need for this care has its roots in human life\(^2\) and provides opportunity for human interdependence as a need of the community.

The Christian's love for God and neighbor is a mere reflection of God's love for us. It is a grateful response to God's love. This is the essence of the Christian faith: "For God so loved the world that He gave His only begotten Son, that whoever believes in Him should not perish, but have eternal life."\(^3\) Theologians feel that a historical survey of the teaching of Scripture on this point is unnecessary, since it will only "demonstrate that this statement is simply the clearest expression of a doctrine of the nature of God that is attested through out its pages."\(^4\)

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\(^1\) John 4:8. The New American Standard Bible is used throughout this paper unless otherwise indicated.

\(^2\) Frank Wright, Pastoral Care for Lay People (London: SCM Press, 1982), p. 3.

\(^3\) John 3:16.

The opening phrase points out that "For God so loved the world." "The word 'thus' or 'so' denotes the degree of love. God loved 'the world' is a distinctively Christian idea that God's love is wide enough to embrace all humankind. His love is not confined to any national group or any spiritual elite."\(^1\) It encompasses the whole of humanity. Furthermore, this love has no basis in man's loving in return; it is a love that exists just because He is love and His nature is to love. Morris states: "He loves men because He is the kind of God He is."\(^2\)

For humans, external expression is closely related to intent or purpose. Thus Christ's appearance on earth becomes the supreme manifestation of love. John tells us God gave His only begotten Son. This gift was twofold. Morris says, "God gave the Son by sending Him into the world, but God also gave the Son on the cross."\(^3\) Two aspects of the nature of God are obvious: On the one hand, self-sacrifice, and on the other hand, actions carried out for the benefit of others.\(^4\) The love that God demonstrated by His gift did not seek a personal reward, but to benefit the world, thus providing a Savior, an atoning sacrifice for our sins.\(^5\)

For humans, love is often regarded as receiving--a source of pleasure. For God, love is characterized by giving--the lover seeks to benefit those He loves. The central truth of the Gospel is that "God so loved . . . that He gave." This act of redemption is a

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\(^2\)Ibid.

\(^3\)Ibid.

\(^4\)Marshall, p. 214.

\(^5\)This phrase reflects the deepest meaning of "love." It means forgiveness and no more rememberance of the beloved's sins. God's act for humanity was demonstrated by pardoning their sins even at a cost too high for Him--His Son.
central aspect of the kerygma. Ellen G. White comments: The work of creation was a manifestation of His love, but the gift of God to save the guilty and ruined race, alone reveals the infinite depths of divine tenderness and compassion.¹

When the church as a corporate entity or the individual Christian becomes grateful for the love that has been experienced, pastoral care emerges. Althaus contends:

Because the Christian's activity flows out of his experience of God's love and since this activity is in itself love, it shares all the characteristics of God's own love. God wants his people to act spontaneously, freely and voluntarily, happily and eagerly. Where the Spirit and faith do their work, the Christian does not respond compulsively or artificially to his neighbor; rather, he acts with an inner necessity comparable to the natural processes by which trees bear fruit.²

A View of Love for Neighbor

Comprehending what is meant by love of neighbor involves studying the New Testament passages which clearly indicate "love your neighbor," "love your brothers and sisters," "love one another," or even "love your enemy." Jesus expressed a double command when He was questioned by the Pharisees:

"Teacher, which is the great commandment in the Law?" Jesus then answered, "You shall love the Lord your God with all your heart, and with all your soul, and with all your mind." this is the great and foremost commandment. The second is like it, 'You shall love your neighbor as yourself.' "³

Christ's words reflect the Old Testament way of thinking; the concept of loving God and neighbor was not new for the Jews. What Jesus did, in fact, was to combine the two Old Testament concepts into one (Deut 6:4,5 and Lev 19:18).


To understand Jesus' answer to the Pharisees, one must visualize a social setting. "Love in this concept means devotion toward one's neighbor for his sake, accepting him as a brother and letting him come into his own."¹

For the Jews a neighbor was a fellow Israelite. Jesus wanted to widen that view: a neighbor is anyone who needs help.² Kierkegaard's definition is appropriate: "If there are only two men, the other man is the neighbor; if there are millions, each one of these is the neighbor."³ Jews did not naturally love a stranger—a non-Jew was an outcast.

Man's natural tendency is to make self first, irrespective of obligations incumbent upon him in his relation to God and to his fellow men. To be completely selfless in dealing with his fellows, a man must first love God supremely. This is the very foundation of all right conduct⁴

Most helpful to this issue of understanding love of neighbor is the Lukan discussion of the parable of the Good Samaritan (Luke 6:30-37). Knowing what is right must be followed by action. The priest and the Levite did nothing to help their "neighbor" even though they knew what had to be done. On the other hand, the Samaritan who was hated among the Jews crossed the barrier and helped his neighbor. When a person abides by the law of love there is no barrier of race, sex, nation, or religion.

Obedience in love establishes relationships where none were conceivable or possible before. Thus, the problem of "neighbor is not one of definition but performance, and where there is performance, where one's deeds are moved and shaped by love, there is neither time nor reason to ask, "Who is my neighbor?"⁵


⁴Nichol, 5:484.

Summary

The major themes discussed in this section serve as a foundation for the pastoral care to be presented throughout this paper.

1. A person engaged in pastoral care ministers on the basis of prior acceptance and love by God. Acknowledging God's love for us results in caring and loving others.

2. Pastoral care is a task for all Christians. The command is to love others. This can be done only as a response of gratitude to God for His grace towards us.

3. Service to one's neighbor is a central aspect for a Christian. Loving one's neighbor is one way to love God.

4. The love and care expressed by the Christian should not be limited to fellow Christians but also to those who do not belong to the same Christian community.

5. Love of neighbor involves more than just knowing what to do or having feelings of compassion and affection. It includes being active in love.

Body of Christ

Paul refers to the local community as the Body of Christ in various instances (1 Cor 10:16; 12:12-27; 6:5-17; Rom 12:4,5). Of the 142 times that the New Testament uses the word "soma," 31 times it is used in connection with the Church.¹ Lenski, discussing the Church as a body, provides quite a clear interpretation which we do well to consider:

The astonishing statement that he who has everything under his feet and is "head over everything", is yet himself bestowed as a gift to his church. The fact that she is his body is a part of the solution. Not because she consisted of mere creatures could she receive this supremely exalted Christ as her gift, for as so composed she, too, is under her feet. But she is far more, she is different from the other creatures, she is spiritual, Christ's spiritual body, and as such, and only

as such, is able to receive and does receive this supreme Christ as God's gift to her.\(^1\)

There is no doubt that the New Testament teaches that Christ's Church is His spiritual body. The Church which in consideration is not the physical building, rather it is a group of believers, not a denomination, sect or association, but a spiritual body. It is not an organization, but a koinonia—a communion, a fellowship of one body and it includes all believers.\(^2\)

The concept that all believers are priests or ministers and that there is no difference in status or rank between a lay person or a clergy is discussed more thoroughly in the next section. Since all the priesthood is part of the Body of Christ, there must be activities each member is responsible for, and goals and guidelines by which they can live.

If we can come to grips with the idea that we do not cease to be individuals when we become fused into a body, but that we become one in Christ, then, we will be able to show the world that the church is an organism made up of people who are sufficiently free to be able to live in community.\(^3\)

In other words, our individuality is not lost as we enter into the body of Christ; instead we discover who we really are.

Local Community as the Body of Christ

At the cross God reconciled people as a community again. In bringing all things together in Christ (Eph 1:10), He could eliminate the barriers between people and create a new community (people) in Christ (Eph 2:14-15). This new community Paul calls the body of Christ.


\(^3\)Mario E. Rivera-Mendez, "The Church as a Healing and Redemptive Community" D.Min. project report: Fuller Seminary, 1979, p. 15.
It seems clear that in Paul's time there was separation and competition between the people of the community. So the apostle, using the image of the human body, shows how the community of Christians should and need to work. In 1 Cor 12:12 he compares Jesus to a body: "For even as the body is one, and yet has many members, and all the members of the body, though they are many, are one body, so also is Christ." Kung states that the Church or community is not only like a body, but is also a body:

The members of the community ought to be "one body". They ought to be "one body," because they are already "one body" in Christ.\(^1\) Christ is responsible for forming the body. Its not the result of any type of effort of the members of the community, who thought that it was good to be together and express their love and unity. Kung adds: "Christ makes the believers into one body; seen from their origins, they are one through Christ; seen as a present reality, they are one in Christ."\(^2\)

The Whole Church as the Body of Christ

The passages of 1 Corinthians and Romans that deal with the body of Christ are written in the context of the individual community. In Ephesians the reference to the body of Christ is for the whole community. The relationship between Christ the head and the church the body is central:

We get grown up in every respect as our relation to Him requires of us, and that relation is at once stated; He is the Head, and we the body of this Head. The relation indicated is that the body of any head should correspond to its head.\(^3\)

A vital relationship exists between the head and the body; the same is true between Christ and His people. The "Head puts Christ in connection with the entire


\(^2\)Ibid.

\(^3\)Lenski, p. 544.
body as a unit, which includes "all of us, (vs.13)." It is very significant to understand that the church's growth has its origin and goal in Christ as the "Head."  

Characteristics of the Body

Surveying the Eph 4:1-16 passage reveals that the body of Christ, which the apostle suggests is an equipped church (vs.12) is also characterized by a special kind of unity. The passage of 1 Cor 12:12 points out that in order for the body to exist as such there must be unity, a functioning together. So the essence of the body without doubt is unity.

Unity in relation to our ministries

Diversity or particularity is equally important to unity or commonality. A body cannot be what it is without a variety of parts.

Described in the Pauline imagery of these texts are some organs and limbs associated with the vital signs of a living self, from beating heart to moving feet. And there are some body parts associated with the identifying marks of a particular self-hood, from memory cells to speaking lips. One keeps the body alive and alert, and the other remembers and declares whose body it is.  

Eph 4:1-16 expresses the idea of one calling (4:1), the fact that there are many facets of grace (4:7), and the diversity of gifts for service or ministry (4:11). The one goal which encompasses all these things is maturity in Christ (4:13). The Church functions differently from other organizations. The main goal for any organization is to accomplish their enterprise goal. The Church is not to be so much concerned with the

1Ibid.

2Kung, p. 231.

function or work of its members. Nevertheless, the Church needs to bring a balance and should be concerned with the nurture of every member of its body as well.

The body of Christ (the Church) also should have a variety of gifts among its members in order to function properly. The call is not for uniformity but rather for unity, since each and every one of the different ministries is of great importance and significance for the unity of the whole body.

Every member of the body is indispensable. Only as each part does its work can the body grow and attain its goal of maturity and unity in Christ. Each of us becomes a minister of that particular grace which we have been given for the sake of the Church. Thus the gifts of the Spirit for ministry are not mere functions or activities carried out by the members. The gifts are people, the men and women whom you are connected in Christ.1

This clarifies why Paul, when mentioning the gifts for ministry (4:11) puts the emphasis not in the gifts themselves but on the providers of these gifts. Christ gives us grace and we become ministers. Kraemer wrote: "The church, well understood, not so much has a ministry or ministries, but primarily is a ministry."2

God's gifts are people endowed with a special grace from Christ for ministry. Because you have the gift of grace from Christ, you are a gift to the body.3

Acknowledging the special and vital dual purpose that spiritual gifts play in the Church, Bridge and Phypers say that, first, they strengthen the Church's fellowship, and, second, they extend the church's ministry and witness.4 To this thought one would have to include an additional purpose for which the spiritual gifts are given to the church as expressed by Ellen G. White:


3Ibid.

4Donald Bridge and David Phypers, Spiritual Gifts and the Church (Downers Grove, IL: Intervarsity Press, 1973), pp. 18-19.
God has set in the Church different gifts. These are precious in their proper places, and all may act a part in the work of preparing a people for Christ's soon coming.¹

In other words the preparation of God's people for Christ's coming will be affected or influenced by their ministry of spiritual gifts. When a Church recognizes the different ministries or areas of service that each member has, because it has been given to him or her by grace, all of its members will be appreciated and considered of great worth. The message conveyed is "you are needed here," "you belong here."

Unity in relation to their interdependence

Too often the team motif in the Church is missing. Many members live in isolation from the rest of body of Christ. Too often they adopt the theme: "my God and I" which governs their lives. "As parts of a body animated by the breath of the same Spirit, they cannot perform their functions without being in living interrelationship."² None of the members of the body can ignore that God can only dwell in us in the measure that we love others.

Paul in Eph 4:16 uses strong language when describing the interdependence of each member of the body, "We can no more disconnect ourselves from other members and remain healthy than we can disconnect ligaments from the bones or try to live without veins and arteries."³ The word that Paul uses which is translated joints or ligaments is derived from a root meaning contact or touching, e.g., "contact with, the supply."⁴ Through mutual contact, each member helps supply whatever is needed.


²Peck and Hoffman, p. 113.

³Stevens, p. 31.

MacArthur draws a picture of a lamentable situation that still persists in the Church:

Given that all Christians have received this unity and are one in the body of Christ, still they have a tendency to pull apart and to isolate themselves in smaller groups. They scatter into cliques, joining themselves to the little groups of people who act and think the same way. It is possible for Christians to go to the same church meetings, sit together, and even talk superficially, but at heart still be far away from each other. They are tightly closed to most fellow believers, even though they may be open to a few. They have not learned to care and to express oneness in practical ways.¹

In order to be a Church that fulfills its purpose in equipping its people, the interrelationship is a must. Whatever the activity, the member should play an interactive² role and thus be part of a network of relationships. In my experience, adventism tends to be in the active mode. We grow underneath an autocratic leadership.³ We need to turn away and find full participation. The goal is for intimate fellowship, because many do not sense they are part of the body: they need fellowship (koinonia).

Unity in relation to the purpose

The climax of Eph 4:1-16 is maturity in Christ. The purpose of the church is that through the unity of faith and knowledge the member matures and attains the fullness of Christ.

¹Mac Arthur, p. 18.

²Naden, Class Notes, 1986. Dr. Naden asserts that there are three main activities that encompasses the church. The active mode--one person motivates. It is a one-way deal or conversation. The reactive mode--one person speaks and the other responds. A two-way conversation. The interactive mode--a facilitator speaks and involves others in the group in full participation. It is in a sense, a talking with each other. Dr. Naden advices that all three activities can be intermingled in the church's program similar to what Peter Wagner advocates: celebration (worship service), active mode; congregation (Sabbath School study), reactive mode; cell (intimate fellowship), interactive mode.

³As cited above, Naden's view of active mode is a picture of our church, generally speaking. My experience in Inter America, where I spent seventeen years pastoring, is that another mode of leadership is considered a sign of weakness by both pastors and the congregation.
Becoming mature in Christ is a growing process (vs.15). The Greek word used for mature is "teleion," which expresses the idea of having attained the goal. It is used in contrast with children and is to be understood in the sense of "mature", "full grown." It is not to be understood in the sense of perfectionism.¹

Other characteristics of the body of Christ

The members of the body of Christ are not ordinary people. They have been chosen by God (Eph 1:4). As chosen people they are challenged to live in light of their "model" and, therefore, be without spot, or wrinkle, or anything else that leads them away from their goal of being holy and blameless (Eph 5:1,27). A last characteristic that should be mentioned in relation to the body of Christ is that they manifest the fruit of the Spirit, particularly love, in all its dimensions (Gal 5:22,23).

Summary

The concept of the Church as the body of Christ has definite meaning for a careproviding program.

1. The lay careproviders are part of Christ's spiritual body. The Church is not the physical building, an association, or an organization. It is a group of believers, a spiritual body, and a fellowship of one body which includes all believers.

2. As the body has many members and these in turn have different functions, the lay careproviders with their unique gifts can complement the body's task.

3. Unity is a main characteristic in the body of Christ. All members are important and though they may have diversity of gifts and functions in the church, they are still one body subject to the head, Jesus Christ.

4. Lay careproviders strengthen the church's fellowship and extend the church's ministry and witness.

¹Lenski, p. 535.
5. Interdependence must be part of the careproviding program in order to benefit the church and the community.

6. As well as the rest of the body of Christ, the careproviders are chosen by God and are expected to live in a godly manner manifesting the fruit of the Spirit—love, with all its dimensions (Gal 5:22,23).

The Priesthood of All Believers

Examined from all angles, the priesthood of all believers provides meaning and significance to every task of caregiving. There is no Biblical evidence for separate orders. The believer-priest, part of the new order, not only has direct access to God but is now part of a superior priesthood that has a new concern and a new mission: holiness and finishing God's work. This new priesthood—the believer-priest-minister— allows the church to become a total force that is equipped to take the gospel to the whole world.

Church and Priesthood

At this point it is proper to establish a definition of the church that links it to the concept of the priesthood of all believers. Feucht defines church as

the sum total of all who believe that Jesus Christ is Savior and Lord. The church is all persons "called out" to be God's people on mission for Jesus Christ.1

Lawrence O. Richards visualizes church as the "ministering community."2 Cloud Welch demonstrates that the Greek word "ekklesia," from which the word church derives, never referred to a building: "It is the assembly of the saints for worship."3 It is the sum

1Oscar Feucht, Everyone a Minister (St. Louis: Concordia Publishing House, 1974), p.32.


of all who respond to the "call" (ekkleoō) of God, to be redeemed and also to minister to all those who live lost, broken lives.

This rich, full-dimensioned definition of church is entirely consistent with the concept of believer-priests, "a people, equipped to serve, meeting needs everywhere in Jesus' name." 

Old and New Testament references to the priesthood of all believers evoke similar images of a called-out group with a mission, a ministering community.

The Old Testament text refers to a covenant relationship between God and the people of Israel. Now freed from the bondage of Egypt, God reveals Himself to them through Moses:

Now then, if you will indeed obey my voice and keep my covenant then you shall be my own possession (special treasure) among all the peoples, for all the earth is mine; and you shall be to me a kingdom of priests and a holy nation.

The New Testament passage by Peter uses this same image:

But you are A Chosen Race, A Royal Priesthood, A Holy Nation, A People For God's Own Possession, that you may proclaim the excellencies of Him who has called you out of the darkness into His marvelous light.

In Rev 1:5-6 John talks of Jesus "who loves us, and released (freed) us from our sins by His blood and He has made us to be a kingdom, priests to His God and Father."

I advocate that once our church members recognize that we all are a "royal priesthood," and that we have been made "priests," our mission--a ministering community--will take a live significance. Lay careproviders will minister without being called to do so, because they will have the sense of responsibility and authority to minister.

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2Exod 19:5-6

31 Pet 2:9 (NASB)
New Priesthood of All Believers
and Pastoral Care

The new, superior priesthood has special qualities indicated in 1 Pet 2:5,9--holy priesthood, holy nation, special treasure set apart for a particular ministry. This idea of priesthood and holiness--wholeness--is an inseparable and integral part of his new priesthood. Walsh cautions:

Priesthood may have made men holy by consecrating them to the Lord; ritual may have kept them holy by removing any cultic imperfections and by satisfying the external requirements of divine worship. But that could be no substitute for that inner righteousness of heart which made men really holy to the Lord.1

First, the priesthood of Christ has direct access to God. Second, it replaces ritual sacrifice with "one's body as a living sacrifice, holy, acceptable unto God, as a spiritual service." Third, the service of this priesthood is a ministry to one another and to the world. This active, functional church-priesthood of believers can fulfill its mission, "that you may proclaim the excellencies (wonderful deeds) of Him who has called you out of darkness into His marvelous light."2 W. Carl Ketcherside pointed out:

God’s laity are not those to whom messages of God are brought. They are themselves bringers of the message. The laity are not those who listen to a clergy declare the wonderful works of God; they are the clergy who do the declaring.3

This viewpoint, then, clearly legitimizes the believer-priest whose function is caregiving. Martin Luther stated it thus:

All believers are worthy to appear before God, to pray for others, to teach each other mutually the things that are of God--so ought we freely to help our neighbors by our body and works, and each should become to the other a sort of Christ, so that the same Christ may be in all of us. Let everyone who knows himself to be a Christian be assured of this, and apply it to himself, that we are all priests, and there is no difference between us.4

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2 1 Pet 2:9.
Ellen G. White expands on this concept even though she did not use the terminology of priesthood of all believers. She says:

He (God) chooses human beings as instruments in the working out of His designs... Through men His blessings are to be conveyed to the world... In loving ministry they are to meet the sinful and the needy, and lead them to the cross... God expects personal service from everyone to whom He has entrusted a knowledge of the truth for this time.¹

She also stated that the members of the church have the same responsibility as pastors. The word minister that she uses is meant to be "pastor of the church." She declares:

When men of business, farmers, mechanics, merchants, lawyers, etc., became members of the church, they become servants of Christ; and although their talents may be entirely different, their responsibility to advance the cause of God by personal means, is no less than that which rests upon the minister.²

What emerges is a picture of the church, trained and functional, a group of believers-priests-ministers, compelled to fulfill the responsibilities and mission that come with priesthood.

Existing Attitudes and the Priesthood of All Believers

This picture, however, can hardly be considered clear among existing clergy and laity. As long as we maintain a distinction, where there is a special class and all the rest are laity, we will be far from the biblical picture. The clergy are not entirely to blame. The church itself has stressed baptism and tithes and offerings, so the clergy have involved the congregation chiefly in soul-winning and fund-raising. To take other pastoral duties and free the laity to minister in these many aspects can be perceived as a threat to the position and prestige of the clergy. But "a church which proclaims the priesthood of all believers but does not in fact provide ways for the general priesthood to


²Idem, Testimonies for the Church, 4:469.
express itself will teach not initiative, but docile obedience as the Christian stance," says Frank Littell.¹ Most of the time our laity are more spectators than active participants. Through non-verbal communication the clergy tends to think that if one is not a professional, one is not capable, so the laity is not involved in ministry. This attitude returns us to the priestly functions under the Judaic tradition, one which Jesus eradicated when He established a new superior priesthood.

Understanding the ministry must begin with the biblical knowledge that all Christians are ministers. One must also recognize that within the body of Christ there are those who have a gift of pastor-teacher, and who have been called and trained for service in a specialized area. We refer to these individuals as pastors.

Robert S. Michaelsen acertains: "The minister (pastor) may function as a leader, a source of inspiration, an organizer, and administrator."² Certainly everyone must agree that pastors or clergymen have different functions from laypersons. Garlow asserts: "The distinction between clergy and laity should have been on their different functions of ministry. There should never have been a separation based on the mistaken belief that some are ministers (clergy) and some are not ministers (laity).³

Oosterwal discussing the roles of the laity and the professional minister says:

God has entrusted the ministry in its manifold aspects and the tasks to His own people, the laity, as a whole. The specific role of pastor, preacher, teacher, administrator, is to equip and to strengthen the laity to carry out its task. These special "ministries" therefore, assist the laity, not vice versa as we have always presumed.

¹Frank Littell, in Feucht, p.35.
Biblically speaking, the first task of the minister is not to go out into the world to win unbelievers to the church—for that is the role of the laity—but to nourish, strengthen, equip, help, and sustain the laity for its ministry.\footnote{Gottfried Oosterwal, \textit{Mission Possible} (Nashville: Southern Publishing Association, 1972), pp. 111-112.}

The above statements clearly confirms that the basic distinction between clergy and laity today is based upon what one does not upon what one is. Chapter IV discusses the pastor as equippers of the lay careproviders. This is a legitimate role of the pastor.

Teaching this concept to the clergy and the laity is the focus of this study, but a few remarks should be made here. First, there needs be a careful study of what Scriptures say about the priesthood of all believers. Second, the "laity" should be urged to think of themselves as priests for God (Rev 1:5-6; 5:9-10). Third, the clergy must equip laity to minister, to the people's needs. In other words, put the ministry in the hands of non-professionals. Fourth, our calling is for consecration and dedication to serve Christ in whatever capacity we can. We must focus on "presenting our bodies as a living sacrifice, holy, acceptable unto God, as a spiritual service." In short, the goal of this priesthood teaching is for each member to become whole, be equipped, and released to serve or minister in the world.

This concept gives meaning and significance to lay pastoral care. It is the heart of the matter. Acknowledging that each believer is a minister, a believer-priest who is not just a layperson but an active participant in the church's ministry, is crucial. On this basis they are impelled to fulfill their priestly responsibilities.

\textbf{Spiritual Gifts}

The Holy Spirit equips each member for service or ministry, but the Seventh-day Adventist Church never has formulated a comprehensive theology for "spiritual gifts." This is due to three factors as Naden points out: First, spiritual gifts have been interpreted by some only as meaning speaking in tongues. Second, within Seventh-day Adventism...
has developed, since 1863, as a very strong organization. It is firmly set and any suggestion of change could create chaos. Third, there is a healthy pride in the single gift of the Spirit of Prophecy writings of Ellen G. White. This has tended to blind the eyes of Adventism and to discard other spiritual gifts.¹

My interest is in using the spiritual gifts to identify a person's ministry, thus providing a basis for recruiting lay persons for the various careproviding ministries of the church. It is proper to analyze briefly the words that are commonly used for spiritual gifts. This is not exhaustive, but it gives a clear understanding of the importance of spiritual gifts in the careproviding ministries.

Meaning of Spiritual Gifts

The Old Testament reveals no specific term for spiritual gifts. Paul is the one who develops the doctrine of spiritual gifts in the New Testament. The Greek words used for spiritual gifts are "doron," "pneumatikos," and "charisma". The first word, "dorea," denotes formal endowment. It seems to carry some legal weight behind it, and if so, it could imply "state awards" or "bequests".² "Dorea" derives from the verb "didomi" which means "to give."³ This word is always used for the gift of God, Christ to men, and implies God's grace.⁴


⁴Kittel, p. 167.
"Pneumatikos" refers to the men who know God's saving work by virtue of the Spirit of God. The literal meaning of "pneumatikos" is "spiritual" and can be translated as those who possess spiritual gifts. Gee views it this way:

The actual word "gift does not occur in the original, neither in 1 Cor 12:1 nor in 1 Cor 14:1. These verses simply speak of "spirituals." These passages are referring to features in the worship and activity of the church that are peculiarly in the spiritual realm.

The translators have quite legitimately added the word "gifts" however, because the context makes it perfectly plain that this is the true thought... The subject is correctly "spiritual gifts."³

"Charisma" comes from the verb "charizomai," which means to show favour or kindness, to give freely, bestow graciously; in this sense it refers to that which is given by God. "Charisma," in pre-Christian literature, means gracious gift, donation (only from God to men), and in the post-Christian secular literature it means a benevolently dispensed gift. From Homer onwards the verb "charizomai" in connection with God meant to give graciously and in connection with men's dealing with one another; it meant to do something pleasant for someone, to be kind, gracious, or obliging, to oblige or gratify someone. Others see "charismata" as "those gifts or events whose source is God's grace, whose purpose is a concrete service and whose nature is a manifestation of the power of the Holy Spirit."⁶

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¹Idem, 5:436.


⁵Brown, NIDNTT, 2:115-116.

Two other words compliment "charismata" in 1 Cor 12:4-6 to describe spiritual gifts. One is "diakoniai," which means service or ministries, and the other word is "energemata" which means workings. The term "charismata" implies the source of the gifts. It is divine grace that becomes concrete. The term "diakoniai" denotes the way in which the gifts are to be practiced in the community. It has been suggested that diakonia is not derived from "dia" and "konia" meaning "through the dust," but from "dia" and "enkoneo" which has the meaning of "to be in haste." Thus "diakonia" would have a connotation of "eager readiness to serve." The other term "energemata" has the connotation of gifts bringing definite effects. Something has to actually happen; this is the goal of all gifts. So "energemata" expresses purpose.1

Definition of Spiritual Gifts

After making a survey of the meaning of the words used for spiritual gifts, it would only be appropriate to consider some definitions of spiritual gifts. Naden expressed it as "specific abilities given by the Holy Spirit to a committed Christian in a certain setting to serve others in nurture and outreach."2 Hummel defines it as a "favor bestowed, a particular manifestation within the Christian community."3 Wagner sees it as "a special attribute given by the Holy Spirit to every member of the body of Christ according to God's grace for use within the context of the Body."4 Kinghorn states that "spiritual gifts refers to a supernatural enabling of the Holy Spirit which equips a Christian for his


2Naden, Class notes, 1986.

3Hummel, p. 119.

work of service and ministry."¹ McRae refers to it as "an ability to function effectively and significantly in a particular service as a member of Christ's body, the church."² Hubbard points out:

The Holy Spirit could endow any of the gifts instantaneously, but that the ability to acquire the gift is also charismatic. If a person can speak several languages, and has the ability to easily learn new languages, this is a gift that the Holy Spirit can use to further the Gospel no matter whether the individual came by this ability instantaneously or through much effort.³

It is also my position that even though one may receive a special ability by the Holy Spirit one can develop it through training. A proper understanding of spiritual gifts is important in order to avoid complications in the church's ministry. A person may assume to be gifted, thus making him/her automatically competent to perform a certain task or ministry. Nevertheless, I cling to the fact that a "competency" has to be taught and evaluated. In other words, training is important for the building up of the body of Christ. One must be aware that not all laity have the same gifts and therefore, not all should be trained for the same ministry. Each church should develop ministries for each gift and train and engage every member according to their gifts. Ellen G. White gives some instructions related to this concept: "In laboring where there are already some in the faith, the minister should first seek not so much to convert unbelievers, as to train the church members for the acceptable cooperation."⁴


⁴Gospel Workers, p. 196
Purpose of Spiritual Gifts

The purpose of spiritual gifts is an aspect in which most theologians come to a consensus. Naden establishes that they were given for the equipping of the church for ministry. This encompasses nurture inside the church as well as outreach.¹ Kinghorn says, "God blesses us not so that we may become static or self-serving, but in order that we may become dynamically active in ministry to others."² Viewed in these perspectives the spiritual gifts never serve to seek self-glorification. Spiritual gifts, as seen in relation to the body of Christ, have various purposes. They are given so that the recipients can: (1) care for one another (1Cor 12:25), (2) be equipped for nurturing the church and for outreach (Eph 4:12), (3) help in the maturation process--"measure of the stature of the fullness of Christ" (Eph 4:12,13), (4) promote "unity" or "oneness" among its members through "faith and knowledge of the Son of God" (Eph 4:13), involving love, acceptance, and forgiveness, (5) help the members to discern true and false doctrines (Eph 4:14), and (6) interrelate in a loving and truthful manner in order to produce spiritual growth (Eph 4:15).

Three Spiritual Gifts Related to Careproviding

This section examines the spiritual gifts of exhortation, mercy, and helps. I selected these three gifts because they relate closely to the tasks of the lay careproviders. The other gifts are not being negated, of course, and though they are useful and important for accomplishing the mission of the church, they are not as relevant to this study as the selected three. Nevertheless, a list of the most recognized gifts and their ministries or work areas are presented in Appendix B. Also discussed are the ways to identify the gifted person.

¹Naden, Class Notes, 1986.
²Kinghorn, p. 29.
The Gift of Exhortation

During the three and one half years of the ministry of Jesus, He tried to prepare His disciples for the upcoming events that awaited Him, that is to say, His death, resurrection, and ascension. When confronted with those terrible events, they felt overwhelmed with fear and asked Him, "Lord, to whom shall we go?" He explained to them that the Father would send them "another Counselor" or "another Helper" (John 14:16). The Greek word used to describe the Holy Spirit is "paraclete," which means "one who is called alongside to comfort and to counsel." A similar form of this word is used in Rom 12:8 in reference to the gift of exhortation.

"Parakaleo" in its verb form appears one hundred and eight times in the New Testament. The noun "paraklesis" appears twenty-nine times, and the word "parakletos" five times. The word "parakaleo" frequently is translated as comfort, and it originally meant to make strong. The original idea it conveyed was that kind of comfort and consolation in distress which keeps a man on his feet when, left to himself, he could collapse. Other English words used to describe this gift are beseech, desire, and encouragement. Perhaps the one that seems to describe best this particular gift is encouragement.

This encouragement refers to a person who is in tune with those who have suffered defeat or loss. The person with this gift is distinguished as one who is alongside those who have these troubles, is prepared and ready to help them.

Characteristics of Exhortation

Exhortation may be carried out in different ways. When exhortation is from the Spirit it comes wrapped up in profound spiritual qualities that are visible and noticeable. "When exhortation comes from the Spirit it shows compassion, seeks to meet another's real need and brings words of healing rather than just psychological judgment."1

In order to exhort or counsel, there are various elements a person needs to be aware of in order to be effective. In developing this gift, the gifted person works to acquire the skills of approaching many kinds of people in their settings, and the skills of attentive listening and knowing when to speak out helpfully ("paraklesis"). Spirit-guided exhortation involves love, which leads to compassion.

Functions of Exhortation

The gift of exhortation equips a person to call forth the best in others. The significant function of this gift is to lift up those who have fallen and encourage them, strengthen them, and admonish them to become their best self in Christ.2

Barnabas was called the "Son of Encouragement" (Acts 4:36). Paul could not get over John Mark's failure, but Barnabas took a different approach. He must have spent many hours, days, and perhaps months trying to lift up, build, and prepare Mark's life. He helped Mark to succeed after his failure, and when he thought Mark had overcome his problem, he felt it was time to give him a second try (Acts 15:37). William Barclay comments:

It is impossible to say whether Barnabas or Paul was right. But one thing is true, Mark was supremely fortunate that he had a friend like Barnabas. We have already seen that in the end Mark became the man who redeemed himself. It may well have been the friendship of Barnabas, the man of the kindly heart, which gave Mark back his self respect and which made him determine to make good.

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2Kinghorn, p.88
The greatest thing that a man can have is someone who believes in him. Barnabas believed in Mark and in the end Mark justified that belief.¹

The Need of the Gift of Exhortation

We need men like Barnabas that have the gift of careproviding. Lawrence Crabb had an accurate view of this gift when he proposed that "caring, mature Christian people (who can love because they know Christ's love, and who are mature because they desire above all else to know Him) can become capable counselors within their local church bodies." He adds a significant statement.

I envision the development of meaningful counseling within the local church carried on by church members. When it is operating biblically, the body of Christ provides individuals with all the necessary resources to appropriate their significance and security in Christ....The local church must assume responsibility for the individual personal care of each member. Obviously no ministerial staff can deal adequately with the staggering needs for individual attention and concern within the body. Nor should it even try to. The job belongs to the members of the local body.²

The implication is not that all members have the gift of exhortation, but that it cannot be limited to pastors alone.

Characteristics of the Exhorter

God provides us with all strength we need to overcome, but He also uses others to help us. The person with the gift of exhortation clings to the Scriptures and to the Holy Spirit as his main source of exhortation (Rom 15:4; Acts 9:31). An exhorter brings hope and comfort to those whom he encounters (Rom 15:4; 2 Cor 7:6,7). Throughout the Scriptures the concept of exhortation has a variety of translations and meanings: to comfort, encourage, admonish, beseech, desire, console, and counsel. Paul uses the father image--exhorting like a kindly father (1 Thess 2:11,12).


This gift is a practical one. The exhorter finds workable and effective solutions to help a person reach his or her ultimate maturity. Many perhaps view failures, troubles, sorrows as serious problems, but the exhorter views them as stepping stones to Christian growth. The exhorter also uses his life experience in a creative and helpful manner. The Christian with this gift moves quietly among the congregation, giving hope and building the body of Christ.¹

The Misuse of This Gift

The gift of exhortation easily can be misused, counterfeited, and abused. An exhorter, if not careful enough, can create unhealthy dependencies.² All gifts should work together to help and serve God's people, lifting their burdens, supporting them, and fostering growth, not dependency.

Identifying the Gift of Exhortation

Dr. Roy C. Naden has suggested some ideas which need to be considered seriously. He suggests:

Would you feel comfortable offering comfort to someone recently bereaved? Have you successfully mediated on a church committee when there was a strong difference of opinion? Have you ever tried chatting with a young member who has become rebellious? Have you tried inviting a former member to return to church? Would you feel comfortable seeking out a discouraged person and building them up in the Lord?³

Dr. Reuben A. Hubbard adds:

I would call this gift the gift of counselor rather than exhortation, for I think exhortation gives a wrong concept of what this gift really is. Counseling involves exhorting, but more than this, counseling involves comforting, encouraging, and admonishing which are all aspects of the broader concept of

¹Naden, Spiritual Gifts, p. 11.
²Ibid., p. 12.
³Ibid.
"parakalon." Again, this is a gift which requires training, but which I believe laymen can be trained to do.1.

**Gift of Mercy**

The verse that is related to this gift of mercy is Rom 12:6-8 (NIV), "We have different gifts according to the grace given to us. . . if it is showing mercy, let him do it cheerfully." The word used in this verse is "eleos," which has the meaning of mercy, pity, or compassion. It is best seen in relation to the presence of misery among the poor, the sad, the afflicted, the widows, and the orphans. From Homer's time on, this word was used to mean "the emotion roused by contact with an affliction which comes undeservedly on someone else."2 The majority of the Scripture texts use this word "eleos" in direct connection with God's mercy. Nevertheless, it is also used for His children with the significance of compassion, concern, a special kindness manifested to others. Other significant definitions that shed light on this gift of mercy are: "The Spirit's gift to be compassionate to the feelings and needs of others. . . and to extend help in ways that bring comfort and blessing."3 "The natural ability to understand, and to empathize."4

The act of showing mercy allows us to obtain mercy. The mercy God gives us can only be limited by the mercy we show or give. It is no wonder that Jesus thought very highly of this quality: "Blessed are the merciful, for they shall obtain mercy (Matt 5:7).

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In the Bible there are various examples of this gift. The one that stands out the most is the example of Dorcas. Besides her ministry to help those in specific needs, she shared another ministry which became very much appreciated: showing loving kindness to those who were hurting and in need. When she died, the people in Joppa felt as if something was torn out of them and sent out word to Peter. He used his gifts to bring her back to life.

Need of the Gift of Mercy

Today we need more people like Dorcas that can bless this world with such compassion that hearts can be opened and moved to Christ and to wholeness:

Yet in an age of dry eyes, hard noses, and cold feet, there is a need for specially conspicuous examples of compassion. It is this Paul lists among the gifts of the Spirit. Prayerless tears and tearless prayers are alike unavailing. Compassion is your ache in my heart. The Holy Spirit never closes our hearts. Rather He tears them open to the needs of those about.1

Without doubt it can be said that people exercising this gift have prepared and opened more hearts so that the Gospel could penetrate them, perhaps, more than any other gift apart from preaching.

Characteristics of the Gift of Mercy

The gift of mercy is characterized by the sensitivity to the effects words and actions produce on others, so the person who has this gift tries to avoid firmness unless he is sure it will help the person who is being treated.2 It also equips one to sense in others such emotions as joy, happiness, pain, and despair.3


3Kinghorn, p. 92.
This gift works in a practical sense (Jas 2:13-16). The tendency is to help those who are afflicted in a physical way (Luke 10: 30-37). One important sign of this gift is that it is always done with cheerfulness (Rom 12:8). This gift also brings happiness and joy (Prov 14:21). Along with this gift comes a certain degree of generosity or sacrifice on the part of the gifted. So this gift is an involvement of care and share (Luke 10:30-37).1

Characteristics of the Gifted Person

A person who possesses the gift of compassion finds it easy to detect different feelings such as joy, distress, pain, despair, and more within a person or groups. He is able to recognize their needs, understand them, and work towards meeting them. A person who is merciful can spot the good motives of a person even though in appearance their actions are not acceptable. Grossman suggests:

In this area of daily life mercy is a rare virtue. Wherever a person has this gift, he is a great hope for sick and neglected people. Merciful person are quickly beseeched by those in need. For this reason it is important for all who have this talent (gift) to use it.2

Persons with this gift provide a very supportive ministry. They usually are the ones who remove spiritual turmoil from the others and bring them healing and comfort which in turn bring them a new reason for living.

The Misuse of Mercy

Mercy must not be spent on those who waste it. It should not foster dependency. It must not create a sense of superiority.


2Gangel, p. 99.
Identifying the Gift of Mercy

It is important to identify mercy in order to minister effectively to those in need of mercy. Naden proposes some inquisitive questions that help us in the identification of this gift:

Have you ever offered your services at a local branch of a society for handicapped? Are you drawn to help those who cannot adequately care for themselves? Do those you help feel a genuine warmth in your help and friendship? Could you spend time with someone who is blind and read to them, or take them out for a day's recreation? Would you enjoy giving support to a local chapter of Alcoholics Anonymous? Have you ever thought of going to your local hospital to visit with patients especially those who have no family or friends to visit them regularly? Could you help with flowers, food, laundry? These are the kinds of activities that come easily to those gifted with mercy.1

The Gift of Helps

"And in the church God has appointed first of all apostles, second prophets, third teachers, then workers of miracles, having gifts of healing, those able to help others..."(1 Cor 12:28, NIV). In this verse we find the only usage of this word in the entire Scriptures, even though the verb form is used in other parts (Acts 20:35, Luke 1:53,54). In its original meaning, this word "antilempseis" means "to take a burden on oneself in the place of another."2 Another definition that expresses well the meaning of this word is "to step in and help someone carry his or her load."3 It seems to imply help of all kinds given to those who need such services.

Kittel suggests that "antilempseis" is an obvious reference "to the activity of love in the dealing of the community."4 Apparently what this word is trying to tell us is that


3Naden, Spiritual Gifts, 6:7.

4Gerhard Kittel, ed., TDNT, 1:376.
there is a desire to help someone else, trying to take away or help carry heavy burdens and responsibilities from them. This is a very supportive and caring ministry.

Joseph followed Jesus' crucifixion and requested to bury him with dignity. He had a tomb that had never been used before and he wanted to bury Jesus there. His request was accepted and he carried on his plan. The following words give us a clear concept of this man as he renders a service no one apparently had thought of: "To Joseph, blessed with the gift of helps, was given an ultimate privilege to be named in the Gospels as the one who cared for Jesus in death."¹ Another person whom we can point out as a significant helper was John Mark. Since he manifested in his daily life his helping gift, Paul and Barnabas thought he would be useful to them in their special ministry (Acts 13:5) "The gift of helps or service which first appeared in his life continue to be his main gift (2 Tim 4:11)."² Mark demonstrated how valuable this gift is in combination with the work of the apostles, prophets, evangelists, and pastor-teachers. But when this gift of helps is accompanied with the gift of exhortation, service, and mercy, the results seems to be advantageous.³

Characteristic of the Gift of Helps

All bodies need blood in order to live. The same is true of the body of Christ. There needs to be blood in the church so it can maintain itself. Gangel expresses that the gift of helps is the plasma to the lifeblood of our churches. He also maintains that this gift represents the "cocoon" in which all the other more specialized gifts are contained.⁴

¹ Naden, Spiritual Gifts, 6:7.
² Murphy, p. 69.
³ Ibid.
⁴ Gangel, pp. 88-89.
It was mentioned earlier that the gifts of serving and helping are considered by some to be the same gift; others believe they are similar, yet different. Helping is a people-oriented ministry. The gift of serving is one that equips a person to do tasks. It is a task-oriented ministry.

One of the basic factors of this gift of helping is the desire and ability to succor those who are in need in their own areas of work. The absence of this temporal ministry may very well result in the nullification of other more recognized gifts, creating a very serious roadblock to spiritual growth and maturity. It is that unselfish concern for the fellowmen that moves a Christian to offer help (1 Cor 12:25,26, NIV).

Characteristics of the Helper

An important characteristic that distinguishes a person with the gift of helps is submissiveness and the willingness to help others in their area of work not in the area of the gifted person. It involves seeing a need and providing help at the level of that need.

Another interesting characteristic of the gifted person is that he/she is "marked by a less-talk-more-action style of service to others and at the same time to Christ." The general idea behind all this is 'do not talk about it, do it.' In a general way, those who are gifted to help, God equips them to relieve temporal and spiritual burdens. As one visualizes the needs of others he or she responds spontaneously and ministers to them.

Anyone who exercises the helper gift must lead people to praise God and not men (2 Cor 9:12,13). Carrying out the helping act is the same as rendering it to Jesus (Heb 6:10; Matt 25:31-46). A person with this gift can come from any socio-economic group (Luke 8:2,5; Rom 16:1,2).³

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¹Murphy, p. 96
²Gangel, p. 91.
³Naden, Spiritual Gifts, 6:8.
The Misuse of the Gift of Helps

A main danger of misusing the gift of helps is the tendency to criticize others who do not possess gifts as active one's own. One who has the gift does not seem to understand why those who have the gifts of knowledge, or wisdom, or perhaps teaching are so inactive and to not get around as much as he or she does.\textsuperscript{1} This person needs to remember that he or she is not the only member of the body and that in order to function as a body, it takes all the members with their various functions and gifts. Another danger is that "people in positions of responsibility can take advantage of subordinates by taking the credit for another's work; and sometimes Christians retreat from the vital work of studying the Scriptures, suggesting they are too busy doing things for the Lord."\textsuperscript{2}

Identifying the Gift of Helps

Again it is helpful to know what are the identifying marks of the gift. Some suggestions for identifying the gift of helps can be these questions: Do you consider it a pleasure to be asked to help with a project? Is it easier for you to accept a work assignment than to lead out in a project? Does it matter to you what the work assignment may be? Do you find it easy to recognize what needs doing and then do it?\textsuperscript{3} Reuben A Hubbard says that the gift of helps can be identified when a person finds himself or herself helping, supporting, or knowing when another is in difficulty and knowing how to help in various ways.\textsuperscript{4}

\begin{itemize}
\item \textsuperscript{1}Murphy, 98.
\item \textsuperscript{2}Naden, \textit{Spiritual Gifts}, 6:8
\item \textsuperscript{3}Ibid., 6:9.
\item \textsuperscript{4}Hubbard, \textit{Towards a Theology of Spiritual Gifts}, p. 20.
\end{itemize}
In conclusion, it can be said that once a person with the gift of helping has identified his/her gift, he or she should activate it and become effective in the body of Christ. Many believers in the church possess this gift and their lives become enriched because of this great ministry which opens doors of opportunity and of sharing.

**Bearing One Another's Burdens**

Gal 6:1,2,5 apply directly to pastoral care. There are profound lessons available here that can affect attitudes toward caring:

Brethren, even if a man is caught in any trespass, you who are spiritual, restore such a one in a spirit of gentleness: each one looking to yourself, lest you be tempted. Bear one another's burdens, and thus fulfill the law of Christ. For each one shall bear his own load. (NASB)

Here the object of restoration is a man who is overtaken in any trespass. The word "tini paraptomati" conveys the message of an actual trespass against God. There is no doubt that all trespasses are serious, but the word Paul uses connotes "a falling aside," "a false step," "a slip," "a misdeed." "Hamartia, which means missing the mark, can be considered as a synonym of paraptoma."^1 It tends to indicate an unplanned act or a misdeed that was not calculated. Here is a misdeed of one who has not yet fully realized the full impact of the act he has already committed.^2

He is "overtaken." The word used here is "prolemphthei" which means to take before hand. Some derived meanings are: to surprise or detect. The idea behind this verb is that this person was not involved in a deliberate disobedience, but instead caught in a trap. The fact is that no one can negate that it is a sin, but on the other hand, the

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sinner was influenced by some person to participate in such a fault. Paul here makes a reference to a person who has been deceived by the Judaizers.

"You who are spiritual" is a phrase that Paul uses referring to the spiritual people, or those who are walking by the rule of the Spirit. The word "pneumatikoi" is used as an antonym of "fleshly or carnal." The fact is that every time a legalistic or a carnal believer tries to correct a brother who has slipped, a problem occurs. So the persons who are called to restore others are those who walk in the Spirit and have the fruit of the Spirit.

Paul now uses an imperative "katartizete." The command "restore" is a present active imperative which means that it should be done over and over. Gromacki adds: It is a continuous process, involving time, patience and discipleship training. It cannot be accomplished in an instant through a crisis experience.

"Katartizo" means "to adjust thoroughly," "to unite completely," "mend," "repair." The idea of restore is one of a physician setting a broken bone in order for that person to be strong again.

The question arises, in what manner must one restore? Paul answers, "in the spirit of gentleness." The word "prautetos" stresses meekness and gentleness. It is a

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3Abbott-Smith, p. 368.


5Ibid.

6Ibid.

7Abbott-Smith, p. 368.
restoration of the offender with the gentleness and effectiveness of a physician setting a broken leg. "The legalist would let the sinning brother drown in his faults because that failure would make him look that much better."¹ The spiritual person respects the trespasser and shows him/her compassion.

"Bear one another's burdens" (vs.2). Here we have another present imperative "bastazete," which can be translated "keep on bearing." It is a command to lift, raise, endure another's burden. This same verb is used in John 19:17, referring to Jesus bearing His cross which in reality was ours, but which He took upon Himself.

A spiritual person is not indifferent to other's, needs and problems. Instead he/she actually make, their cares and concerns his own. Wierske says: "The legalist is always harder on other people than he is on himself, but the Spirit-led Christian demands more of himself than he does of others that he might be able to help others."² The implication of this verb is to join in the other person's burdens, just as Christ did, healing them and thus manifesting compassion (Matt 8:17).

The word for "burden" is "bare." It connotes a crushing load which one is unable to bear alone. It does not mean that one should not bear his own burden, but that a stronger Christian could actively involve himself in lifting it so the struggle does not destroy the sufferer.

The burdens that are referred to here are the fault referred to in vs.1, lapses in morals or faith. Nevertheless, it can easily be extended to mean economic need, responsibility or grief.

"And thus fulfill the law of Christ" is directly related to helping another Christian with his burden. The word "anaplerosete" is a compound word which means to fill up.

¹Gromacki, p. 179.
²Ibid., p. 180.
The idea here is to completely fulfill the law. Paul is not advocating legalism but love in action. "It is living according to the ten commandments and the Golden Rule, not as an aid to salvation but as an expression of it."^1

"For each one shall bear his own load," (vs. 5). This seems to be a paradox. Vs. 2 says: Bear one another's burden," and here it says: "each one shall bear his own load." There is no contradiction in these two concepts because the words that are used are different and have a totally different meaning.

"Bare"--the burdens of others--are heavy weights that need the support of others, whereas "phortion"--ones own burden--refers to a shoulder pack proper for carrying by oneself.^2 These two words were used interchangeably at times, but Paul makes a clear distinction here between burdens that seems to crush or destroy a person and those that a person can carry. If one can bear such burdens, it is not right to impose them upon others.

Both the spiritual and the overtaken in trespass have "phortion," or regular burdens. But the overtaken also have the additional weight of "bare," the burdens which can be eliminated. It is the responsibility of the spiritual brethren to help the overtaken to escape from the bondage of "bare" and thereby enable them to return to spirituality.3

In this contemporary society, some loads are so heavy that some souls eliminate themselves. The need for Christian aid is apparent. As the body of Christ, we have the responsibility to care. Bearing each other's burdens is mutual care. The text in Galatians clearly indicates that the stronger Christian can bear a burden. This kind of careproviding does not smother, it allows growth. The more spiritual Christian can suspend judgment,

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^1Hobbs, p. 137.

^2Gromacki, p. 182.

knowing full well anyone can slip. This text can serve a lay careproviding program well, setting gentle but firm guidelines in the process of caring.

The Ultimate Standard of Measurement

God's people, the body of Christ, have a mission to fulfill. Such a mission includes in-reach and out-reach. Failure to achieve this mission results in a picture described in Matt 25:44,45:

Then they themselves also will answer, saying, 'Lord, when did we see You hungry, or thirsty, or a stranger, or naked, or sick, or in prison, and did not take care of You?'
Then He will answer them, saying, 'Truly I say to you, to the extent that you did not do it to one of the least of these, you did not do it to Me.' (NASB)

This is a passage in which Christ Himself is describing the Last Judgment. He is pointing out that a divine judgment will take place; one which is complete and from which no one will escape. This judgment will bear eternal consequences.

In this passage different aspects are brought in, but what is dealt with in this paper is the standard of measurement by which God will judge us. This has a direct relation with pastoral care for the entire community.

A Simple Standard

The standard of measurement for pastoral care--willingness to help the least of our brothers--has to be done on a personal level. It is characterized by helpfulness and kindness to one another, giving food to the hungry, clothing the naked, visiting the prisoners and the sick. Ellen G. White comments: "Here in His sermon Christ identifies Himself with suffering humanity and plainly impresses upon us all that indifference or injustice done to the least of His saints is done to Him."\(^1\)

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\(^1\) Testimonies for the Church, 3:518.
The question that the King, (Christ), will ask is, How much of a helper, a burden bearer, empathizer, and a minister you have been? Has love been the motif of your care? In other words, did you or did you not care or help everyone whom you encountered and needed help?

The number of years a person has been in the church will not determine the outcome in this judgment. One may have been successful in many aspects in his/her religious life, but if the interpersonal relationship, the helpfulness and love to those in need is neglected, all those efforts will be in vain. Ellen G. White adds:

God requires His people to be tender in their feelings and discrimination, while their hearts should be enlarged, their feelings should be broad and deep, not narrow, selfish and penurious. Noble sympathy, largeness of soul and disinterested benevolence are needed. Then the Church can triumph in God.\(^1\)

Christ Is the Aim

Ellen G. White points out: "As the members of the church dig deeper and make their formulation sure, riveting their souls to the eternal Rock, as they learn to love God supremely, they will learn to love their neighbor as themselves."\(^2\) So our focus is to be like Christ. As a person aims to be more Christ-like, He puts in the heart motives of tender care and sensitiveness to another's need.

Bristler, talking about the redemptive mission the body of Christ, has defined the church as one of fellowship (koinonia), composed of individuals "(1) who recognize Christ as Saviour, (2) who form durable relationships with one another, and (3) who genuinely care what happens to one another. Each local expression of the body of Christ is both a spiritual fellowship and a human community."\(^3\)

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\(^1\) Ibid., 3:519.

\(^2\) Idem, 6:303.

A person who makes Christ his/her aim seeks to accomplish His goals for ministry: healing those oppressed by the devil and doing good (Acts 10:38); serving others (Mark 10:43,43); paying attention to the outcasts and the neglected ones (Matt 10:42); teaching that professed love has to be put into practice in service for others (John 21:15-17).

The text says: "To the extent that you did it to one of these brothers of mine, even the least of them, you did it to me" (Matt 25:40). There is a divine imperative and also a standard based on love in this picture. This benefit to the least of the brethren will come as a result of a person making Christ his/her aim and living in his likeness.

The imperative of Jesus is to love "the least" and for us to leave aside that obstinate tendency of classifying to one side. The majority of people can identify themselves as kind and helpful. After all, God's people are supposed to be a loving people; loving one another (John 15:12). This is part of a Christian character. This is an important in-reach task of the body of Christ, but it is also God's intention for His body to love the entire world for whom Christ died. There is a mission to fulfill and Peter has expressed it clearly as this writer has pointed out earlier, in 1 Pet 2:9 establishing: "But you are A Chosen Race, A Royal Priesthood, A Holy Nation, A People For God's Own Possession, that you may proclaim the excellencies of Him who has called you out of darkness into His marvelous light." The out-reach task of loving has its culmination in bringing those who are in need of redemption to the redeeming love of Christ, cherished and manifested by His body.

But to manifest concern and love to "the least" does not come easy. There are many things involved. Bristler says: "Declaring God's love to wrongdoers and righteous person alike requires not only sensitivity, but also inner strength and secure motives."\(^1\) Because of the sinful nature in all humans it is not always easy to be kind. There are

motives of "fear, greed, private ambition, personal likes and dislikes, class distinctions, national hysterias, social and political machinery and so on."\(^1\) These motives make it all the more difficult to care and love in the way of Jesus.

### Reasons for Concern

For what reason would someone want to help another person? First of all, the Lord commands us to "love your neighbor as yourself" (Mark 12:31). This includes doing justice and being kind (Mic 6:8) and loving one's enemies (Matt 5:44). Second, if we are members of Christ's body, we are to act according to the model He has left us. Much of His time and energy was dedicated in service to others. "When we reflect the character of Jesus perfectly we will feel as He does toward those in need, and through us He will be able to solace and succor others."\(^2\) Third, it would be ingratitude on our part if we do not love or render service to "the least" after all that Christ has done for us.\(^3\) "What consolation that Christ identifies Himself with His chosen ones to the extent that whatever concerns them concerns Him personally."\(^4\) Other reasons why someone may want to help another person may not be so appropriate. First, some may wish to think that becoming benefactors to those in need will result in a heavenly reward. "The desire for reward parallels closely the wish to atone for past sins, to "make it up" to society for what one did or failed to do."\(^5\) Second, it is the wish to have some type of control over a person even though it may be done unconsciously. Third, is the desire to have the


\(^3\)Bristler, *Take Care*, pp. 30-31.

\(^4\)Nichol, p. 512.

\(^5\)Bristler, *Take Care*, p. 31.
approval of peers. They tend to believe they will become somewhat more prestigious, and thus take advantage of all the opportunities to render favors. Fourth, is the feeling of superiority towards those in need.¹

It was Bristler who said: "Christian concern is never satisfactory until it becomes personal. . . Concern is no second-hand affair. Christians care because God cares for persons in need."² People were satisfied with Christ's ministry because it was personal. He was not the "true shepherd" because the term sounded nice. It was because He knew his flock and was willing to sacrifice Himself for them (John 10:11-14). "Caring for persons in a secular world requires both profound wisdom and personal intimacy in those who would communicate with them about God's healing power."³

**Application for Theological Rationale**

The standard by which a Christian will be measured is helpfulness, kindness and love to one another. This has to be a daily experience and with the correct motives in mind. A Christian should seize every opportunity to minister to those unfortunate, whatever may be their situation, uplifting their sinsick souls, helping them in their degradation, and clothing them not only with warm material clothes but with spiritual clothes that warm their hearts with the righteousness of Jesus Christ. So our aim should always be to reflect Jesus, treating every soul as if it was Jesus Himself. Our responsibility to model for the unsaved and the recently born Christians is the linking together of "blessing and service⁴

This parable of judgment teaches us:

¹Ibid.

²Bristler, *People Who Care*, p. 47.

³Ibid., p. 49.

that we must use our gift in ministry. Unselfish love (love for our neighbor as ourselves) demands that we serve, help, and reach out to the unsaved. As Christians we can do no less.¹

PART II

A SUGGESTED PROGRAM FOR TRAINING LAYPERSONS
FOR CAREPROVIDING MINISTRY
AMONG HISPANICS

CHAPTER III

CULTURAL PERSPECTIVES IN PROVIDING
CARE FOR HISPANICS

The purpose of this chapter is to provide some information about techniques in working with Hispanics that will help the careprovider to understand and communicate properly with confidants of such background. I anticipate that the reader will find information that will indicate the various differences between a Hispanic and non-Hispanic. The material presented here has been designed to facilitate the reader in his/her understanding of typical and unique situations and problems faced by Hispanics.

The following aspects are considered: (1) demographics concerning Hispanics, (2) identification of the Hispanic confidant, (3) acculturation, (4) culturally-sensitive approach for Hispanics, (5) the careproviding process, and (6) recommendations.

Demographics Concerning Hispanics

The term Hispanic is a generic label including all people of Spanish origin and descent living in the United States. Statistical reports of the United States Bureau of the Census\(^1\) acknowledged 14.6 million Hispanics in the United States in 1980, whereas in 1970 there were only 9.1 million. An analysis of Hispanics according to their

\(^1\)United States Bureau of the Census, Current Population Reports, Series P-20, No. 363, 1980; Supplementary Reports, PC80-S1-1, 1980; Supplementary Reports, PC80-1-3, 1980.
geographical places of origin indicate that 60 percent are from Mexico, 14 percent from Puerto Rico, 8 percent from Central and South America, 6 percent from Cuba, and 12 percent from other parts of Latin America or Spain.

It is interesting to note that one out of every sixteen persons of the total population of the United States in 1980 were of Hispanic origin. The fact that Hispanic Americans increased by 61 percent since 1970 sets forth the expectation that during the 1980s they will replace the Blacks (26.5 million in 1980) as the nation's largest minority group if the trend continues.

The data collected from the census also indicate that the majority of Hispanics (84%) live in urban or metropolitan areas. Hispanics outnumber Blacks in New York City, San Diego, Los Angeles, San Francisco, Phoenix, and Denver.

Other findings of the census indicate that Hispanics at large are members of the lower income groups, (overrepresented in occupations that are menial and of low paying), and are undereducated relative to persons of the same age of non-Hispanic origin. These are relevant factors to the stress that Hispanics experience.

The median age of Hispanic Americans is twenty-two years and thus are considered a young group. They also have larger than normal families with an average of five or more persons.

There is no doubt that Hispanics have made an impact on the culture of the mainstream Americans in various facets of life such as: economics, education, politics, the arts, and religion. This leads us to a brief discussion about the identification of Hispanics in relation to their culture.

Identification of the Hispanic Confidant

Normally when a person talks about Hispanics, a group of persons homogeneous in language and culture, values and traditions comes to mind. Even though there are some similarities, it is erroneous to categorize all Hispanics as being the
same. The truth is that Hispanics are heterogeneous and should be viewed as different
groups each having unique traits,¹ and each having distinctive presence, movement, and
origin.²

This section primarily deals with the assumption that every Hispanic has at least
one culture, but many have two cultures. Some involve themselves more directly in
different aspects in society, others withdraw. This is mainly due to the degree of
assimilation attained. Behavior also is affected by the culture's group membership. This
point is important because behaviors indicate the level of adjustment to life and also
whether the person is experiencing a normal, healthy life. As we proceed it is
appropriate to clarify some terms that will help the careprovider comprehend how to
provide care for Hispanics.

The concept of identification in its contemporary usage refers to a "process,
resulting in an end-state by which an individual assumes a pattern of behavior
characteristic of other people in his environment."³ Modeling occurs when "the child
imitates the behavior of parents, but subsequently models the behavior of other adults
such as relatives and teachers, and of other peers such as playmates and fellow
students."⁴ The tendency of the child is to behave in a similar manner as those around
him/her. Ethnic identification describes "that part of the self which includes those
values, attitudes, and preferences that comprise cultural group membership."⁵ An

¹Donald R. Atkinson, George Morten, and Derald Wing Sue, Counseling
American Minorities: A Cross-Cultural Perspective (Dubuque, IA: Wm. C. Brown

²John A. Axelson, Counseling and Development in a Multicultural Society

³Gary R. Walz, and Libby Benjamin, Transcultural Counseling: Needs,

⁴Ibid., p.16.

⁵Ibid.
individual can have dual ethnic identification. For example, if a person speaks English at work but speaks Spanish at his house, he is a bi-cultural person and, as a consequence, has dual ethnic identification. There are other values besides language by which one can possess cultural group membership, such as custom, tradition, religion, costume, food preference, and law.

A bi-cultural person can relate to two different groups simultaneously. In the case of Hispanics in the United States, they can relate to the Anglos and to their distinct group as well. In the rare case that an individual cannot assimilate either culture and develops inappropriate behaviors, that person is then considered "marginal".1

Values and attitudes vary from person to person. The problems associated with ethnic identification also vary. A person who relates equally well with Anglos and Hispanics has very little problem in ethnic identification. The problems he or she does experience are most likely of a personal character. On the other hand, an individual who relates better to one culture than to another will definitely have ethnic identification problems associated with culture change. One who has not yet assimilated the new culture, but at the same time is giving up the original culture, is weak in both. This "marginal" person has serious problems and confronts stress which is difficult to cope with, due to the unbinding of the values, attitudes, and social relationships of the original culture. It has been noted that a marginal person who seeks to deny the culture he or she belongs to and at the same time pursues another culture is most likely to resist any careproviding approach that does not affirm membership of the culture desired.

The lay careprovider needs to be cognizant of this issue because it indicates the proper approach in providing care for the confidant. At this point it is important that we explore what acculturation is and how it relates to ethnic identification, and social stress among Hispanics.

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Acculturation and Assimilation

Two significant terms must be defined at this point: acculturation and assimilation. Both processes affect each other. When one talks about "acculturation," one refers to the process "in which people migrate and their progeny give up old ways and adopt new ones."¹ This would most probably occur with second- and third-generation Hispanics: due to their total commitment to and membership in the Anglo culture, they leave behind former traditions and culture and adopt the new one.

A myth concerning Hispanics and all ethnic minority groups is that all have the goal of acculturation. Nevertheless, centuries have gone by and Hispanics in the United States have continued to adhere not only to the Spanish language but also to their cultural traditions. Acculturation has a direct influence in the treatment of a Hispanic confidant.

In order to determine the degree of acculturation a person has reached, one would have to view Hispanics in a hypothetical continuum between two extreme points of cultural group membership. At one end are Hispanics and at the other Anglos. The place a person occupies on this continuum shows the degree of acculturation. The majority of Hispanics are bi-cultural so they fall at some point between the two end points.² We can summarize this by saying that only partial acculturation has been experienced by most Hispanics in the United States. It is very significant that the lay careprovider determine how much of a Hispanic or how much of an Anglo a confidant is in order to provide the correct treatment.

The other term that is of certain significance is "assimilation." This concept refers to "the extent to which an individual enters a given culture and becomes a part of it."³ How well the person is motivated to enter another culture and how well the group

²Ibid., p. 195.
³Ibid.
membership of the other culture accepts that person determines the degree of assimilation.

The way acculturation and assimilation relate to each other is very complicated. The reason for this is that cultural identification may vary from one situation to another. A person may act as an Anglo in a certain setting, but may react as a Hispanic in another. Emotions, language, and other life experiences influence that behavior. The rate of acculturation a person has is manifested in specific characteristics. Ruiz and Padilla analyze those characteristics, a summary of which follows.

The first one is fluency in English. Despite the fact that English is used at work, school, and other places, the Hispanic, generally speaking, does not let go of his or her Spanish language.

Values are second on the list. There are certain criteria and preferences which are noticeably different in the Anglo and Hispanic cultures. Religion is just one example. The attitude towards sacred things is prized very strongly among Hispanics, whereas the Anglos may be more liberal.

The third characteristic of acculturation is tradition. Among its significant features is the family structure. One common uniqueness is the function of the extended family in which the father is highly respected and has the authority over the entire household. The mother, who is the unifying agent, is loved and placed on a special pedestal. There is a strong "godfather" relationship in which the godparents have much influence and take much responsibility for the children. Loyalty to the family comes first, and there is nothing more cherished than the family. Tradition is also strong in the area of sex roles. Males have more privileges than females, and as such they gain their independence earlier. Females are expected to stay home and do house jobs.

1Atkinson et al., pp.173-174.
A fourth trait is what has been called personalismo. This term denotes "a preference for personal contact and individualized attention in dealing with powerful structures, such as social institutions."¹ The Anglo is more inclined to an organizational way of doing things. Anglos set regulations and abide by them. Hispanic people prefer a more personalized way of doing things and usually reject impersonal treatment. There is something special in physical contact, so a person notices frequent handshakes and hugs among friends as they meet and take leave of one another.

Bringing all these aspects together, we can summarize that acculturation is experienced as the descendents of the immigrants give up their old ways and adopt new ways; that Hispanics are mostly bi-cultural; that the degree of acculturation is determined by language, values, traditions, and personalismos; that assimilation varies based on individual motivation and acceptance of society. A lay careprovider who wishes to be effective must take into consideration all these factors and minister to those in need in a culturally-sensitive way.

Culturally Sensitive Approach for Hispanics

Cross-cultural careproviding is bound to fail if cultural sensitivity is not sought. A careprovider may fail for any of the following reasons: barriers (such as social values, language and culture) between careprovider and confidant, discrepancies in knowledge and behaviors, resistance, stereotypic responses towards confidant, and unwarranted expectations of the approach.² This section focuses on the careprovider and how sensitivity for cultural differences is of great significance in terms of the approach to be used with the confidant. Certain terms are analyzed, such as culture and culture-sensitivity. I elaborate here on at least three meanings of cultural sensitivity and then give some examples of culturally sensitive approach for Hispanics.

¹Ibid., p. 173.

²Pedersen et al., p.257.
Culture has been defined in many ways. One which is quite relevant and practical is provided by Porter and Samovar:

...culture refers to the cumulative deposit of knowledge, experience and meanings, beliefs, values, attitudes, religions, concepts of self, the universe, and self-universe relationships, hierarchies of status, role expectations, spatial relations, and time concepts acquired by a large group of people in course of generations through individual and group striving. Culture manifests itself both in patterns of language and thought and in forms of activity and behavior. These patterns become models for common adaptive acts and styles of expressive behavior, which enable people to live in a society within a given geographical environment at a given state of technical development.1

To summarize what has been said, culture encompasses shared beliefs, similar behavioral patterns, attitude, and symbols within a group membership.

Cultural sensitivity has to be visualized in the way mental health practitioners and researchers among Hispanics have used it. Giuseppe Constantino discusses three meanings of this concept:

First, rendering the treatment more accessible to Hispanic clients by taking into account their cultural characteristics. Second, selecting or altering an available therapeutic modality according to features of Hispanic culture. Third, extracting elements from Hispanic culture and using them as a treatment modality.2

The meaning of the first phrase, "rendering the treatment more accessible to Hispanics by taking into account their cultural characteristics," has to do with those aspects that are already part of their lifestyle. It is indispensable for a careprovider to take into consideration the needs and values of the confidant for effective results.

Two important aspects are called for here: "Accessibility of the treatment and the elimination of barriers."3..The first aspect; accessibility of the treatment, deals with the potential of providing care consistently according to the confidant's values. For


3 Ibid., p. 3.
example, a confidant who is fluent in Spanish and seeks help cannot be helped effectively by a careprovider who is fluent in English and cannot communicate with the confidant. Intercultural communication becomes a need for the careprovider. Intercultural interaction focuses on the confidant's cultural perspectives and is sensitive to his/her needs. A solution to this problem of communication due to the language barrier is to have an interpreter cognizant of careproviding terminology and skilled in translating.¹

Cultural sensitivity based on the illustration above was the utilization of paraprofessionals which were bilingual and bi-cultural members of the same ethnic community as the confidants. As a result of this approach, linguistic barriers between confidant and careprovider were reduced.

This brings us to the second meaning of culturally sensitive careproviding, which has to do with the selection of an approach modality compatible with Hispanic culture. Abad, Ramos, and Boyce who treated Puerto Ricans in a mental-health clinic in New Haven concluded that some therapeutic modalities are inappropriate among Hispanics.² Therefore, the approach should be altered or modified in order to be of some value for the confidant.

Insight-oriented psychoanalytic therapy which nurtures insight to repressed impulses has been criticized on the basis that it is expensive and irrelevant to the Hispanic lifestyle. Sue perceived Hispanics coming for careproviding as persons who were under great pressure, harassed by economic problems, living in unsuitable conditions, and

¹Ibid. Acosta and Cristo developed a bilingual interpreter program for Hispanics mainly in a Mexican-American community. Interpreters were recruited from the same community and trained in translating and in psychotherapy concepts as well as the nomenclature of clinical settings. Results of the program were the doubling of patients in a yearly percentage.

unaculturated to American society. It was inconceivable for him to see such a confidant in long-term therapy such as psychoanalysis, and he regarded it as "inconsequential."1

Whatever approach is used with Hispanics, it must be in accord with the needs of the confidant. The approach modality for Hispanics has to be provided on the basis of the level of acculturation of the confidant. This determines what type of treatment approach is appropriate, Anglo or Hispanic.

The third meaning of culturally sensitive careproviding focuses on extracting elements from Hispanic culture and using them as a treatment modality, as mentioned above. What this proposes to do is to modify some sort of approach to fit Hispanic culture. Constantino describes this phase as one of selecting "judiciously elements from the confidant's culture and in some cases, to alter these elements."2

These three meanings provide insight to cultural sensitivity. The modality or careproviding approach utilized has to take in consideration the above significance. The careproviding process to be used has to be relevant to Hispanics.

Careproviding Process

The careproviding process proposed in this project advocates cultural sensitivity merged with behavioral therapy and its techniques. "Traditional counseling methods have proven relatively ineffectual with SSS(Spanish Speaking Surnamed) clients."3 Clinicians who have worked with Hispanics have realized that behavioral methods are a viable alternative to traditional careproviding. They perceive it as fulfilling the special


2Costantino, Malgady, and Rogler, p.10.

needs of confidants who are classified as low income and culturally different.¹ Ruiz and Casas recognize that behavioral therapy may be applied to manage problems of many Hispanics.²

Every person has the potential to change. It is up to them to decide if they want to change or not. Through the different techniques of behavioral therapy they can manage whatever problem they may have.

It is important to recognize the three components that Hispanics as well as other minority confidants look for in careproviding. First, is a nurtured, guidance-oriented intervention.³ Hispanics expect and desire the careprovider to be directive and active. Hispanic confidants are more concerned with survival and making it through on a day-by-day basis; therefore they expect the careprovider to be straightforward and give solutions to concrete and immediate problems. Advice giving is also appropriate among Hispanics. In this context Sue establishes that a "counselor who uses counseling strategies that make sense to the client (consistent with his or her values) and defines suitable goals will be an effective and helpful one."⁴ In traditional careproviding, a directive, active, prescriptive, and advice-giving approach is considered illegitimate. Nevertheless, such an approach is expected by Hispanics and other minority groups as well. Therefore, when providing care among Hispanics, the careprovider must be sensitive to this and break away from those previously learned concepts.⁵

¹Higginbotham and Tanaka-Matsumi "Behavioral Approaches to Counseling across Cultures" in Pederson, Dragun, Lonner, and Trimble, ed. Counseling Across Cultures, p. 261.


³Higginbotham and Tanaka-Matsumi, p. 261.

⁴Sue, Counseling the Culturally Different: Theory and Practice, pp.100-101.

⁵Ibid., p. 100.
Second, the careprovider should deal with only one specific problem at a time.\textsuperscript{1} It is not unusual for a confidant to present simultaneous problems. Confidants should be encouraged to prioritize their problems. It is the careproviders task to lead actively towards the management of these problems in the order that most affects the confidants.

Third, the careprovider must contract with the client the therapeutic objectives.\textsuperscript{2} These should be specific. The problem to be dealt with should be clearly defined and the methods to be used, as well as a projected time limit, clearly understood. "Therefore, counseling modes which rely on introspection, reflection, and extensive client verbalization to lay open and eventually recognize one's thinking style and feeling do not meet the needs of the minority groups."\textsuperscript{3} It is only when one becomes culturally sensitive and uses the appropriate approach as advocated above that positive results are achieved.

Recommendations

The recommendations expressed here are based on the fact of cultural sensitivity. These recommendations are not absolute. Other recommendations may arise depending on the situation involved. These only serve as guidelines for providing care for Hispanics.

1. Allow enough time to provide care. Give more attention to process and outcome.\textsuperscript{4} This means that the careprovider should de-emphasize the 50-minute hour, giving more importance to cultural sensitivity and meeting the needs rather than to the beginning and ending of the session.

\textsuperscript{1}Ruiz and Casas, p. 187.

\textsuperscript{2}Ibid., p. 180.

\textsuperscript{3}Higginbotham and Tanaka-Matasumi, p. 261.

\textsuperscript{4}Ruiz, Padilla, and Alvarez, p. 46.
2. Show **personalismo**. Handshake and even embrace confidants occasionally. Physical contact is important.¹

3. Use family careproviding. Family is important to Hispanics life. Family careproviding will prove very effective in many areas.

4. Do not be afraid to give advice and instructions to resolve specific problems. "Customary non-directive counseling interview may violate their expectation. Thus the sophisticated counselor will be more active with the SSS client, both by explaining why seemingly irrelevant information may help resolve a given problem, and by providing advice and instruction when such intervention seems appropriate."²

5. Utilize "code switching." Be able to follow as a confidant switches back and forth from one language to another.³

6. Do not be afraid of self-disclosure. Certain aspects of the careproviders personal life is therapeutic.

7. Do not assume that all Hispanics need to be cared for the same way. Take in to consideration the level of accumulation.

**Summary**

Literature reveals that behavioral approaches are most effective among Hispanics because they "specify therapy goals, closely observe client performance rather than just the talk therapy."⁴ Cultural sensitivity referring to language, values, customs, traditions, and other socio-cultural aspects has to be taken in consideration to determine the modality of the approach.

¹Ibid.

²Ibid. p. 49.

³Ruiz and Casas, p. 196.

⁴Higginbotham and Tanaka-Matasumi, p. 257.
Traditional careproviding with its different concepts should be used only when it fits a confidant, otherwise alternative treatment should be sought. The modification of such treatments needs to be in terms of the culture involved, careproviding intervention, and the group that is to be cared for.
CHAPTER IV

THE ROLE OF THE PASTOR AS THE EQUIPPER
OF LAY CAREPROVIDERS

The vast majority of pastors are overworked and too busy to do sermon preparation and other vital things required of them. The demands of the congregation are such that they drain the energy of the pastor. In some cases the overload experienced results in emotional complications. Pastors experiencing these things would do well to consider thoughtfully the advantage of equipping their laypersons for a careproviding ministry. Laypersons have proven to be a great help for pastors and have relieved them of certain responsibilities that could lead to stress and burn-out.

The term stress refers to the factors that can lead to clergy burn-out if they are not handled correctly. Gerald Jud and his associates points out a few typical stresses for clergy: "feelings of inadequacy, church politics, family pressures, work frustrations."\(^1\) Edgar Mills adds to this list other sources of stress which he considers real and potential among pastors: "low salary, feelings of frustration and futility, feelings of inadequacy, spouse and family unhappiness with the church, and inability to relocate."\(^2\)

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Burn-out is a term that will be treated with more details in this chapter. John A Sanford's definition of burn-out expresses what this term signifies. "Burn-out is a word we use when a person has become exhausted with his profession or major life activity."1

This chapter considers the pastor's role as an equipper for careproviders. First, we consider how the function of careproviding can prevent burn-out. Second, we deal with the reasons why pastoral care has been undervalued. Third, we discuss how pastors can hinder the equipping task. Fourth, we present the pastor's role as equipper.

**How the Function of Careproviding can Prevent Burn-out**

Burn-out is not a synonym for laziness. The state is caused mainly by overwork, and lack of setting priorities. Detwiler-Zapp and Dixon refer to burn-out as a condition experienced by people with heavy demands, who are unattached to some support system. This condition is usually experienced by people in occupations with heavy emotional demands. Burn-out is more likely to occur when such persons are overloaded with responsibility and lack support and interaction with others who are in the same kind of work.2

A pastor can notice the symptoms of burn-out and it is his or her responsibility to do something about it. Some burn-out symptoms are: consistent loss of sleep with no apparent reason, extremely irregular moods, self-detachment with judgmental language, being cynical,3 "chronic weariness, fatigue or exhaustion, headaches, stomach problems, depression, insomnia, shortness of breath, or overweight fluctuations."4

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4Detwiler-Zapp and Dixon, p. 3.
Faulkner suggests some intentional coping strategies for pastors, such as professionals (physicians, clinical psychologist, and counselor), peers, self-intervention, and Divine intervention. Detwiler-Zapp and Dixon point out that "regular exercise, good nutrition and an occasional day of fun are essential" in preventing and alleviating burn-out.

In addition to this preventive list for burn-out, I want to emphasize the importance of shared ministry through lay careproviders. Equipping lay careproviders for Hispanics is essential because of the multi-church district situation, and the increasing size of membership that a pastor must take care for.

Here are some ways that lay careproviders can help pastors prevent burn-out:

1. **Involve laypersons in careproviding.** Less stress and pain occur when the workload is shared by many. Once the careproviders are trained and equipped, they can minister to the needs of the congregation, so that the sole responsibility of this function is no longer on the pastor.

2. **Develop a network of support.** As the laypersons are involved in providing care, they become more in tune with the pastor and his experiences in ministering to the wide variety of people. They are more supportive and appreciative of his ministry. This support should include: intimate friends, family, professionals, helping acquaintances, mentors, and educators. Properly trained, all these can benefit the pastor and prevent burn-out.

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2. Detwiler-Zapp and Dixon, p. 4.

Why Lay Pastoral Care Has Been Undervalued

Evangelism is the main task pressed upon Hispanics. Church programs revolve around this emphasis. The majority of the training has been in lay evangelism, how to give Bible studies, and how to obtain decisions.

Pastoral care is considered the pastor's responsibility and duty. The reason for this is that pastors have tried to monopolize this area and have undervalued the useful resources in the church.

Congregational attitudes are another reason why laypersons have been undervalued in pastoral care. Some of these attitudes are:

1. Fear of gossip. People hesitate to talk openly because of this fear.
2. "That is what he is paid for." Why ask lay people to do pastoral care when that is the pastor's job?
3. Fear of the pastor being less available.¹

Stone states: "Lay ministry is not a replacement for the pastor's care but an addition and enrichment to it."² The only way this enrichment can take place is if laypersons are carefully selected and trained in providing care.

How Pastors Can Hinder the Equipping Task

The pastor's personal attitudes and reactions can either inhibit or enhance the ministry of careproviders. How he perceives himself determines what he does.

Pastors that perceive themselves as the careproviders often react negatively toward equipping laypersons for this task. Detwiler-Zapp and Dixon say that many pastors may have caregiving skills but that ability does not guarantee them to be teachers.³

¹Stone, pp. 6-7.
²Ibid., p. 7.
³Detwiler-Zapp and Dixon, p. 7.
Pastor's are also action-oriented. Their heart-felt concern for their people moves them to act promptly. They want to know and feel something is being done for them. Detwiler-Zapp and Dixon picture it this way:

Crisis situations intensify one's natural desire to act. Two indicators that a crisis is in progress are the strong feeling of anxiety that the helper experiences and the thought "I must do something now." Spontaneous, immediate action on the part of the pastor can unintentionally inhibit those in crisis from using personal resources, prevent them from calling on available support from family or friends, and increase their feelings of inadequacy. The result is an exhausted helper and a discouraged, dependent person ill-equipped to meet the next crisis. The inclination and the ability to act quickly could prevent a pastor from recognizing an opportunity to use the talents, life experiences, and caregiving skills of many church members.1

The pastor's belief about laypersons is another hindering factor. Having control of laity is the issue here. Pastors believe that they cannot require as much of laity as they can of employed personnel, nor can they actually be certain that the laypersons will do the job. Even though this may be true, Howard W. Stone declares: "Although one can not depend on others as well as one can on oneself, it is important to share the responsibility."2 Usually these types of pastors are ones who have high quality as a priority. Delegating responsibility is a frightening factor for them. The fear is loss of control.3

The success of pastoral care depends on the ability of the pastors to relate to the laypersons and involve them, giving them authority and responsibility in this ministry. The careproviders need to feel that they are co-owners in pastoral care.

**Pastor's as Equippers**

A pastor's leadership style is important but it is not the most important thing. The purpose of this section is not to have pastors put their beliefs and leadership style in

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1Ibid., pp. 10-11.

2Stone, p. 8.

3Detwiler-Zapp and Dixon, p. 11.
second place, but to change their views about laypersons so that they will use to the maximum those resources available to them. This training task will be most effective if a pastor becomes an equipper.

Eph 4:11-12 clearly states that God's master plan for the pastors in the body of Christ is the equipping of the saints for ministry. Elton Trueblood wrote: "The idea of the pastor as the equipper is one which is full of promise, bringing back self-respect to men in the ministry when they are sorely discouraged by the conventional pattern."¹ As pastors rediscover the underdeveloped powers and resources among laypersons they will recognize the value of the equipping task.

When pastors equips laypersons for their specific ministries, the ministry of the church will be broader and more people will be helped. K. Lavern Snider acertains:

When he (the pastor) discovers natural talents and gifts of the Spirit which have been distributed among God's people, equips the people, and leads them into their various ministries, he accomplishes the biblical teaching of the priesthood of all believers (1 Pet 2:5,9).²

A main characteristic of the equipper is modeling. A pastor-equipper guides and directs through modeling. He supports, cares for, coaches, encourages, and sensitively confronts the lay careprovider.³ The most able equipper is the one who can demonstrate and model the skills or techniques being taught to the lay careproviders. He knows what to anticipate because he has been there.

Second, a pastor-equipper is indebted to help others grow. This is the whole purpose of the equipping task. The objective is to lead towards independence. The


³Detwiler-Zapp and Dixon, p.11.
recruiting process, utilizing lay careproviders in ministries congruent to their gifts, is growth. This is all part of the growing and building from one another.

Third, a pastor-equipper helps develop skills and resources. The pastor-equipper's goal is to help develop skills that lay careproviders have but are unaware of. Some basic skills of careproviding are: being aware of verbal and nonverbal cues for problem identification, confronting, goal-setting for problem solving, empathy and advanced accurate empathy, genuineness, self-disclosure, respect, and immediacy. Learning these basic skills leads to identification in laypersons of valuable resources for dealing with various life situations.

K. Lavern Snider holds that the chief concern of the pastor-equipper is the "ministry of the Body of Christ and his own unique contribution to its realization." He adds that what is unique to the pastor-equipper who "has found this to be more productive and personally satisfying than a constant preoccupation with thoughts of My ministry, My pulpit, My pastoral calling, My responsibilities, My busyness."4

Ultimately one thing is to be remembered. A one-man-ministry is the route towards burn-out. It is characterized by undervaluing the laity, hindering growth in pastoral care, having a dependent congregation, and finally, pastor-congregation discontent.


3Snider, p. 96.

4Ibid., pp. 96-97.
CHAPTER V

THE RECRUITMENT OF LAY CAREPROVIDERS

One of the most difficult tasks for a pastor is to discover his role in the midst of lay ministries. The task of creating a climate of motivation and identifying and equipping members to do the pastoral-care ministry in the church and in the community is not an easy one. A pastor can become weary when he is recruiting people—based on their spiritual gifts—to do a specific ministry in the church. The accomplishment of this task is not easy, especially if it is to be done successfully.

This chapter discusses the recruiting process. A definition of recruiting is given and we note its relation to the careproviders. Other aspects such as the importance of recruiting careproviders to meet the needs of the congregation and the community, learning how to identify the resources available, studying the profile of an ideal careprovider, finding who should do the recruiting, considering a proposed program for recruiting the lay careproviders, and developing a contract and commitment, are presented.

Definition of Recruiting

What is recruiting all about? Gray and Tindall express the idea that "Even though training may benefit and ideally should be available to everyone, all interested people do

1I advocate recruiting laypersons based on their spiritual gifts. The assumption is that once their gifts are identified, the pastor will be able to help them find an appropriate care ministry.
not make effective peer counselors."¹ Surely some questions arise when this topic is considered. How is it possible to find people who can do the proper task? How can one help a person to accept responsibility? "Recruiting is a process by which people get interested, become volunteers and get on with the job."² Many factors are involved in recruiting laypersons as careproviders. These are mentioned and discussed later. At this point it is pertinent to stress that in order to have an effective lay careproviding program in the church, one has to find and analyze the needs of not only the congregation, but also the community which surrounds it. It is also important to identify the available resources.

Analysis of the Need

Our churches are full of needs and most of the time they are not analyzed but are overlooked. Most frequently the pastor considers his needs as the congregation's and builds a program based upon that. The end result is that nothing serious happens. Why? Because the program did not touch the needs of the congregation. The pastor is left alone and eventually he becomes frustrated and thinks he is a failure. In other instances, the church plans an outreach program but does not take into consideration the community, and that fails also. In order to be successful in recruiting people as caregivers, it is essential to know the needs of the church and community.

Prompt, factual, and personal communication is needed for discovering and ministering effectively to the needs of the church. Some type of periodic contact between the members and the pastor should occur. The following is a suggestive approach for discovering the people's needs and assigning the lay careproviders to meet those needs.


1. A pastoral letter should be sent out monthly. Once the program is well under control, the pastor can limit his letter to every quarter. In this letter the pastor should explain what the church is doing through the lay careproviders. The pastor can ask the people to express their needs and let them know that trained persons will be sent to help them.

2. Within one week of the pastor's letter a telephone follow-up should be done by one of the careproviders. This telephone call is important to determine if the member has received the letter and if there are certain needs that require immediate and personal attention.

3. Careproviding cards requesting information concerning needs in the church can be distributed to the church members and visitors each week before the worship service; these are later deposited in the offering plate.

4. An analysis and distribution of assignments should take place as soon as the telephone surveys are completed and as soon as the careproviding cards are turned in.

5. Love in action must be the main concern of the program. It is important to discover the needs, but meeting the needs is more important. By this time a list of the careproviders and their gifted area has been developed so the needs that have been uncovered can be met by those who have the capacity to provide such care.

6. Publicity is of prime importance in establishing the careproviding ministry and discovering the needs of the people. Letters and newsletters to the members and visitors explaining the new task will be helpful. Open discussions with church leaders and with the whole church in business meeting will provide a way of answering questions about the program. Posters, brief skits, and personal testimonies during the prayer service and during the ten minutes of personal ministries each week can be used effectively to bring awareness to the need of this ministry.
Identifying the Resources

Many members in our church are just waiting to be asked to help in a certain type of ministry. Many times they do not know they have specific spiritual gifts and this is where the pastor can be of great help. Identifying the available human resources is a task the pastor needs to master.

The process of resource identification requires serious thinking. The pastor should determine which persons within the congregation are already giving pastoral care, the type and quality of this care, and how to support and strengthen such care by training. The pastor also has the responsibility to validate and interpret this care to the rest of the congregation so that they can understand that theologically, pastoral care is a function of the congregation in its totality.¹

This identification process is not something that can be done from the pulpit. It is a daily experience which the pastor does in his own pastoral care among his parishioners. He can spot those individuals who are engaged in some type of caring process, even though the members have not thought of it as such. He will also be aware at funerals, crisis situations, and in other settings of those who are natural caregivers and later challenge them and support them in their efforts as careproviders. The pastor can use various methods of raising consciousness about lay caregiving such as: sermons, talks to certain groups, newsletters, and personal experiences of those who already are engaged in care ministries.

Profile of an Ideal Careprovider

Choosing the lay careprovider is crucial for the success of a sound training program. It has to be done carefully and effectively. The pastor needs to know exactly what the criteria and goals for the program are. Based on these, he or she should enlist

¹Detwiler-Zapp and Caveness Dixon, pp. 15-16.
his or her laypersons for the caring ministry. It is very important that both pastor and laity be thinking the same way and that they agree on the basic criteria for recruiting.¹

Lay careproviders should have the following qualities: First, they should be loving persons. They must manifest warmth, care, sensitivity, and acceptance. People need to feel that the caregiver cares for them and that they are accepted. Many people do not come to the church nor open themselves in confidential matters because they feel they have not been accepted into the fellowship circle of the church.

Second, they should express empathy. The careproviders need to be understanding, open, and good listeners. If one is to help a person in need, the confidant must perceive that the caregiver is understanding exactly what he means. This calls for active listening. He cannot be a phony; on the contrary, he needs to project an image of authenticity.

Third, they should be able to nurture people. It is important for them to affirm people and to be able to help them grow and learn from the daily experiences of life.

Fourth, they should be trustworthy. The careprovider has to be discreet. Confidentiality is the issue here. No matter what people confide to the careprovider, they need to have the assurance that no one will know about it. Confidentiality must be a part of the life-style of the lay careprovider. Gary Collins alerts about the danger of confidence leaks. He say:

It is true that the peer helper is not legally bound by the same confidentiality code that is so important to professionals. But if the peer counselor talks about his or her counselors, this borders on gossip. Even when we try to hide the details of the case, it is likely that somebody in the neighborhood or church will guess who is being talked about. Such talk should be avoided.²

Lay careproviders who are selected carefully, are willing to make a commitment to confidentiality in a relationship. This should be a requirement for a lay careprovider

¹Richard R. Streeter, p. 125.
²Collins, People Helper, p. 69.
and the leader of the training program should see that it is enforced. Jack V. Rozell, talking about the legal ramifications of counseling emphasizes: "In lay settings, care should be taken not to assume the position and liability of a professional."¹ Since each state has its own laws, the pastor and lay careproviders should investigate thoroughly if there are legal aspects of careproviding that bind them.

Fifth, they should be emotionally stable. They must reveal their emotional and spiritual maturity. They must be persons with strong backbones that can support the tremendous struggles of others and be ready for whatever issues may arise. They should be effectively coping with their own stress.

Gray and Tindall express the fact that there are human qualities just as important as the skills the lay careproviders learn. "The characteristics of warmth, interest, acceptance of others, tolerance of divergent value systems, and high energy level are qualities which weigh heavily in the selection process."²

Finally, they should be accessible. To be effective a caregiver needs to show interest in helping people. They need to be willing to help even in strange situations and conditions. If they are not available their ministry will be useless. "The best person to enlist is not necessarily the most highly qualified, but often is the qualified one who is readily available and most easily accessible."³

We have considered the positive qualities for a careprovider, now we must note the negative qualities to be avoided when recruiting effective careproviders. Those that need to be avoided and channeled into another type of service are the "do-gooders." These persons seek to be self-aggrandized and do things for vainglory and public

²Gray and Tindall, p. 58.
³Detwiller-Zapp and Caveness Dixon, p. 23.
recognition.⁴ Others who should not be selected are those who lack confidentiality, those who have a difficult and varied personality, and those who have unresolved personal problems which will be more of a hindrance than a help in caregiving.

When recruiting lay careproviders, consider persons of both sexes, various ages and who have had a variety of experiences in life that can provide richer resources and input to the caregiving ministry. It is also helpful to have among the caregivers members of Al-Anon, persons of different professions like physicians, businesspersons, counselors, social workers, and community agency personnel.² The list can go on since it is not limited to these people only. It is important to stress the fact that these professions or qualifications alone are not enough to make an effective caregiver. It is important that the lay careprovider be not only gifted by the Spirit of God but also trained to do this task more effectively.

Who Does the Recruiting

There are various ways of recruiting lay careproviders. Since it is important that the pastor and the careproviders have the same criteria³, it is indispensable that the pastor be involved. A lay task group could be asked to help in selecting, but the pastor has to be included, and his suggestions should weigh heavily in the choosing.

Many pastors do not have an advanced degree in pastoral counseling and psychology. In such cases it is to their advantage to select a coordinator who can help in

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¹Clinebell, Basic Types of Pastoral Care and Counseling, p. 403.
²Idem.
³The following criteria are important in recruiting careproviders: Scripture, prayer, relationships, responsibility, obedience, discipline, love, openness and flexibility. These are presented in this chapter even though they have not been treated with details.
the administrative details of maintaining the program. Nevertheless, the trainer of the lay careproviders has the ultimate responsibility in selecting those who are trained.

**A Program for Recruiting Lay Careproviders**

I advocate recruiting lay careproviders based on spiritual gifts. This project includes the theology of spiritual gifts, therefore, it is appropriate to begin the recruiting stage by making potential lay careproviders aware of how the Holy Spirit works, identifying their gifts and relating them to their congruent ministries.

**Spiritual Gifts Week of Prayer**

A study in identifying spiritual gifts will be done during a "Spiritual Gifts Week of Prayer." Unlike many weeks of prayer, this spiritual emphasis is designed for congregational participation with questions and discussion concerning the Holy Spirit and spiritual gifts. It will also include a Spiritual Gifts Inventory at the end of the week.

Nine topics are given during the week of prayer, one for each service. I propose starting the week of prayer on Friday evening and ending on a Saturday, a total of nine days. The proposed topics are:

1. First day: The Holy Spirit and Why We Need It
2. Second through fifth day: The Four Works of the Holy Spirit
3. Sixth and seventh day: The Gifts of the Spirit
4. Eighth day: Discovering Your Gift
5. Ninth day: Gifts and Ministries

A Spiritual Gifts Inventory and a list of gifts and congruent ministries are needed for this week. A list of gifts and ministries are included in the Appendix B.

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1Detwiler-Zapp and Caveness Dixon, p. 31.
Recruitment of Lay Careproviders

Two months prior to the "Spiritual Gifts Week of Prayer" the pastor and the personal ministry director of the church should begin tentative recruiting. An enthusiastic open invitation for the upcoming spiritual emphasis season should be given to all members to assure good attendance.

During the week of prayer, the pastor and the trainer (if it is not the pastor), should recruit potential candidates. At this stage the pastor would do well to review the qualities of a potential careprovider listed under "Profiles of an Ideal Careprovider" in this chapter.

During the week following the week of prayer, the pastor and other recruiters should select more specifically the potential candidates. Questionnaires1 gathered from church members, the pastor's perception of the layperson's involvement in the church and community, and the spiritual gifts inventories taken by the laypeople all aid in this selection.

A weekend "Convention for Laypersons" should be held one week after the week of prayer. This weekend convention must be announced at the same time as the week of prayer (two months before it begins). The suggested topics for the convention are:

1. Friday night: "The Caring Church"
2. Sabbath morning: "The Priesthood of All Believers"
3. Sabbath afternoon: "Elijah the Prophet"

The climax of the convention is the contract and commitment service at the close of the afternoon service. This can be done in various ways, nevertheless it should be the highlight of the convention. How it is done will affect the actual training and careproviding.

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1The members of the church will be given a questionnaire to indicate their preference for potential candidates of careproviding. These questions appear in Appendix D.
Contracting and Commitment

It is crucial for the careproviders to recognize their limits. They need to be aware that they are engaged in a ministry that they value and will be valued by the members of the congregation, by the pastor, and by those who receive the care. Because of this they need to maintain themselves within the perimeters of their abilities, gifts, and skills, and then be sure they are used wisely according to the needs of the people. The goals and tasks that are set forth for them have to be measurable, attainable, and well defined. The caregiving plan involves setting limits and discussing the expectations of both pastor and laypersons.

Once the pastor has specified clearly the various tasks and responsibilities (job descriptions), the member may make a commitment. This is done in the more specific selection stage of the program, one week after the week of prayer. The layperson should negotiate the day and time he or she plans to provide care and make a commitment for that ministry. This will help coordinate the careproviding task providing a list of available resources in the event a careprovider is needed for a specific concern. It is important to note that the pastor should never pressure anyone to make a decision to volunteer for the caring ministry. Later on the volunteer needs to make a commitment and one made under pressure will not be felt deep within the heart, and will probably fail. The final commitment takes place on the Sabbath afternoon of the "Convention for Laypersons."

Referrals

Every careprovider has to recognize his/her own limitations. Referrals are very important in the lay careproviding process, therefore, no one should take it as a failure. Referrals can be a significant strategy in helping people with problems beyond the careprovider's capacities.
In relation to this Gary Collins states: "One of the most significant ways in which we can help people is to refer them and sometimes take them to more professional sources of help."¹ A careprovider who really cares for his/her confidants will feel comfortable referring them to others who can provide better help.

Brammer views referrals this way: "Referral is one approach where the helpee can have a fresh start."² He also suggests some skills that are useful for careproviders in making referrals:

1. Know the community's resources for different kinds of services.
2. Explore helpee's readiness for referral. Have they expressed interest in specialized help?
3. Be direct and honest about your observations of their behavior that led to your suggested referral. Be honest also about your own limitations.
4. It is advisable to discuss the possibility of referral with the referral agency before the problem becomes urgent.
5. Determine what other persons have had contact with this helpee and confer with them before suggesting further steps.
6. If the helpee is a minor, it is wise to inform parents of your recommendations and obtain their consent and cooperation.
7. Be fair in explaining the services of a referral agency by citing the possibilities and the limitations of that agency. Do not imply that miracles can be performed there.
8. Let the helpee or the helpee's parent make their own appointments for new services.
9. Do not release information to any referral source without permission from the helpees or their parents.³

To this list of referring skills we add one more that Gary Collins points out: "Discuss the relationship that you will have following the referral."⁴ In traditional counseling the professional usually terminates a client when he/she is referred to another counselor. In lay careproviding this does not have to occur. The lay careprovider

¹Collins, People Helper, p. 108.


³Ibid., pp. 111-112

⁴Collins, People Helper, p. 114.
should maintain contact on a friendly and supportive manner even though another person has assumed the responsibility to care for the confidant in a more specialized way.

**Conclusion**

This chapter noted the significance of knowing, understanding, and identifying the spiritual gifts in relation to the person to be involved in a caregiving ministry. It is important to point out once more that laypeople can be effective careproviders if they are trained and if they are guided to minister in their specific gift area. The gifts presented in this paper represent only a minority of gifts that can be used in the pastoral-care ministry. Both the advantages and some dangers that may be encountered have been pointed out.

The qualities of a potential careprovider have been presented, so that the program need not be hindered by some negative attitudes. It is important to keep in mind that the pastor plays a significant role in the recruiting. Finally, the need for pastors and laypersons to negotiate a contract together has been explored. At this point the lay caregiver may make his/her commitment.

A caring ministry, well-planned and developed, will result in the growth of the church; it will be edified and properly nurtured. Howard Clinebell give us a concluding thought: "As the pastorhood of all believers is taken seriously and implemented in the churches, a new healing force is released into the life of a community."^1

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^1Clinebell, p. 414.
CHAPTER VI

CAREPROVIDING TRAINING PROGRAM

Introduction and Assumptions

The previous chapters set the basis for the careproviding training program. Three assumptions should be noted in relation to the training of careproviders. First, during the recruitment process the pastor and/or the recruiters have taken in consideration the theological preparation of the potential lay careproviders. Second, the potential careprovider has a solid foundation in our denominational beliefs. Third, each careprovider is a member of good standing in the church.

History of the Training Program

The training program presented here reflects a combination of programs found in the area of lay pastoral care and counseling. The most significant resources used were the following: In the recruitment phase, Detwiler-Zapp and Dixon, and Howard D. Stone provide insights for potential careproviders, but I take it one step further and present a program recruiting careproviders based on their spiritual gifts. In the skill training program various approaches were helpful. Among them were Hubbard, Egan, Clinebell, Miller, Gray and Tyndall, Hutchins and Cole, Collins, Alpaugh, Brammer, Eisman, and Dillard. Egan and Hubbard presents a model for providing care in three stages. I have included two more stages that Brammer, Collins, Alpaugh, and Dillard acknowledges. In the area of teaching the appropriate skills for careproviders, the expertise of Clinebell, Miller, Gray and Tyndall, Eisman, Dillard, and Alpaugh enhance the training. Eisman and Dillard's work are very helpful in providing the approach for careproviding among
Hispanics. This section by itself is a major contribution since it makes the careprovider cognizant of the careproviding perspectives for Hispanics. In the area of self-management Hubbard, Cormier and Cormier, Martin and Hiebert, and Kanfer provide positive input. A combination of their procedures are presented thus making the program more practical and useful.

Purpose and Objectives

This training program is aimed towards the laypersons with the purpose of providing them with appropriate skills and techniques to provide care for the Hispanic confidant. It is my intention to help the laity of the church be aware of the culture and careproviding perspectives for Hispanics. Through such awareness, healing can be an achievable goal for the problems Hispanics experience and thus help them to be more effective, happy and a sense of self-worth. The objectives of this goal is to enable careproviders to

1. define pastoral care and counseling, and integrate a personal significance.
2. to give an account of the Biblical basis for training lay careproviders with at least three Bible texts.
3. to list and describe the contributions and limitations of the lay careprovider.
4. to illustrate the five stages of careproviding and name the skills required for each stage.
5. to develop expressions of caring
6. to demonstrate empathic communication and describe three aspects of empathy.
7. to illustrate the process of confrontation.
8. to explain the steps in formulating behavioral goals.
9. to identify the A-B-C’s of behavior therapy.
10. to identify careproviding approach for a Hispanic confidant.

11. to list at least fifteen techniques of behavior therapy.

12. to guide at least two confidants through the five stages of the careproviding process.

Teaching Methods

Various training models has been developed throughout the years. Most widely recognized are the traditional training, experiential-didactic training, microcounseling, and competency-based training. The previous list is certainly not an exhaustive list of training models.

I selected the competency-based training as the model for training lay careproviders in the skills and techniques of careproviding. This modeled seemed appropriate because lay persons can be evaluated on their previous careproviding and skills, receive individualized training designed to teach skills and to measure competency, master the skills or knowledge at their own rate, move to their next level of competency once the earlier level has been attained, and are given a pass-fail evaluation.1

The literature and personal experience indicate that laypersons learn faster and easier if the program is not complicated. Gary Collins asserts:

The nonprofessional is often less intellectual than the professional, less concerned about making the right diagnosis or using the best technique, and not at all interested in theory or research. He wants to help people and is often unwilling to sit through a long, complicated training program. The training he gets, therefore, is usually brief but intensely practical and is geared toward developing empathy, warmth, genuineness, and other traits that lead to effective counseling.2

It is appropriate to include a word of caution in relation to the use of Scripture and prayer in careproviding. I assume that every careprovider will have ample

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2Collins, People Helper p. 63.
opportunities to incorporate prayer and Scripture along with the skills and techniques in the helping process. Gary Collins acertains: "Two of the greatest weaknesses of pastoral counselors are an over and under use of spiritual resources."¹ A balance should be made in order not to ignore prayer and Scriptures in careproviding and using only skills and techniques, and on the other hand only making use of the spiritual resources.

Sensitivity to the confidant is a key factor for implementing Scripture and prayer in careproviding. Many church members expect some type of spiritual guidance because it strengthens and reassures them in their faith. Therefore, it is a judgment call when and how the careprovider will practice these resources. Usually if the careprovider attends and listens to the confidants problem he/she will become aware of the implementation of the spiritual resources.

The teaching procedures for the careproviding training is aimed to be practical without compromising the cognitive aspect. There are four ingredients used throughout the program. First, the trainer explains the skills in a lecture/discussion. Second, the trainer illustrates the skills with a verbatim in which the students can identify the related skills. Third, the students apply the skills in a case study. Fourth, the students practice the skills and techniques in tryads in which one of the components is the confidant, another is the careprovider and the third is the observer or evaluator.² This writer has selected only the most relevant skills for verbatim and case study purposes.

Suggestions for Conducting the Training Sessions

Training sessions are divided into major subjects called modules. Modules, in turn, are divided into one or more sessions, depending the amount of material needed to

¹Collins, Effective Counseling, p. 31.

²A similar approach was used in Dr. Reuben Hubbard's class: Seminar in Pastoral Counseling, Fall Quarter, 1985.
teach the specific skill and/or technique. The following are further suggestions intended
to guide the trainer throughout the training sessions.

1. Time line: I recommend that the training sessions be offered for ten weeks--
one a week for two hours. An alternative to the previous approach is to offer the
training program in one weekend covering twenty hours of training. The trainer has to
deck what approach is best, taking in consideration his or her congregation.

2. Format for each session: Each session is designed with a statement of
objectives and materials needed, a lecture, a practice activity, and a summary.

3. Intermissions: Breaks should be allowed at one or two points of each session.
The recommendation is to have one after the lecture and another as appears advisable.

4. Sequence of sessions: The ultimate aim of the training program is to provide
laypersons the skills and knowledge to care and counsel in the church and in the
community. Each session is geared to reach that goal. Therefore, sessions cannot be
skipped. Follow them sequentially.

5. Physical arrangements: The room should be large enough to form as many
clusters as needed for triad participation. The acoustics should be taken in consideration
because of the interaction that will take place. The seating arrangements will vary from a
semi-circle to a circle and in the triads a one to one setting with the evaluator or observers
chair slightly to the side.

6. Equipment needed: Video and audio equipment are useful. An overhead
projector is needed for the verbatims.

Requirements

Students are required to:

1. Attend every session.

2. Present a specific problem for the triad session.

3. Hand in case studies in written form
4. Participate significantly in verbatims presented in class.

5. Participate in triads.

Class Schedule

Weekend Schedule

Friday 6:30-9:30 p.m.
6:30 p.m. Module 1: Orientation session
Introduction to the program
Introduction to careproviding
8:10 p.m. Module 2: Introduction to the careproviding stages
An overview of the five stages

Sabbath 9:30-12:00; 2:00-5:00 p.m.; 6:00-9:00 p.m.
9:30 a.m. Sabbath School
10:00 a.m. Lesson Study: Small groups discuss the meaning of
Gal 6:1,2,5; Matt 25:44,45; 22:39
11:00 a.m. Sermon
2:00 p.m. Module 3: Development of Expressions of Caring¹
Creating feeling of love
Body language
3:30 p.m. Module 4: Empathic communication
Listening and responding
Empathy
Responding
Vocabulary of "feeling words"
Empathic self-expression
Communication roadblocks
6:00 p.m. Module 5: Confrontation Skill
What is confrontation
Verbatim: confrontation
7:30 p.m. Module 6: Goal Setting Skill
Formulating goals
Steps in making behavioral goals
Key points in goal setting

Sunday 8:30-12:00: 1:00-5:00 p.m.
8:30 p.m.  Module 7: ABC's of Behavioral Therapy
          Elements of behavior analysis
          Antecedents
          Behaviors
          Consequences
1:00 p.m.  Module 8: Providing Care for Hispanics
          Careproviding approach for Hispanics
          Techniques in providing care for Hispanics
4:00 p.m.  Module 9: Behavioral Therapy Techniques
4:45 p.m.  Final instructions
5:00 p.m.  Dismissal

Careproviding Training Program

Module One
Orientation

Orientation

Introduction to the Program

Objectives

1. To develop a caring and bonding climate in the training program.
2. To explain clearly the structure of the training program.
3. To indicate the purpose of the training program.
4. To establish the expectations of the careproviders.
5. To define pastoral care and counseling and careproviding.
6. To provide a Biblical basis for training lay careproviders.
7. To list and describe the contributions and limitations of careproviders.

Materials

1. Identification for the participants
2. Pencils and pads for all.
3. Newsprint and markers for leader
Outline

**Session One: Introduction to the Program**

I. Develop a caring and bonding climate among the careproviders by:
   
   A. Welcoming
   
   B. Presentations
   
   C. Mutual sharing

 II. Explain clearly the structure for the training program
   
   A. Practical observations
   
   B. Administrative observations
   
   C. Format of training session

 III. Indicate the purpose of the program

 IV. Establish the expectations of the careproviders
   
   A. Individually
   
   B. Groups
   
   C. All

**Session Two: Introduction to Careproviding**

I. Definition of some relevant terms
   
   A. Pastoral care
   
   B. Pastoral counseling
   
   C. Personal definition of pastoral care

II. An account of the Biblical basis for training lay careproviders
   
   A. The impact of God's love on us and its effect on our neighbor
      
      Matt 22:26-29
   
   B. The new priesthood of all believers and pastoral care
      
      1 Pet 2:9
   
   C. The significance of "bearing one another's problem"
Gal 6:1,2,5

D. The ultimate standard of measurement for pastoral care

Matt 25:44,45

III. Contributions and limitations in the task of providing care

A. Contributions

B. Limitations

Careproviding Training Program

Module Two

Careproviding Stages

Introduction to the Careproviding Stages

Objective

1. To illustrate the five stages of careproviding

Materials

1. News print, and markers.

2. Pads and pencils for participants.

Outline

I. Building relationships

A. Activity: Demonstrating "SOLER"

B. Primary attending skills

II. Exploration and clarification

A. Skills needed

B. Activity: Verbatim on Genuineness

C. Activity: Verbatim on Expressing Warmth

1The five stages of careproviding I suggest for the training program is a combination of various stages used by different authors. Among them are Gerard Egan, Lawrence M. Brammer, John M Dillard, Patricia Alpaugh, Margaret Haney, and Gary Collins. It is not my purpose to diminish other stages that can be found in the literature, but these have been selected for the use of this particular program.
III. Understanding and deciding
   A. Skills needed
   B. Activity: Verbatim on Self-disclosure
   C. Activity: Verbatim on Confrontation

IV. Planning and implementing action
   A. Skills needed
   B. Activity: Triads on Problem Solving

V. Providing Closure
   A. Suggestions
   B. Activity: Triads on Role-play

Careproviding Training Program Module Three
Expressions of Caring

Development of Expressions of Care

Objectives

1. To develop a list of "caring words" and "caring actions" that communicates love.
2. To teach two forms of non-verbal caring behavior.

Materials

1. Newsprint and markers.
2. Pads and pencils for participants.
3. Basket or box or man's hat.

Outline

I. Creating feelings of love
   A. Activity: Feeling cared for
B. Activity: Developing a list of "caring words" and "caring actions"

II. Body and language

A. Activity: How the body can say "I care"
B. Activity: Caring actions and words
C. Activity: Written words as expressions of caring

Careproviding Training Program Module Four: Empathic Communication

Listening and Responding

Objectives

1. To learn how to identify the three aspects of empathy.
2. To develop empathy skills through listening and responding to feelings.
3. To learn hints for effective responding

Materials

1. Newsprint and markers.

Outline

I. Empathy

A. The difference between the primary level and advance level
B. The three aspects of empathy
C. The key points in using empathy

II. Empathic listening and responding

A. Activity: Identifying feelings
B. Activity: Empathic listening
C. Activity: Empathic responding
Hints for effective responding

Session Two: Developing a Vocabulary of Feeling Words

Objectives
1. To develop "feeling words" to convey empathic communication.
2. To develop a list of body behaviors which express feeling states to help in empathic communication.

Materials
1. Newsprint and markers.

Outline

I. Developing a vocabulary of feelings
   A. List of vocabulary of feelings
   B. List of vocabulary of body language

II. Body and verbal cues in empathic communication
   A. Activity: Integrating body and verbal cues
   B. Activity: Gathering together

Session 3: Empathic Self-expression and Communication Roadblocks

Objectives
1. To develop skills of empathic self-expression in order to learn consideration for and cooperation with others.
2. To teach the most common roadblocks of communication.

Materials
1. Pad and pencils.
2. Newsprint.
Outline

I. Empathic self-expression
   A. New formula
   B. Activity: Empathic self-expression

II. Roadblocks to effective communication
   A. Activity: Roadblocking
   B. Activity: Return to empathic communication

Careproviding Training Program

Confrontation as a Challenging Skill

Objectives

1. To learn when to use confrontation.
2. To illustrate the process of confrontation.
3. To learn how to use confrontation.
4. To identify the perversions of confrontation.

Materials

1. Pads and pencils
2. Newsprint and markers

Outline

I. What is confrontation?
   A. Guidelines in using confrontation
   B. Definition of confrontation
   C. Characteristics of confrontation

II. When to use confrontation
   A. Conditions of confrontation
   B. Activity: Conditions of Confrontation
III. The process of confrontation
   A. Confrontation skill

IV. How to use confrontation
   A. Five ways to confront
   B. Activity: Verbatim in confrontation

V. The pervasions of confrontation
   A. Activity: Role playing for confrontation in triads
   B. Activity: Gathering together

Careproviding Training Program Module Six
Goal Setting Skills

Formulating Goals

Objectives
1. To demonstrate the process of identifying behaviors.
2. To identify the components of a behavioral goal.
3. To explain the steps in making a behavioral goal.

Materials
1. Pads and pencils
   Newsprint and markers

Outline
I. Components of a behavioral goal
II. Behaviors in problem situations
III. Steps in making a behavioral goal
IV. Key points in goal setting
   A. Activity: Triads on practicing goal setting
   B. Activity: Gathering together
Careproviding Training Program

Module Seven
ABC's of Behavioral Therapy

The ABC Model of Problem-Managing

Objectives
1. To learn how to analyze the behavior
2. To identify the ABC's of behavioral therapy

Material
1. Pads and pencil
2. Newsprint and markers

Outline
I. The elements of behavior analysis
II. The ABC's of behavior therapy
   A. Activity: Case study
   B. Activity: Gathering together

Careproviding Training Program

Module Eight:
Providing Care for Hispanics

Careproviding Approach for Hispanics

Objectives
1. To provide useful careproviding approaches for Hispanics.
2. To provide significant techniques in careproviding Hispanics.

Materials
1. Overhead projector and screen
2. Pads and pencil
Outline

I. Careproviding approaches for Hispanics
   A. Characteristics of acculturation
   B. Three components in providing care for Hispanics

II. Techniques in careproviding Hispanics
   A. Activity: Case study in acculturation
   B. Activity: Role play in triads
   C. Gathering together

Careproviding Training Program Module Nine
Behavioral Therapy Techniques

Most Common Techniques

Objectives
1. To provide a list of techniques appropriate for Hispanics
2. To practice at least fifteen techniques

Materials
1. Pads and pencils

Outline

I. Behavioral techniques most common for Hispanics
   (Techniques 1-7).

II. Behavioral techniques applicable for Hispanics
   (Techniques 8-30).
   A. Activity: Triads on practicing techniques
   B. Activity: Gathering together
CHAPTER VII

SELF-MANAGEMENT

The ability to manage oneself is an important issue for all humans. This is observed even in early childhood as the child discovers things not seen before and wants to explore them, thus liberating him/herself and not depending on his/her parents.

This ability to arrange one's own matters has been called in different ways, but for the purpose of this project we call it "self-management." The purpose of this chapter is to provide information concerning self-management and suggest ideas for presenting a self-management seminar steared towards Hispanics.

Four topics are considered: First, what self-management is. Second, the characteristics of a sound self-management program. Third, the factors of effective self-management. Fourth, how to plan and present a self-management seminar for Hispanics.

Definitions of Self-Management

The current literature presents various focuses of self-management. Among the most contemporary writings on this topic is the study done by Jack Martin and Bryan A. Hiebert. They define self-management as: "a systematic consideration and arrangement of personal, environmental, and behavioral factors."¹ They view self-management as recognizing and managing those three factors due to the influence they have in a persons life to attain desired goals.

Frederick H. Kanfer, one of the pioneers in the area of self-management, and a co-writer view self-management as a shift from provision of a protective treatment environment toward the offering of rehabilitative experiences in which the client accepts increasing responsibilities for his or her own behavior, for dealing with environment, and or planning the future.1

They see self-management as techniques that are prescriptive and put the burden of change in the hands of the confidant. Their rationale for self-management notes the following:

1. Many behaviors are not easily accessible for modification by anyone but the client.
2. Problematic behaviors are often closely related with self-reactions and with such cognitive activities as thinking, fantasizing, imagining, or planning. To monitor and alter these behaviors, the helper must shift major responsibility to the client.
3. Changing behavior is difficult and often unpleasant. The client's acceptance of a program for change as desirable, feasible, and worth working for is a basic motivational requirement.
4. What is learned in therapy should include a set of generalizable skills such as coping strategies, ability to assess situations and behavioral outcomes, and development of rules of conduct for common problem situations, all of which aid the client in avoiding or handling future problems more effectively than in the past.2

William H. Cormier and L. Sherilyn Cormier perceive self-management as: "conducting and handling one's life in a somewhat skilled manner."3 They also see the confidant as directing change through modification of aspects of environment or manipulating and administering reinforcers.

The training program for lay careproviders presented earlier considered some crucial skills and techniques for self-management such as goal setting, behavioral analysis, and the abc's of behavioral therapy. In self-management the confidant learns to

2Ibid, p. 284.
state their own goals, monitor or pre-assesses their own performances in relation to their goals, sets specific objectives for change, determines a plan and puts it in action, and finally evaluates how successful was the change program in relation to the goals and objectives.\textsuperscript{1} The skills and techniques mentioned above and others that have been treated throughout the training program are helpful to accomplish this strategy.

Characteristics of Self-Management

There are obvious characteristics which are at the same time advantages in a well-constructed and conducted self-management program.

Already stated is the fact that Hispanic's do not tend to visit a professional counselor. Their preference is to be counseled by someone in the family circle such as a father, grandfather, uncle, godfather, etc. An advantage of a self-management program is that the confidant can increase his/her control over the environment and decrease his/her dependence on the careprovider or others. Due to the fact that Hispanics are under-employed in relation to the total population in the U.S., according to the Census Report,\textsuperscript{1980} other characteristics and advantages of self-management are: inexpensive and yet practical, portable, and usable. A last characteristic is that self-management strategies provides generalized learning in the sense that the confidant can apply the skills and techniques in more than one situation and in more than one problematic or non-problematic behavior.\textsuperscript{2}

Factors of Effective Self-Management

Cormier and Cormier advocates the following factors as important elements in a self-management program:\textsuperscript{3}

\textsuperscript{1}Martin and Hiebert, p. 159.

\textsuperscript{2}Cormier and Cormier, p. 477.

\textsuperscript{3}Ibid., pp. 477-479.
1. A combination of strategies is usually more effective than a single strategy. Some strategies focus on antecedents of behaviors and others in consequences. The more techniques a person uses the more possibility of change will occur.

2. The strategies used in self-management should be consistent and implemented for a reasonable period of time in order to produce change.

3. A self-evaluation should be based on the confidant's goals and not of the careprovider. The higher the goals and criteria for change a confidant sets, usually results in greater success.

4. The self-reinforcement the confidant decides to use can be either covert, verbal, and or material reward.

5. An external or environmental support of some degree is necessary for the confidant to establish and maintain changes. Peers and some type of public display of monitoring the target behavior contribute to the confidant's permanent change of behavior.

The lay careprovider will find that the confidant's family is a helpful resource when guiding Hispanics in a self-management program. Due to the close ties of family relationship and its influence upon one of its members, the family can either enhance the target behavioral change of a confidant or they can kill it quite soon. It is wise that the careprovider be sensitive to this fact and take advantage to the maximum the great potential of the family.

Planning and Presenting a Self-Management Seminar

The purposes of a "Self-Management Seminar are: (1) to complement the training program, giving the lay careproviders an opportunity to enhance the skills learned in the training program; and (2) to reach a select group of people that would not ordinarily
come to the church or to tent evangelism. The seminar is in fact an alternative to public evangelism but is done in a caring, individual, and supervised manner.

Prior to the seminar some ground laying has to be done. This task consists in a community analysis through a demographic study of the city and a door-to-door survey. Some community agencies such as the Heart Association, Lung Association, and Red Cross Association, Police and Fire Department should be contacted with the purpose of asking some information about problems in the community. Civic organizations such as the Rotary Club, Boys Scouts, Elks, YMCA, and homes for the retired should also be visited to provide additional information on community problems and needs. After an analysis of the data received from these visits, it is important to go back to the different organizations to show them a brochure prepared for the seminar and go over it with them. The reason why it is important to visit these organizations is to establish communication so once the seminar is piloted in the Church for the targeted people we can launch the seminar to minister the needs of the community.

The program has to begin on time. Since time-management is one of the topics treated in one of the seminars, it is important for the leader to be consistent with his/her teaching. The first night each lay careprovider is assigned two confidants. They should meet together just to get acquainted and to set an appointment for their next session. The lay careproviders need to be strongly advised to be very confidential about their confidants, otherwise the entire program would be ruined. They need to report on their confidants each Monday in a special meeting. These reports are to be carefully presented so confidant's problem are not exposed in such a manner that they become a hindrance.

A suggestive list of topics of the seminars includes: Personal Adjustments, Goal Setting, Self-Observation, Self-Instruction, Managing Antecedents, Managing Behavior, Managing Consequences, Brainstorming and Problem Solving, Managing Time and
Stress, and Managing Yourself for Life. Principles for all the different problems that an individual would probably encounter can be presented in these seminars. The confidants should be encouraged to participate in filling out their worksheets. Later, they should be visited by their lay careprovider who will help them deal with their individual problems. It is at this level that the thrust in the care program occurs. The lay careproviders will be able to deal with the needs of every person under their care.

A detailed presentation of the pre-work and actual seminar program is presented here to serve as a guideline.

SELF-MANAGEMENT SEMINAR

Planning the Program

A. Ten weeks; one night a week.

B. Ground work preparation for seminar; one month before.
   (Visitation to civic and civil agencies, clubs, publicity, and preparation of worksheets.)

C. Ground work to be done by Instructor and Personal Ministries Director of the Church.

D. Contracting for the meeting place for Seminar (two months before the start time; done by the Pastor of the church.

E. Register confidants for seminar one month before.

F. Preparation of personnel for seminar two weeks before(master of ceremony, music director, ushers, and secretary).

G. Lay careproviders meet with confidants during those weeks once or twice a week.

H. Reports on confidants every two weeks.

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1Reuben Hubbard has a series of similar self-management topics which I have used in various settings that have been beneficial to the participants.
(First report due: one week after 1st. session for feedback;  
Subsequent reports due: one hour before start time of seminar;  
Final report (written) due: one week after end of seminar).  

I. Materials needed: (PA system, worksheets, pencils, box,  
blackboard chalk, overhead projector, slides, screen, publicity  
flyers, lecture hall, and man power (secretary, master of  
ceremony, two ushers,  
At least one careprovider for every two confidants.  

Public Recognition  
A. Two weeks after the end of seminar, a public ceremony should take place at a  
convention to recognize the lay careproviders.  
B. At the convention give the following:  
Certificate for the course, badge as a lay careprovider,  
and a credential signed by the Instructor, Conference President,  
and the Church Ministries Director.  

Program Ideas  
1. Registration. Give name tag, pad, pencil, and a seminar worksheet to  
each participant.  
2. Present a film or have a musical participation and other surprises for the  
participants at each seminar.  
3. The master of ceremony introduces the objectives and requirements of the  
seminar and eventually introduces the speaker.  
4. The instructor presents the seminar.  
5. The master of ceremony announces the distribution of the lay  
careproviders and their confidants.
6. The lay careproviders meet with their confidants separately to agree on a
time for the counseling sessions.

Support Group for Lay Careproviders

Lay careproviders will always have the need of supervision. This does not
denote that there is some doubt whether they can do the task or not. Nevertheless, many
difficult situations will arise in which they will need and appreciate orientation of a
person that can provide them with alternatives and guidelines in handling them.

I suggest a support group for lay careproviders will help them cope with such
difficulties and also contribute to the prevention of burn-out among them. The following
are some suggestions for a support group encounter. Other points of interest may be
added.

1. Meet once a month with the trainer/pastor.
2. Report on situations and difficulties encountered and facilitate any help
   needed.
3. Share experiences of careproviding activities without violating
   confidentiality.
4. Pray for one another.
5. Sharpen skills and learn advance techniques.
6. Affirm careproviders for good work. (Usually done by the pastor)

Summary

This chapter presented an overview of theory and mechanics of the self-
management program. I assume that the self-management program presented in this
paper will function in any culture. The techniques the careprovider uses determines how
culturally sensitive the program will be and how useful it will be to the confidant. As the
careprovider renders service to his/her confidant, the culturally-sensitive basic skills taught in the training program must be applied.

This chapter presented some important aspects for implementing a seminar for Hispanics, including:

1. The current literature always emphasizes the confidants responsibility as the crucial factor in self-management. The overall goal of self-management is to decrease dependency the confidants have on the careproviders and increase their own control over the environment.

2. In self-management the confidants learns to state their own goals, monitor or pre-assesses their own performances in relation to their goals, sets specific objectives for change, determines a plan and puts it in action, and finally evaluates how successful was the change program in relation to the goals and objectives.

3. The skills and techniques of self-management should be implemented simultaneously by the confidant in other problematic or non-problematic situations so that he/she can manage those aspects as well.

4. Effectiveness in a self-management program impinges around the following factors: (a) a combination of strategies rather than a single one; (b) consistency of strategies implemented for a reasonable period of time; (c) self-evaluation based on the confidant's goals; (d) self-reinforcement that has either covert, verbal, and or material reward; and (e) an external or environmental support is necessary for the confidant to establish and maintain changes.

5. Prior planning and work done in the community can lead to the success of the "Self-Management Seminar."

6. A suggestive list of topics covering the different aspects of a sound change program has been offered, but others can be developed depending on the participants in focus.
7. The program of recognition to enhance the work of the careproviders and give some authority for the task

8. The ideas for the seminar even though somewhat suggestive covers all the territory a seminar would probably need.
CHAPTER VIII

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

The intention of this project has been to present an alternative way of approaching Hispanics in the area of pastoral care. I am by no means limiting the presented program as the only or even the best way of training Hispanics. It serves only as a guideline and, hopefully, others will research in this area of enhancing training for Hispanic laypersons.

This project focused on various topics that are crucial to training laypersons. The theological rationale expresses concern in acknowledging that God's love for us results in caring and loving others no matter who they are. Pastoral-care ministries lie on this basis and therefore everyone should and must be involved. Love for God and neighbor goes beyond mere feeling and compassion, it includes action.

The concept of the Church as the body of Christ has definite meaning for the careproviding program. The lay careproviders are part of Christ's spiritual body. Each one contributes to its task through his/her unique gifts and functions. In the body of Christ there is unity in spite of the diversity of gifts, thus strengthening the church's fellowship, ministry, and witness.

The teaching of the priesthood of all believers gives meaning and significance to lay pastoral care. This is the heart of the matter. Every believer must acknowledge that he/she is a minister and not just a layperson therefore, it is crucial for him/her to be engaged in an active participation in the church's ministry.

The concept of gift ministries enhances the task of careproviding. Ministering on the basis of the spiritual gifts, laypersons will strengthen the task of the church and
lessen resistance. The results of promoting gift ministries are numerous. The recipients will care for one another, be equipped in nurture and outreach, help in the maturation process, promote unity among the members, help the members to discern true and false doctrines, and interrelate in a loving and truthful manner in order to produce spiritual growth.

The biblical basis found in Gal 6:1,2,5 can affect the attitudes toward caring. Bearing each other's burdens is mutual care. As the body of Christ, all have the responsibility to care. Galatians clearly expresses that the stronger Christian can bear burdens of the weaker ones.

The standards by which a Christian will be measured are helpfulness, kindness, and love to one another. Christian service must be a daily experience correctly motivated. Christ is our aim and He has set the example for us in treating all those who are around us. As Christians we must use our gifts in ministry and serve as Jesus did.

The second part of this project presented the practical aspects of the theological rationale. The Hispanic community was kept in mind throughout the program since they were my primary aim.

Cultural perspectives for careproviding the Hispanic confidant was presented to provide careproviders with the knowledge of cultural-sensitivity. Cultural-sensitivity refers to language, values, customs, traditions, and other socio-cultural aspects. These factors determine the modality of the approach for the Hispanic confidant.

The literature reveals that behavioral approaches are most effective among Hispanics because they deal with helping the confidant reach his/her own goal, rather than just talking to the confidant. Traditional careproviding is appropriate only when the Hispanic confidant merits it—depending on his level of acculturation.

Pastors are an essential part of the training program for careproviders. The manner in which the pastor assumes the role as equipper determines the success of the
program. Benefits derived from the equipping task for both laypersons and pastors include: less potential for pastors to suffer from burn-out, and more laypersons to support and appreciate the pastor's ministry. Lay pastoral care has been undervalued for different reasons, mainly because this task has been considered as the pastor's responsibility. Pastors can and must equip the laity by modeling skills and techniques, by discovering their spiritual gifts, and developing skills and resources that lead to growth.

The pastor also plays a significant role in recruiting laypersons for the careproviding of the church. Emphasis on spiritual gifts aids the task of selecting the careproviders and placing them in a specific ministry according to their gifts. Careproviders should be carefully recruited in order not to hinder the program, and once recruited, a commitment and contract should be made to hold the program together.

The development of the training program included the quality of the careproviders, the training goals, and the objectives. However, in the training, the focal point was toward the specific functions in which the careproviders can be expected to perform. If training seeks to prepare people to function in providing care, the teaching procedures need to be practical without compromising the cognitive aspect. The training program in this project include: explaining skills in lectures/discussions; illustrating skills using verbatims, thus involving class participation; applying skills in case studies; and practicing skills and techniques through role-playing in triads. The intent of this project was to focus on the Hispanic confidant and his/her cultural setting and values throughout the training program. Many of the skills and techniques can be used in a generalized way, but caution and sensitivity to the confidant's culture should always be considered.

The Self-Management Seminar benefits careproviders the most. Providing care for at least two confidants during this time enhances their skills and prepares them for
more unexpected and complicated situations. The careproviders should be able to help confidants apply the skills and techniques taught in the seminar to their particular problems. Programming and planning the seminar is just as important as the seminar itself. The effectiveness of the seminar to a certain point depends on how carefully it has been done.

Recommendations

Several recommendations for implementation grow out of a consideration of this project/dissertation. Realizing that the clergy has a special place in the value systems of most people, and realizing, too, that this can have positive consequences in ministry, an effort needs to be expended on narrowing the disparity between clergy and laity in ministry, lest the ministry of the laity becomes played down and stifled. The following are recommendations for implementing a lay careproviding program in the church.

1. There is a need for a careful study of what Scriptures say about the priesthood of all believers.

2. The laity should be urged to think of themselves as priests for God (Rev 1:5-6, 9-10).

3. The laity and pastors together should respond to the call for consecration and dedication to serve Christ in whatever capacity possible.

4. Advertising the lay careproviding program increases the possibility of its success. The training schedule and what the training consists of should be shared with the congregation so people will become familiar with the program and its participants (the lay careproviders).

   a. Every church newsletter should have some publicity about future program indicating the different stages (that it is coming; that it is here); the training schedule; the names of the participants, etc.
b. In the initial stages of formulating the program and launching it, at least two bulletins per month should have something printed concerning the program.

c. When the lay careproviders do something in the church publicly, e.g., give a message for mission, or read Scripture, or teach a class, indicate that such person is a "lay careprovider".

d. Prayers should be requested for the program, the recruiting process, the training, and the self-management seminar.

e. Sermons on lay ministry, the priesthood of all believers, the characteristics of a Christian, etc., should be given, with mention that these are the things that the lay careproviding concept and program is all about.

f. Verbal mention from the pulpit in regard to the lay careproviding program should be made from time to time.

5. Linking the lay careproviders in relation to their tasks needs to be made gradually so that the congregants become familiar with them and their talents for ministry. They can begin by calling on people, visiting in the hospital, teaching, and also the self-management seminar.

6. It would be well to have a symbol that the lay careproviders can wear (i.e., a dove). This "badge of ministry," can be seen by people needing the services of an identifiable lay careprovider.

7. It is important to have a commissioning service during worship on a Saturday morning when the training is reviewed and the lay careproviders are set apart by prayer for their tasks of ministry. During this service they can be presented with their symbolic "badge of ministry." This service, serves as a "rite of passage" and provides a sense of security for the lay careprovider. In such a service they are officially and publicly commissioned to their task. It also enables the members of the congregation to recognize
these especially trained persons and thereby increases their confidence in the lay careproviders ministry.
APPENDIX A
Welcome

I want to welcome all of you to our program. I am pleased to see such a select group. My name is _________________.

**Note to the trainer:** Say two or three personal things about yourself that this particular group can identify with. For example, talk about your professional background if this is a professional group. Tell also about your interest in leading this group.

I would like us to get to know each other a little bit now.

Activity 1: Presentations

I want each of you to introduce yourself to the people on your left and right in your own way: ask their names, where they are from, and how they happen to be here.

**Note to trainer:** The persons attending the training program are either selected or have a fervent desire to be a careprovider. Probably they are one of the church officers and feel a need to be skilled in providing care. Many other circumstances may have led them to come for training. Have them ventilate those reasons.

You can then talk about whatever else you usually talk about in getting to know someone. Do that now.

**Note:** Some suggestions are: talk about the family, job, education, hobbies, interests, etc.

Pause for 5 minutes: Mutual sharing

Now take whoever you are talking with right now and join another couple on the other side of the room and get to know each other as a foursome. But this time your partner is to introduce you to the new couple and vice versa. Make sure everyone in your foursome knows each other’s name, where each is from and how they happen to be here. Then find out something you have in common with someone in your group and talk about your common interest for the remaining time. If you do not discover a common interest, listen in on someone else in the group as they talk about their’s or perhaps you may want to focus in some unique interest the other person has.

**Note:** The previous list of suggestions may help in this exercise also.
Pause for 10 minutes

Please assemble again as a large group. You can stay where you are or come back to your original place. [Pause] Now I want each one of you to tell us in public what are your hopes and apprehensions concerning lay careproviding.

Pause for 5 to 10 minutes for responses from trainees. Then continue to inform trainees about the structure of the program

Structure of the Training Program

This training program teaches specific skills for helping people to be effective and happy, cope with their problems and manage their life. Before we actually begin our work together, I want to mention some points that will serve as guidelines for what we will be doing.

**Describe:**

1. Length of sessions (e.g., two-hour sessions with one or two ten minute breaks); 2. Time of sessions; 3. Format of training sessions

As for the training sessions themselves there are two points I want to stress:

1. The entire course is designed so each session builds on the previous session.
2. The method used is non-traditional but highly effective in learning skills. First a short talk will be given on the specific skills you will be learning during the present session. We will then practice these skills through activities that are fun, personal, and practical. Such activities will include role playing, verbatims, sharing experiences in triads, dyads, and in large groups. Each activity will be explained in detail. If directions are not clear please feel free to interrupt and request further explanation. Active participation is encouraged in these activities which are carefully planned to make sure you learn the skill under consideration. Obviously, the more you enter into the spirit of the activities and risk yourself a bit, the greater will be your reward in learning the skill.

Purpose of the training program

As stated before, the training program teaches specific skills for helping people to be more effective and happy, and to be able to cope with their problems so that they can manage their lives. People are looking for some change and once you are trained you can facilitate that change.

The purpose of your being here is to learn more in order to be more helpful to people. In addition to the goals already stated, you may have your own goals or expectations in coming to this training program.

Activity 2: Trainee Expectation

I would like you to think of three specific concerns or questions you have related to dealing with pastoral care that you would like to consider as goals for yourself
here. Write them down, if you want, on the pads provided. Take a few minutes to do that now.

Pause for 5 minutes

We are going to practice an activity now on sharing concerns in small groups.

Note to trainer: Count off 1-2-3, 1-2-3 around the group.

Divide into triads beginning on my right. Introduce yourselves again, if needed, and elect a recorder to jot down your concerns as you share them with each other. There will be 10 minutes to do this.

After 8 minutes announce that there are 2 minutes left then announce that time is up.

Please assemble as a whole group again. Which recorder will begin to share the goal of the group with us?

Note to trainer: List all the goals stated by trainees on newsprint. You will find that there are many similarities.

Some of these things we will learn in the training here. By the time you finish the program you will have gained some skills that will help you become effective careproviders.

Session Two: Introduction to careproviding

Definition of relevant terms

Pastoral care has many connotations. It is a life style expressed by either pastor or laypersons focused on attending the needs of the members of the community of Christ by loving, accepting, forgiving, and understanding them. Its objective is to skillfully lead them to a fuller comprehension of themselves and their relationship to others and God, with the purpose that they can become whole and mature in Christ.

Pastoral counseling is just one part of the broad concept of pastoral care. It is a series of conversations in which a skillful and responsible pastor or layperson uses various therapeutic methods to equip an individual or group with skills to manage their life and repair their brokenness.

The term careprovider denotes an individual that aids the pastor of the congregation in providing care without compromising quality. Terms such as caregivers, befrienders, paraprofessional counselors, and peer counselors are also used in the lay pastoral care literature.
The term lay counselors identifies a layperson who is not the pastor of the church nor a trained counselor with a professional degree in psychology or psychiatry. He/she is a Christian and a member of the church who helps others in a specific way.

The careproviding process includes: listening, maintaining genuine interest, and love, knowing when to speak and when to keep silent, timing, keeping confidence, saying the right words, giving advice when appropriate, helping and edifying, encouraging, expressing empathy, confronting things that are wrong and need warning, being honest, accepting the individual and modeling.

Activity 1: Developing a personal definition of pastoral care

<table>
<thead>
<tr>
<th>Note to trainer: Prepare beforehand a personal definition of pastoral care. Be ready to share it with the trainees.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructions: Using the pads and pencils provided for you, please write a definition of your own for pastoral care. You can use some of the previous thoughts to help you construct a meaningful definition.</td>
</tr>
</tbody>
</table>

Pause for 10 minutes

Biblical basis for training lay careproviders

<table>
<thead>
<tr>
<th>Note to the trainer: The following Biblical rationale is not intended to be preached in class. The purpose is to provide a general idea of what the Bible has to say concerning careproviding and establish a foundation for this function.</th>
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</thead>
<tbody>
<tr>
<td>The impact of God's love on us and its effect on our neighbors</td>
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</table>

God's love is both the impetus for and the medium through which a ministry of loving and caring occurs. A person engaged in pastoral care ministers on the basis of prior acceptance and love by God.

The Christian's love for God and neighbor is a mere reflection of God's love for us, a grateful response. This is the essence of the Christian faith: "For God so loved the world that He gave His only begotten Son, that who ever believes in Him should not perish, but have eternal life."  

For humans, love is often regarded as receiving—a source of pleasure. For God, love is characterized by giving—the lover seeks to benefit those He loves. The central truth of the Gospel is that "God so loved...that He gave." This act of redemption is a central aspect of the kerygma. Ellen G. White comments: The work of creation was a manifestation of His love, but the gift of God to save the guilty and ruined race, alone reveals the infinite depths of divine tenderness and compassion.

1 John 3:16.

Comprehending what is meant by love of neighbor involves studying the New Testament passages which clearly indicate "love your neighbor," "love your brothers and sisters," "love one another," or even "love your enemy." Jesus expressed a double command when He was questioned by the Pharisees:

"Teacher, which is the great commandment in the Law?" Jesus then answered, "'You shall love the Lord your God with all your heart, and with all your soul, and with all your mind.' This is the great and foremost commandment. "The second is like it, 'You shall love your neighbor as yourself.'"1

For the Jews a neighbor was a fellow Israelite. Jesus wanted to widen that view: a neighbor is anyone who needs help.2 Kierkegaard's definition is appropriate: "If there are only two men, the other man is the neighbor; if there are millions, each one of these is the neighbor."3 Jews did not naturally love a stranger--a non-Jew was an outcast. Most helpful to this issue of understanding love of neighbor is the Lukan discussion of the parable of the Good Samaritan (Luke 6:30-37). Knowing what is right must be followed by action. The priest and the Levite did nothing to help their "neighbor" even though they knew what had to be done. On the other hand the Samaritan who was hated among the Jews crossed the barrier and helped his neighbor. When a person abides by the law of love there is no barrier of race, sex, nation, religion.

Obedience in love establishes relationships where none were conceivable or possible before. Thus, the problem of "neighbor is not one of definition but performance, and where there is performance, where one's deeds are moved and shaped by love, there is neither time nor reason to ask, "Who is my neighbor?"4

The new priesthood of all believers
and pastoral care

The new, superior priesthood has special qualities indicated in 1 Pet 2:5,9--holy priesthood, holy nation, special treasure set apart for a particular ministry. This idea of priesthood and holiness--wholeness--is an inseparable and integral part of his new priesthood.

First, the priesthood of Christ has direct access to God. Second, it replaces ritual sacrifice with "one's body as a living sacrifice, holy, acceptable unto God, as a spiritual service." Third, the service of this priesthood is a ministry to one another and to the world. This active, functional church-priesthood of believers can fulfill its mission, "that

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you may proclaim the excellencies (wonderful deeds) of Him who has called you out of darkness into His marvelous light."\(^1\)

Martin Luther stated this succinctly:

All believers are worthy to appear before God, to pray for others, to teach each other mutually the things that are of God—so ought we freely to help our neighbors by our body and works, and each should become to the other a sort of Christ, so that the same Christ may be in all of us. Let everyone who knows himself to be a Christian be assured of this, and apply it to himself, that we are all priests, and there is no difference between us.\(^2\)

Ellen G. White expands on this concept even though she did not use the terminology of priesthood of all believers. She says: "God expects personal service from everyone to whom He has entrusted a knowledge of the truth for this time..."\(^3\)

She also stated that the members of the church have the same responsibility as pastors. She declares:

When men of business, farmers, mechanics, merchants, lawyers, etc., became members of the church, they become servants of Christ; and although their talents may be entirely different, their responsibility to advance the cause of God by personal means, is no less than that which rests upon the minister.\(^4\)

Four aspects of prime importance concerning the priesthood of all believers need to be considered. First, there needs be a careful study of what Scriptures say about the priesthood of all believers. Second, the "laity" should be urged to think of themselves as priests for God (Rev 1:5-6; 5:9-10). Third, the pastors must equip them to serve, so they can meet the needs of others. In other words, put the ministry in the hands of non-professionals. Fourth, our calling is for consecration and dedication to serve Christ in whatever capacity we can. We must focus on "presenting our bodies as a living sacrifice, holy, acceptable unto God, as a spiritual service." In short, the goal of this priesthood teaching is for each member to become whole, be equipped, and released to serve or minister in the world.

This concept gives meaning and significance to lay pastoral care. It is the heart of the matter. Acknowledging that each believer is a minister, a believer-priest who is not just a lay person but an active participant in the church's ministry is crucial. On this basis they will be impelled to fulfill their priestly responsibilities.

\(^1\) 1 Pet 2:9.


The significance of "bearing one another's burden"

Galatians 6:1, 2, 5 apply directly to lay careproviding. There are profound lessons available here that can affect attitudes toward caring:

Brethren, even if a man is caught in any trespass, you who are spiritual, restore such a one in a spirit of gentleness: each one looking to yourself, lest you be tempted. Bear one another's burdens, and thus fulfill the law of Christ. For each one shall bear his own load, (NASB).

"Bear one another's burdens," (vs.2). It is a command to lift, raise, endure another's burden. This same verb is used in John 19:17, referring to Jesus bearing His cross which in reality was ours, but which He took upon Himself.

A spiritual person will not be indifferent to the others needs and problems. Instead he will actually make their cares and concerns his own. Wierske says: "The legalist is always harder on other people than he is on himself, but the Spirit-led Christian demands more of himself than he does of others that he might be able to help others." The implication of this verb is to join in the other persons burdens, just as Christ did, healing them and thus manifesting compassion (Matt 8:17).

The word "burden" connotes a crushing load which one is unable to bear alone. It does not mean that one should not bear his own burden, but that a stronger Christian could actively involve himself in lifting it so the struggle does not destroy the sufferer.

The text relates to two different burdens. On the one hand there are those who have burdens that are compared as heavy weights that need the support of others, and on the other hand there are ones own burdens. These are referred to as a shoulder pack proper for one carrying it by oneself. These two words were used interchangeably at times, but Paul makes a clear distinction here between burdens that seems to crush or destroy a person and those burdens that a person can carry. If one can bear such burdens it is not correct to impose upon others to carry them.

In this contemporary society some loads are so heavy that some souls eliminate themselves. The need for a careprovider is apparent. As the body of Christ we have the responsibility to care. Bearing each other's burdens is mutual care. The text in Galatians clearly indicates that the stronger Christian can bear a burden. This kind of careproviding does not smother and allows growth. Suffering is not compounded by a superior attitude. The more spiritual Christian can suspend judgement, knowing full well anyone can slip. This text serves a lay careproviding program well, setting gentle but firm guidelines to the process of caring.

The Ultimate Standard of Measurement

God's people, the body of Christ, have a mission to fulfill. Such mission includes in-reach and out-reach. Failure to achieve this mission will result in a picture described in Matt 25:44,45:

Then they themselves also will answer, saying, 'Lord, when did we see You hungry, or thirsty, or a stranger, or naked, or sick, or in prison, and did not take care of You?'

Ibid., p. 180.

Gromacki, p. 182.
Then He will answer them, saying, 'Truly I say to you, to the extent that you did not do it to one of the least of these, you did not do it to Me.' (NASB)

The standard of measurement for pastoral care: willingness to help the least of our brothers, has to be done on a personal level. It is characterized by helpfulness and kindness to one another, giving food to the hungry, clothing the naked, visiting the prisoners and the sick.

The question that the King, (Christ), will ask is, how much of a careprovider, a burden bearer, empathizer, and a minister you have been, and has love been the motif of your care? In other words, did you or did you not care or help everyone whom you encountered and needed help?

As we aim for Christ we will seek to accomplish His goals for ministry: healing the oppressed by the devil, and doing good (Acts 10:38); serving others (Mark 10:43,43); paying attention to the outcasts and the neglected ones (Matt 10:42); teaching that professed love has to be put in practice, in service for others (John 21:15-17).

The standard by which a Christian will be measured will be by his helpfulness, kindness and love to one another. This has to be a daily experience and with the correct motives in mind. A Christian should seize every opportunity to minister to those unfortunate whatever may be their situation uplifting their sin-sick souls, helping them in their degradation, and clothing them not only with warm material clothes but with spiritual clothes that will warm their hearts with the righteousness of Jesus Christ. So our aim should always be Jesus, treating every soul as if it was Jesus Himself. It is our responsibility to model unto those unsaved and to the recently born Christians that "blessing and service are linked together."

This parable teaches us

that we must use our gift in ministry. Unselfish love (love for our neighbor as ourselves) demands that we serve, help, and reach out to the unsaved. As Christians we can do no less.

Contributions and limitations of the careproviders

Lay careproviders can help in a number of caring ministries. The following list is not exhaustive. Many more can be added.

1. Help members and non-members manage specific problems.

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1White, Vol. 6: 304.


3This list was mainly developed by the students in Dr. Hubbard's class CHMN 640 October 2,1985.
2. Help new members cope with their new life-style.¹

3. Visitation.
   
   Homebound
   
   Prison ministry
   
   Prospective members
   
   Former members
   
   Non-attending members
   
   Hospital visitation
   
   Institutionalized members

4. Guide participants of health programs accomplish their goals.

5. Tutor children with problems in school.

6. Assist in community service programs.

7. Care for the aging.

8. Work with youth.

9. Work with family programs.

10. Help in marital problems in the initial stage providing coping strategies.

11. Help in grief situations.

12. Help the bereaved.


14. Care for the emotionally ill.

15. Care for the physically ill.

16. Help in time management.


18. Train others as careproviders.

¹Dr. Reuben A Hubbard expresses that we lose 71 percent of the non-biological baptisms. The term non-biological refers to those that are not born into the church. Class notes CHMN 640, Andrews University, October 2, 1985.
Even though the lay careproviders are able to handle ninety seven percent of the problems or situations, they should be aware of there limitations. There exists no effective how to do it manual--like a recipe book--in careproviding. The following are the major limitations for careproviders.¹

1. Cannot diagnose.
2. Cannot work with mentally ill.
3. If a confidant considers suicide, is severely depressed, and acts in a bizarre manner--make a referral to an expert professional.
4. Refer those who have difficult theological questions.
5. Refer those who complain of physical symptoms.
6. Refer those who need financial planning.
7. Refer those who need legal advice.

Referrals

Every careprovider has to recognize his/her own limitations. Referrals are very important in the lay careproviding process, therefore, no one should take it as a failure. Referrals can be a significant strategy in helping people with problems beyond the careprovider's capacities.

In relation to this Gary Collins states: "One of the most significant ways in which we can help people is to refer them and sometimes take them to more professional sources of help."² A careprovider who really cares for his/her confidants will feel comfortable referring them to others who can provide better help.

¹This list of limitations for careproviders are a result of a list Dr. Reuben Hubbard presented in his class CHMN 640 and also some observations Dr. Gary Collins presents in his book How to be a People Helper(Santa Ana: Vision House,1976),p. 67.

²Collins, People Helper, p. 108.
Brammer views referrals this way: "Referral is one approach where the helpee can have a fresh start."¹ He also suggests some skills that are useful for careproviders in making referrals:

1. Know the community's resources for different kinds of services.
2. Explore helpee's readiness for referral. Have they expressed interest in specialized help?
3. Be direct and honest about your observations of their behavior that led to your suggested referral. Be honest also about your own limitations.
4. It is advisable to discuss the possibility of referral with the referral agency before the problem becomes urgent.
5. Determine what other persons have had contact with this helpee and confer with them before suggesting further steps.
6. If the helpee is a minor, it is wise to inform parents of your recommendations and obtain their consent and cooperation.
7. Be fair in explaining the services of a referral agency by citing the possibilities and the limitations of that agency. Do not imply that miracles can be performed there.
8. Let the helpee or the helpee's parent make their own appointments for new services.
9. Do not release information to any referral source without permission from the helpees or their parents.²

To this list of referring skills we add one more that Gary Collins points out: "Discuss the relationship that you will have following the referral."³ In traditional counseling the professional usually terminates a client when he/she is referred to another counselor. In lay careproviding this does not have to occur. The lay careprovider should maintain contact on a friendly and supportive manner even though another person has assumed the responsibility to care for the confidant in a more specialized way.

Gathering Together

Note to trainer: Take five to ten minutes for this segment. Ask the class to reassemble in their original seats. After all are in place, you might chose to do one of the following:

A. Discuss on or more of the "General Gathering Together Questions" from Appendix C.

²Ibid., pp. 111-112
³Collins, People Helper, p. 114.
B. Review the objectives for this module.
C. Ask the group to share briefly what they learned or experienced in this module.

Careproviding Training Program

Module Two
Careproviding Stages

Session One: Introduction to the Careproviding Stages

The First Careproviding Stage:
Building relationships

Before entering the intimate level in providing care for Hispanics, it is important to build a relationship. This can be done by personalismo. Hispanics prefer being treated in a more personalized way and usually reject impersonal treatment.

The communication process between the careprovider and the confidant is affected by cultural influences. The outcome of the careproviding is determined by the way the careprovider approaches the person and his or her cultural aspects. Therefore this stage has to deal with culturally-sensitive skills such as eye contact, personal space, body language, tone of voice, speech rate, and appropriate topics.

Gerard Egan suggests five ways a careprovider can make himself physically present to the confidant. He uses the acronym SOLER to illustrate this.1

**Note to the trainer: Demonstrate these facets as you talk about them**

1. Squarely face the person. Adapt a posture that the confidant can recognize that you are involved.
2. Open posture. Adopt a posture that tells the confidant that you are ready and available to what he or she is going to say.
3. Lean toward the person. This indicates to the confidant that you are interested in what he or she is saying.
4. Eye contact maintained. This indicates to the confidant that you want to hear what he or she has to say.
5. Relaxed atmosphere. Try to be relaxed and do not reflect nervousness.

**Activity: Demonstrating SOLER**

I want you to divide into pairs now. One of you will be the confidant the other will be the careprovider. The confidant will tell the careprovider why you are taking this course. I want the careprovider to be completely non-“SOLER.”

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How did you feel as confidant? How did you feel as careprovider? Now I want the careproviders to be SOLER. The confidants will tell the careproviders how they will use and what they are going to do with the skills they will learn in this class.

Pause 5 minutes

How did you feel now as confidant? How did you feel now as careprovider?

Primary Attending skills

Eye contact

Based on the careprovider's multicultural experiences and cultural awareness, he should look at his confidant during the interview in ways that will make the confidant comfortable and that are culturally suitable to the situation. He should carefully observe the confidant to determine whether avoidance of direct eye contact is personal or cultural, and then arrange the seating to meet the situation—the careprovider and confidant may sit beside each other in single chairs, on a couch, or at a round table. In some cases it may not be appropriate to look directly at a confidant. Some Hispanics tend to avoid direct eye contacts either because it is not expected from them such as the case with Puerto Rican children or as in the case of Mexican American females whom should not have direct eye contacts with males.

Personal space preference

Awareness of the confidant's interpretations of body positions is an essential factor, since interpretations may vary between cultures. The customary procedure is for careprovider to sit directly across from the confidant, a few feet away, with a slight lean about the head and shoulders toward the confidant to suggest interest, but this procedure is acceptable to only a few confidants. Chicanos prefer a close proximity and this also is true of many other Hispanics. In some cases, it may be more culturally appropriate to ask the confidant, "Where do you want to sit?" Once the confidant has elected where to sit, the careprovider might ask, "Do you mind if I sit here?"

Body Language

The culturally skilled careprovider can interpret hand gestures and head and eye movements. The careprovider must realize that the confidant's different positions and movements communicate messages. The misinterpretation of the confidants gestures and movements can lead to serious problems.

1The following aspects of the building relationships stage and the other stages are based on John M. Dillard stages of counseling found in his book Multicultural Counseling, pp. 285-310. Other models have been used such Lawrence Brammer, Gerard Egan, and Gary Collins.
Tone of voice

A confidant is frequently more attuned to the tone of voice than to the words, thus, the careprovider must avoid sounding harassed, condescending, disinterested, or unpleasant. Careproviders can accomplish this by adopting a positive tone of voice.

Speech rate

The careprovider should carefully observe his confidant to determine whether there is a need to adjust his rate of speech to facilitate communication. He can watch for facial expressions such as frown, a yawn, closed eyes, or other activities. A moderate rate of speech may be the most appropriate, at least in the initial sessions.

Appropriate topics

The competence of the careprovider to discuss cultural and personal topics must be acceptable to the confidant. Topics of abortion to an unmarried pregnant teenager living in a traditional Hispanic family is usually considered inappropriate due to their religious teachings.

In summary, skills of the building relationships stage are ongoing tools that help to energize and move communication into the remaining stages of careproviding. The outcome impinges on how well a careprovider considers and applies these attending skills.

The Second Careproviding Stage:
Exploration and Clarification

Getting the confidant to open up

The second stage of careproviding, focuses on helping the confidant explore feelings, emotions, and experiences related to his or her problem. It also tries to clarify issues and to determine what has been done in the past to tackle the problem.

Confidants bring their concerns to the careproviders. Many are quite verbal in exploring their concerns, thus they help to sort out their problems. Others are more nonverbal, apprehensive, or unsure of where or how to start the exploration process. These later ones need to feel a sense of rapport and mutual trust with the careprovider before they can explore material and understand and implement alternative actions to their problems.

Attending skills

The attending skills described in the building relationships stage also apply to stage two in careproviding. Careproviders must let their confidants know that they are with them during the time the are together.

The attending skill actually sets up the setting for the active listening skill. Once the careprovider is attending he or she is ready to listen what the confidant will say. Active listening means listening to both the verbal and nonverbal messages of the confidant. The nonverbal message are those reflected in posture, facial expressions, body movements, and tone of voice. These messages can either confirm the verbal messages or contradict them. More attention should be given to the nonverbal communication over the verbal communication. Fifty five percent of the attention should
be given to the facial expression, thirty eight percent to the vocal expression and seven percent to the verbal expression.

Genuineness

The careprovider communicates genuineness by being consistent in his or her behavior. They do not hide behind professional roles. They remain human beings to the human beings with whom they are working. What is said needs to be consistent with the tone of voice and body language. Genuine people are spontaneous and assertive without being aggressive. Example:

Verbatim: Genuineness

Note to trainer: Indicate to the class that you are going to present a situation of the confidant and there are two answers given for this situation. They must provide the correct answer. Allow 5 minutes.

Confidant: Frankly, I do not think you like me. I think you are working hard with me, but I still do not think you like me.
Careprovider #1: I am not sure that liking or not liking relates to what we are doing here.
Careprovider #2: I am not sure that that makes a difference... (Pause) Wait a minute. Last time we talked about you being more assertive in our relationship. I think that right now you are being reasonably assertive, and I am brushing you aside. You seem to be saying that it is time we take a look at how we are relating to each other here. I think it is a good idea.

Careprovider #1 sees the confidant's challenge as irrelevant and turns him down. Careprovider #2 realizes that there is a discrepancy between him/her and the confidant and since the desire is for the confidant to be more assertive he/she takes the confidant's demand seriously.

Confidant: I want to know what you really think of me.
Careprovider #1: Well, I think you're lazy and that you might like things to get better if that could happen by magic
Careprovider #2: Frankly, I am not sure how that would help you manage your problems better. But if you mean that is time for the two of us to take a closer look at how we are relating to each other, I think it is a good idea.

Careprovider #1 is literal minded and blunt. Careprovider #2 sees the confidant's request as a desire for greater immediacy. Solid feedback is important, but it should take place in a human way.

Respect and warmth

Respect and warmth is also important in establishing a positive relationship. A careprovider can express respect through his or her attitude toward the confidant, valuing him or her as a person, being accessible, being willing to help, and believing that he or she wants to improve his or her behavior or situation. The careprovider can express warmth toward a confidant by responding in a modulated tone of voice, nonverbal media, touch, or facial expressions. Example:
Verbatim: Expressing Warmth

Note to trainer: Indicate to the class that you are going to present a situation of the confidant and there are two answers given for this situation. They must provide the correct answer. Allow 5 minutes.

Confidant: I am too easy with myself. As you can see, I have let myself go physically. I do not read any more. And now I find myself fighting with people at work.

Careprovider #1: First of all, Bill, most men your age let themselves go a little. And you do not look so bad to me. Don't be harder on yourself than you should be.

Careprovider #2: Things are not right physically, intellectually, or interpersonally--and you don't like it.

Careprovider #1 translate warmth into not being too hard on the confidant and even suggests the confidant to lower his standards. Careprovider #2 expresses his/her accurate empathy in an appropriately warm way through tone of voice and posture.

Empathy

Empathy is considered one of the most important skills in this stage. Nevertheless there are two facets of empathy. One we will call primary empathy and the other advanced empathy. At this stage we will concentrate in primary level of empathy which means understanding how the confidant feels. Primary empathy helps establish rapport, develop openness and trust, and explore themselves and their problems or situations.

| Note Empathy will be discussed more thorough in another module |

Concreteness

The concreteness of the careprovider's responses is important in this stage. The careprovider's statement should focus on the confidant's specific feelings, behaviors, and experiences. Vague topics suggests non involvement with the confidant. Concreteness is used to keep confidants on the topic and not letting him or her wander off on other subjects and also to limit the confidant to speak in specific terms.

Third Stage of Careproviding:
Understanding and Deciding

In this stage the careprovider helps the confidant to understand clearly the problem before exploring an alternative. The careprovider helps the confidant develop new perspectives on his or her problem situation. Once this is accomplished the goals can be decided. This is done by exploring alternatives.

Advanced accurate empathy

Primary empathy was discussed earlier. It reaches the relevant surface of feelings and meanings. Advanced accurate empathy reaches the feelings and meanings that are somewhat buried, hidden, or beyond the confidants immediate reach. It is a way of sharing useful hunches with the confidant. The interpretations are based on the cues you receive from the confidant. Example:
If a person comes to you, sits down, looks at the floor, hunches over, and haltingly tells you that he has just failed a test, that his girlfriend has told him she does not want him anymore, and that he might lose his part-time job, you might respond to him by saying something like this:

Careprovider: So it's pretty miserable for you right now--your world has all of a sudden begun to fall apart.

Self-disclosure

Self-disclosure promotes the growth of interpersonal openness between the careprovider and the confidant. This leads to mutual trust and better understanding of the problem. Self-disclosure is the ability of the careprovider to reveal some aspect of himself to the confidant so that the confidant realizes that the careprovider has some problems to manage and is also a unique individual. The careprovider has to be careful not to overload the confidant with his or her problem so that the confidant ends up helping the careprovider. Example:

Verbatim: Self-disclosure

Note to trainer: Indicate to the class that you are going to present a situation of the confidant and there are two answers given for this situation. They must provide the correct answer. Allow 5 minutes.

Confidant: I am really upset. I just found out that my brother and sister are using drugs.

Careprovider #1: How can you be sure they are on drugs?
Careprovider #2: I am glad you found out about it. I can understand your concern.
Careprovider #3: You must be worried. When my brother was on drugs, I was really worried about him. I can understand your concern.

Correct answer: Careprovider #3. You've revealed personal information that lets the confidant know you understand his feelings. He will feel comfortable discussing his problem with you.

Immediacy

Immediacy is another important skill. The careprovider uses immediacy to communicate to the confidant his or her intention to deal with issues most immediate to the situation--issues of the "here and now." Some examples are:

1. When a session is directionless and it seems no progress is being made: "We've gotten bogged down. Let's take a moment to find out what's happened."
2. When there is tension between the careprovider and the confidant: "We seem to be having a difficulty getting along. How do you feel about the situation?
3. When trust seems to be an issue: "I see your hesitancy here. It might still be difficult for you to trust me."
4. When dependency seems to be interfering with the helping process: "You don't seem willing to explore an issue until I give you 'permission' to do so. And I seem to have let me slip into the role of 'permission giver.'"
5. When counterindependency seems to be blocking the helping relationship: "It seems that we're letting this session turn into a struggle between you and me."

6. When attraction is sidetracking either the careprovider or the confidant: "I think we've liked each other from the start. I'm wondering whether that might be getting in the way of solving your problems."

Confrontation

Confrontation enables you to challenge the discrepancies, distortions, smoke screens, and games confidants use, knowingly or unknowingly, to keep themselves and others from seeing their problems clearly and to keep themselves from problem-managing action.¹ This skill gives the confidant a realistic picture of his or her behavior and of the situation. A careprovider can use confrontation to point out differences among ideas, emotions, and verbal and nonverbal behavior. The purpose of confrontation is to help the confidant develop new perspectives and set goals. Example:

**Verbatim: Confrontation**

| Note to trainer: Indicate to the class that you are going to present a situation of the confidant and there are two answers given for this situation. They must provide the correct answer. Allow 5 minutes. |

Confidant: I need to get enough money to pay the rent. My unemployment check comes in next week, and I plan to buy a better tape deck with that.

   Careprovider #1: You told me you already have a tape deck. Why do you want to buy another one?
   Careprovider #2: Shouldn't you spend your money on other things?
   Careprovider #3: You're short of money, but you really find it difficult to stop spending.

Correct answer: Careprovider #3. By confronting the client with her difficulty in a nonjudgemental manner, you ask her to consider her present behavior and the possibility of changing.

Goal setting

Goal setting is another skill of this stage. The process of this skill will be treated with further details in another session. Egan defines a goal as a behavioral accomplishment that contributes to managing a problem situation or some part of it.² Behavioral goals must have the following characteristics: meaningful, clear, specific, realistic, measurable related to the confidant's personal and cultural values, and set in reasonable time frame.

¹Gerard Egan, p. 206. This is Egan's definition of confrontation.

²Ibid., p. 220.
Fourth Stage of Careproviding:  
Planning and implementation

**Note to trainer:** The seven step process referred to in this lecture will be used as handouts for the exercise that will follow the conclusion of this lecture.

The purpose of this stage is to assist the confidants in developing and implementing means of actively altering or effecting their problem situation. The ways of accomplishing the goals may have various alternatives. Confidants need to decide how they are going to accomplish theirs. The different ways of accomplishing their goal is called a program. Once the program is decided implementation must take place. This step is then followed by evaluation.

Planning is a skill that helps the confidant to identify program possibilities. A goal is an accomplishment, whereas the program become the step-by-step process for achieving that accomplishment. It is important to keep in mind that for each goal there should be a program related to that goal. There are various forms of planning a program. Among the most common and used are the behavioral analysis and the problem-solving strategy. At this point a brief description of the problem-solving strategy will be given. The behavioral analysis strategy will be discussed along with the ABC's of behavioral therapy in another module.

**Step one: Define concerns**

Obtain a clear and concrete statement of the confidants concern. Stages two and three of careproviding—exploration and clarification, and understanding and deciding—should have reached that objective. Nevertheless the careprovider needs to clarify the concerns and state it in workable terms. Example:

Emanuel is a highly trained computer expert, Puerto Rican, married with sons eight and twelve years old.

Confidants concern: During the past two years, I have been inundated with work at my computer firm—negotiating business contracts, having meetings, traveling, etc. I have allowed myself to take on more responsibilities than I am physically and emotionally capable of handling alone. I have come to the point where I am frustrated, angry and often obnoxious. I want to strike out against those around me at work, but I just don't do that. I become so embroiled with my anger on my sons—through verbal and physical abuse, rather than by confronting the source of my anger—my work. My wife just sits passively by and says nothing.

This example focuses on the confidant's inappropriate behavior which interferes with his personal interactions with the family especially his two sons. The confidant's statement of concern suggests that he assumes responsibility for his behavior.

**Step two: Select immediate concerns**

Assist the confidant to discern which concern most needs attention. Four suggestions are given for selecting immediate concerns: (1) provide some priority; (2) deal with easier concerns first; (3) select a concern that, if acted upon, might bring about improvement of other concern; or (4) proceed from less serious concerns to the more serious. Example:

Emanuel's concern has two central facets: (1) overwhelming anxiety and frustration with his work, and (2) the anger being misdirected at home as verbal and
physical abuse of his sons. His immediate concern is his abusiveness towards his sons; this emergency needs priority, but since Emanuel's abusive behavior at home occurs as a result of his problems at work, a central concern is also his behavior at work. Emanuel needs to learn to differentiate his interpersonal behaviors at home from those at work.

Step three: Translate concerns into goals

Assist confidants in translating concerns into clear, concrete goals. Remember the goals should be in line with the confidants personal and cultural values. Help confidants use the pronoun I in their goal statements. This suggests that the confidant is assuming responsibility for his or her own behavior. Example: Emanuel's immediate concern and his goal may then be stated as follows:

Immediate Concern: I am verbally and physically abusive to my two sons.
Immediate Goal: I must put a definite halt to my abusive behavior toward my children.

Subconcem: I am allowing myself to take on work responsibilities emotionally and physically greater than I can handle. I am constantly worrying about my work activities at my computer firm even after the work day is over.
Subgoal: I want to reduce my work load and activities so that I will have less responsibility at work.

Step four: Gather information and list alternatives

Assist confidants in gathering information that will lead to various courses of action. Different sources can be used to gather information such as reading materials, conversations, or contact with local agencies. These sources can help confidants in making a list of alternatives for their course of action. It is advisable that once the information is gathered, to reevaluate the original goal and determine if another goal should be adopted in its place. Example: Emanuel's alternatives might include the following:

1. I can join an organization of parents who have had similar experiences and whose goal is to stop abusing their children.
2. I can place my two sons in a relative's home or in a foster home.
3. I can find a new residence and leave my sons with their mother.
4. I can continue in therapy to improve my work situation which seems strongly related to my inappropriate behavior with my children.
5. I can read books, pamphlets, and other materials on child abuse, which describe positive communicative skills between parents and their children.

The confidant should be assisted in examining options in light of their relationship to personal and cultural factors.

Step five: Choose a course of action

The confidants choose a course of action. The careprovider must consider the cultural appropriateness and consistency between the confidant's choice of goal and the proposed actions. Confidants must consider how their choice will benefit others--the group, or family member.
Step six: Take action

Apply the action program. The confidant's goal may be easy to attain if the program is clearly understood and the procedures are not so complicated. During this time the confidant needs support and empathy to feel reassurance, but at times they may need confrontation for the lack of effort.

Step seven: Evaluate

Evaluation will be effective only if it is ongoing. Evaluation should be done of the quality of the participation in the program, quality of the program—the degree to which the program is helping them move toward their goal, and quality of the goals—the degree to which the achievement of the goal is helping them manage the original problem situation.

| Note to trainer: Divide the class into triads and have them discuss steps five, six, and seven. They should be able to provide some suggestions for these steps. Allow 10 minutes. |

Activity: Triads on problem solving

Gathering together

| Note to trainer: Take 10 minutes for this segment. Ask the class to reassemble in their original seats. After all are in place, you choose to do one of the following: |

A. Ask the group to share briefly what they learned or experienced in this exercise.
B. Discuss one or more of the "General Gathering Together Questions" from Appendix C.

Fifth Stage of Careproviding:
Providing Closure

Note: This stage is especially important when the lay careproviders help the participants of the "self-management seminar." It is also important when dealing with a confidant's specific problem

Providing closure means ending the careproviding relationship. Once the careproviding goals have been achieved then the careproviding relationship should be terminated. Some careproviding sessions are short-term. Others last longer sessions. The rapport between the careprovider and the confidant increases with time. Some times the relationship quality between the two has as much or more to do with the curative aspect.

Ending the careproviding relationship is very important. The confidants have given you permission to enter into their personal world. As a careprovider you are a special person them. Hopefully they are special to you also.

The logical time to terminate the careproviding relationships when the careproviding goal has been achieved. It may happen that while exploring on problem several more emerge. The confidant may wish to continue the careproviding relationship in order to explore the other problems. If the careprovider feels that it is beneficial and if he himself wishes to continue, then new goals are defined and the relationship continues.
If it happens that the careproviding goals are accomplished and both confidant and careprovider agree to terminate the relationship, then the careproviding moves into the last stage which is "closure."

<table>
<thead>
<tr>
<th>Note to trainer: The following list of how to end the careproviding relationship is handout material.</th>
</tr>
</thead>
</table>

How to end the careproviding relationship

1. **Tie up loose ends.** If there is any unfinished business between you and your confidant, try to take care of it before terminating the relationship. "Unfinished business" in this sense refers to unresolved feelings between yourself and the confidant.

2. **Time it wisely.** Because the relationship between a careprovider and confidant is usually very intimate for the confidant, ending the relationship may be difficult for the confidant. When the problem is resolved, you may wish to terminate the relationship and be ready for another confidant. While this makes good sense from your point of view, it may seem cold and uncaring to the confidant. Therefore it is important that you be sensitive to the feelings of the confidant about ending the relationship. If you see the end coming, bring it up in a session and work any difficulties through with the confidant. If you and the confidant mutually decide to end the relationship, invite him or her back to an additional session if you mutually wish. This is another way in which you can be sure that all business between the two of you is settled.

3. **The grief of good-bye.** Ending a close relationship always involves a sense of loss, a kind of grieving. Both you and your confidant need to explore the feelings that can come with such a loss: anger, sadness, guilt, fear of abandonment, excitement at starting on a new course. These feelings can be discussed openly. One issue that may arise at this point is the confidant's feeling that there is no one else with whom to talk as intimately as with the careprovider. If this is so, the careprovider and the confidant may decide to spend more time working toward a goal of helping the confidant develop a supportive network of friends.

4. **Refer when necessary.** When you have gone as far with a confidant as is necessary to accomplish the careproviding goal, but not far enough to give him or her complete service, then you may wish to refer the confidant to a place or person who can give him more specific help. You may have a confidant whose problems are so severe that you feel inadequate to deal with them. You should refer that confidant to a skilled clinician for more in-depth treatment.

5. **Unfinished endings.** Your confidants will not always come for a final session. You will probably have at least one confidant who just stops coming to appointments and whom you cannot reach by phone or letter. This leaves you to deal with the grieving process alone. It is suggested that the careprovider talk with the pastor or the leader of the self-management seminar about how this loss make him or her feel.

6. **An invitation.** Under optimal conditions, when the confidants achieves their goal and concludes his meeting with the careprovider, they have the resources and confidence with which to deal with any new problems that may arise. Yet, they may still want you to be part of their support system. It often makes them feel more comfortable and confident when you invite them to call you if there is anything they would like to talk about in the future.
7. **Follow-up.** After you have terminated a confidant, it is a thoughtful gesture to contact him or her sometime later to see how he or she is doing. This thoughtfulness on your part is an indication of your caring, and confidants seem especially appreciative when you do this.

**Activity: Role-play**

*Note to Trainer:* Divide class into triads. Have them role-play the situation of a participant of the self-management seminar. The goals have been accomplished and the confidant is ready to manage his/her life on her own. Ask each triad to chose one of the situations below. Allow 10 minutes for this exercise.

**Role-play situations:**
1. Cathy has successfully accomplished managing her time during the weekends.
2. Robert has acquired better skills that improved his study habits and grades in school.
3. Albert has gained control over his shyness and now can relate to the opposite sex with confidence.

**Gathering together**

*Note to trainer:* Take 10 minutes for this segment. Ask the class to reassemble in their original seats. After all are in place, you choose to do one of the following:

- A. Ask the group to share briefly what they learned or experienced in this exercise.
- B. Discuss one or more of the "General Gathering Together Questions" from Appendix C.

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**Careproviding Training Program**

Module Three
Expressions of Caring

**Session One: Development of Expressions of Care**

**Creating Feelings of Love**

We are going to concentrate in this session the one-to-one relationship which gives a person a sense of worth-whileness and develops in him or her that same feeling toward others. People need to experience themselves as worthwhile in order to treat themselves well and to treat others well. To become loving human beings, people must be treated as loving human beings. When people do not receive loving care, they begin to feel unwanted and express this feeling through destructive or abnormal behavior. Some people act out their feelings of being unwanted in the form of antisocial aggression or by living in their own fantasy worlds. The purpose of such behavior is compensatory. It is an attempt to create feelings of love to replace the pain of emptiness.
Activity: Feeling cared for

**Note to trainer:** Divide class in groups of five

Form in groups of five. I want you to think about a person or persons in your family who most helped you feel that you were worthwhile, that you really mattered to them. I would like you to name this person or persons to yourself and consider what they did or say to you that made you feel cared for. If you cannot think of anyone in your family who fits this description, think of someone whom you would like to have had in your family who would have made you feel you mattered and what you would have like that person to have done with you or said to you to make you feel cared about. Keep your focus on specific things the person said and did toward you that made you feel you were a very special person to them. Think about this for a few minutes...Now talk to each other about this.

Pause for 10 to 15 minutes for this activity, saying toward the end, "Take 2 more minutes to finish up," then continue.

Gathering together

**Note to trainer:** Take 15 minutes for this segment. Ask the class to reassemble in their original seats. After all are in place, do the following:

Who can share their thoughts and memories about this person you have talked about in your group who made you feel cared about? What did they say? What did they do?

**Note to trainer:** The newsprint prepared beforehand with the columns labeled "Caring Words" and "Caring Actions" should now be posted. The memories of caring words and actions which the careproviders have come in touch within themselves should now be written into the appropriate column of the newsprint. Careproviders should develop their own list. After all sharing is done, continue.

Are there any other caring statements or actions that have not been mentioned which somebody would like to add here? What we have here is a beginning vocabulary of caring words and caring actions for use with different people. If they made you feel worthwhile about yourself, they will have the same loving effect on others, but you have to mean them.

As you can see caring can be equally expressed by words or by actions.

**Note to trainer:** The following is an illustration of typical caring words and caring actions that can be used with children and in family situations. If there are parents and others who are interested in them they may be used as handouts.
<table>
<thead>
<tr>
<th>Caring Words</th>
<th>Caring Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>I love you</td>
<td>Hugging</td>
</tr>
<tr>
<td>I am fond of you</td>
<td>Piggybacking</td>
</tr>
<tr>
<td>I care for you</td>
<td>Massaging</td>
</tr>
<tr>
<td>I am sorry</td>
<td>Throwing kisses</td>
</tr>
<tr>
<td>You are very special</td>
<td>Sending notes</td>
</tr>
<tr>
<td>You are the heart of my life</td>
<td>Sharing candy</td>
</tr>
<tr>
<td>You're &quot;neat&quot;</td>
<td>Smiling</td>
</tr>
<tr>
<td>You're fun to be with</td>
<td>Waiving with a smile</td>
</tr>
<tr>
<td>You're my best friend</td>
<td>Nodding in recognition</td>
</tr>
<tr>
<td>I want to talk with you</td>
<td>Telephoning</td>
</tr>
<tr>
<td>Your hair looks nice</td>
<td>Writing letters</td>
</tr>
<tr>
<td>You're cute</td>
<td>Offering food (especially ice cream and candy)</td>
</tr>
<tr>
<td>I like you a lot</td>
<td>Giving gifts (especially if related to a person's hobby)</td>
</tr>
<tr>
<td>You're wonderful</td>
<td>Extending occasional treats</td>
</tr>
<tr>
<td>I like you as if you were my sister/brother</td>
<td>Playing together</td>
</tr>
<tr>
<td>I wish you were my son/daughter</td>
<td>Introducing you to a friend of theirs.</td>
</tr>
</tbody>
</table>
Body Language

We will now continue to develop our repertoire of communication skills that build self-esteem. We will consider at this point some non-verbal forms of showing caring. Specifically we will consider body language and the written word.

There is a saying: "Actions speak louder than words." It does not mean that words do not matter; certainly, up to this point we have been emphasizing words as expressions of caring. But "putting one's actions where one's mouth is" is a way of reinforcing the caring kinds of communication contained in the words we use. Words and actions together can drive home the message of caring in ways words alone may not adequately convey. The reason that non-verbal communication is as important as verbal communication is because our thoughts and feelings get communicated to others through the body, senses, and physical mannerisms. Sometimes our words will say one thing and our body another. The communication is then confusing or contradictory. A person may say "I love you" and say this with clenched teeth, a stern look, and a cold voice. the body gives a message of hostility while the words say love. It is important, therefore, to know how to use our bodies to confirm the caring expressions our words intend to convey.

Activity: How the body can say "I care"

I would like you to sit back and relax, close your eyes if you wish, and think about someone you feel cares about you deeply. This can be a member of your family, a friend of either sex, an adult, a child, whoever fills the description. Picture this person together with you. You are feeling kind of low now and need their comforting. Picture yourself with that person in a quiet place...maybe a place where you felt their comforting in the past. I want you to think of some comforting or caring words they said to you...but even more than that begin to see their body expressions. Look at this person carefully. Look first at their face. How do their eyes look? What do they seem to be saying? Look at their mouth, notice whether it is smiling, pouting, still, or moving. Observe their face as a whole. Do wrinkles express any feeling? Look at their hands, arms, legs, feet. What are they doing? Look carefully. How near or far is their body in relationship to yours? How does their voice sound when they speak. Stay with this person for a while, getting more in touch with the messages his or her body is conveying to you. What are your responses to that person's body messages? What are you thinking? Why?

Pause for this exercise for about 10 minutes

Come gradually out of your reverie. Five... four... three... two... one... and welcome back. The person with whom you've just spent time has taught you something. Could you share with the group the kinds of body language you observed in the person through whom caring was expressed?

Note to the trainer: Make a list on the prepared newsprint of all the observed body language expressions of caring. Allow 5 minutes.

Activity: Caring Actions and words

I want you to look straight across the room at the person sitting opposite you. You are going to form a dyad with this person. Do that now. [Pause] I want
you to look at the list of body expressions of caring we just made and also at the
list over there of the caring phrases. I want you to write down three caring
phrases that you feel comfortable with and next to them write three body
expressions of caring that you feel comfortable with to give to your partner. I
will give you an example of what I mean.

Demonstrate this task from the two lists

Take 5 minutes to put your caring phrases and caring actions together. Do that
now. [Pause for 5 minutes] Now take turns and communicate these caring
expressions and actions to your partner. I will come around and help you out.

Do this for 5 to 10 minutes

Gathering together

Note to trainer: Take 5 minutes for this segment. Ask the class to reassemble in
their original seats. After all are in place, do the following:

How did you feel about what you did? Was it easy, difficult, confusing,
irritating, enjoyable?

Yes, I imagine it was all those things. Again, it is similar to learning a new
language, but with practice, which we will do, it will become easy.

Activity: Written words as expressions of caring

I would like you to sit back and relax and think of something that you always
wished someone would have said to you, or perhaps a person did, which made
you feel good about yourself. Think about that for a few minutes and then write
down the phrase on a piece of paper and fold it in half so no one can see it. Draw
a stamp on the front of it as if you were going to mail it. Do not put any personal
names in the message, although you may use endearing names if you wish.

Allow 5 minutes for this exercise

Now please deposit your message in this box that I will pass around.

Note to the trainer: Shake box when it is returned in order to thoroughly mix the
messages.

I will pass the box around again. Please take a message from the box. It is
yours. Read it, think about it, and feel it. If you get your own message back,
pull it back and take another. Do that now.

Gathering together

Note to the trainer: Allow 5 minutes for this. Then ask members to share their
message with the group. Leader should respond with enthusiasm if that is the
response of the responders. If there is an uncomfortable feeling from the
responders, leader should reflect that back in an accepting way.
Do you have any idea why we wrote out our caring messages, why we did not just say our messages as we did the other day? What is the purpose of writing instead of speaking?

Pause and wait for responses. Leader should acceptingly repeat and reflect back each response.

Yes, I agree with all that you have said. The fact is that the written word is one of the most powerful influences on people's thinking. Political writings have changed governments; the Bible has molded people's lives religiously, and poets have touched hearts in ways orators have not. A letter of love can change your world. So you see, although you always knew this, today I merely wanted you to become more aware of how powerful notes and letters can be to express caring.

The written word as a vehicle through which caring is communicated is certainly equal to the physical or bodily ways through which caring is also communicated. Together, they represent powerful channels through which loving—as well as destructive—messages can be transmitted. Because they are not articulated vocally, they are non-verbal methods of communication.

Careproviding Training Program

Session One: Listening and responding

Empathy

Two kinds of empathy will be discussed in this session. We will use Egan's term for them. First, is primary level of empathy. In primary level of empathy the careprovider tries to understand what the confidant says explicitly. He or she should communicate accurately what he perceives what are the confidant's feelings, and of the experiences and behaviors underlying these feelings.

Second, is advanced empathy. Advanced empathy gets at not only what the confidant clearly state, but also what they imply and leave unstated. The careprovider has to respond to the hidden or veiled feeling that is usually denied by the confidant. Advance empathy allows you to go into the deeper feelings.

Note to the trainer: Give the handout of words that express feelings to each person.

There are three aspects of empathy. First, is to identify the feelings. What is the confidant's feeling (primary level)? Second, is to identify the intensity. The intensity can be mild—"a bit anxious"; moderate—"scared"; intense or strong—"terrified." Third, is to identify the content. An example of this is John a smoker who has emphysema. the doctor says he needs to stop smoking. The content is the behavior(s) and/or the feeling(s) that are associated with the dominant feeling. In this case, is the smoker afraid of the emphysema or afraid that he cannot stop smoking. Empathy is not only understanding the feelings, but being able to verbalize them.
There are some key points in using empathy.

1. Attend physically and psychologically to the message. When you are listening to a confidant, the non-verbal takes priority over the verbal. An important key to empathic listening are the paralinguistic cues: loudness, softness, harshness of tone in the voice.

2. Listen especially for basic and core messages. Listen to what people say over and over again.

3. Respond briefly to the core messages, but be flexible and tentative so that the confidant has room to move (to affirm, deny, explain, clarify, or shift emphasis).

4. Be gentle, but do not let confidant run from important issues.

5. Respond to both feeling and content unless there is some reason for emphasizing one or the other.

6. Move gradually toward the exploration of sensitive topics and feelings.

7. After responding, attend carefully to cues that either confirm or deny the accuracy of your response.

Note to the trainer: Review carefully the list of words in each category of the handout that is found in the next page. Pick out a few words and experiment with them. This activity can be with the total class first and then you may want to divide into triads and have each person pick out a situation and the careprovider would want to use the words from the list to identify the different categories of feelings.
<table>
<thead>
<tr>
<th>RELATIVE INTENSITY OF WORDS</th>
<th>FEELING</th>
<th>CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MILD FEELING</td>
<td>ANGER</td>
<td>CONFLICT</td>
</tr>
<tr>
<td>Annoyed</td>
<td>Blocked</td>
<td>Apprehensive</td>
</tr>
<tr>
<td>Bothered</td>
<td>Bound</td>
<td>Concerned</td>
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<tr>
<td>Bugged</td>
<td>Caught</td>
<td>Tense</td>
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<tr>
<td>Irked</td>
<td>Caught in a bind</td>
<td>Confident</td>
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<td>Irritated</td>
<td>Pulled</td>
<td>Contented</td>
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<td>Peeved</td>
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<td>Glad</td>
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<tr>
<td>Ticked</td>
<td></td>
<td>Pleased</td>
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<tr>
<td>MODERATE FEELING</td>
<td>Disgusted</td>
<td>Locked</td>
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<td>Hacked</td>
<td>Pressured</td>
<td>Alarmed</td>
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<td>Harassed</td>
<td>Torn</td>
<td>Fearful</td>
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<td>Mad</td>
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<td>Frightened</td>
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<td>Provoked</td>
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<td>Shock</td>
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<td>Put upon</td>
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<td>Resentful</td>
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<td>Worried</td>
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<td>Set up</td>
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<td>Spiteful</td>
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<td>Used</td>
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<tr>
<td>INTENSE FEELING</td>
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<tr>
<td>Anxious</td>
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<td>Angry</td>
<td>Ripped</td>
<td>Desperate</td>
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<td>Boiled</td>
<td>Wrenched</td>
<td>Overwhelmed</td>
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<td>Burned</td>
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<td>Panicky</td>
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<td>Contempful</td>
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<td>Petrified</td>
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<td>Enraged</td>
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<td>Scared</td>
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<td>Fuming</td>
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<td>Terrified</td>
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<tr>
<td>Furious</td>
<td></td>
<td>Terror-stricken</td>
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<td>Hateful</td>
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<td>Tortured</td>
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<td>Hot</td>
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<td>Infuriated</td>
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<td>Pissed</td>
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<tr>
<td>Smoked</td>
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</tbody>
</table>


Thanks to Nanette Rollins for the format this table.

*Note*: The context in which words such as these are used may result in shifting their as well as changing the category in which they are used. Words are listed here only to suggest the range of options available to helper seeking to identify feelings of the
Empathic Listening and Responding

One of the most powerful ways of showing caring and building a close relationship with someone is by developing the ability to feel what they are feeling and letting them know this is an accepting way. What a difference it makes when we are feeling low if someone says, "You’re feeling blue today, aren’t you?" rather than "What’s bugging you? Come now, cheer up." When someone recognizes our feelings and lets us know they understand, we experience a sense of integrity, an affirmation of our self. The ability of a careprovider to help a confidant seems to be highly related to his ability to be in touch with what his confidant feels and his ability to communicate this understanding to the confidant. The forces of healing that are needed when we feel "broken" can come from both friendship and careproviding. Both relationships depend on a person's capacity to enter into and respond to another's feeling state. A person with such a capacity enables another to feel relieved, affirmed, and care about, thus enabling the person to cope with even the most painful experiences.

I am going to spend time today helping you to develop your natural capacity to get more in touch with the feeling state of another person and then to teach you how to communicate this understanding back to that person. The first part of this development is called empathic listening, and the second part is called empathic responding.

Empathic listening is the ability to perceive what another person is feeling through that person's actions and words. We understand or "hear" messages in two "languages": through the actions of the body and through the use of words. Let's take each of these "languages" separately. First, we have to know how to understand or "hear" the language of the body. We do this primarily by observing someone. You will recall that in the last session we talked of non-verbal behavior. I asked you to think of a person who showed you he or she cared about you and to remember how he or she showed this through body language, such as facial expressions, mannerisms, and other actions. The body speaks messages without words in its own way. Our observation of the body's messages enables us to "hear" what a person is feeling.

Activity: Identifying feelings

| Note to the trainer: Allow 20 minutes |

Instructions:

For each situation, identify the person's feelings based on the body messages.

1. Jimmy comes in the house, slams the door, stomps to his room, slams the door to his room, and blasts the Hi-Fi set.

   - Pause for responses, such as anger, fury, revenge, etc.

2. Mary does not finish supper, goes to her room, and cries softly.

   - Pause for responses, such as sadness, depression, loneliness, etc.

3. Eddy cannot sleep, jumps at little noises, and appears to be in a trance, preoccupied.

   - Pause for responses, such as tension, anxiety, worry, etc.
Yes, you are right. Jimmy is obviously upset and angry. Mary is depressed or worried, and Eddy is upset, tense, and anxious. Let us now put words together with their body language.

1. Jimmy: "I'm not ever going back to that rotten school again!"

Pause for feeling words. Comment on how the body language told us the message without words.

2. Mary: "Cathy always played with me, but now she is always playing with that new girl who moved next door."

Pause for feeling words. Comment that the body language already expressed the message without words.

3. Eddy: "I sure hope I pass those exams. The competition is stiff. I don't know what I'll do if I don't make it."

Pause for feeling words. Comment on how the body language already expressed the message without words.

Terrific! See how your capacity to be in touch with what a person is feeling as shown through your "hearing" their body language and their words, both separately and together, is so natural. What is also natural is our ability to respond to feelings. However, it is precisely one's responding to another's feelings in an accepting ways that may feel unnatural because our tendency, through conditioning, is to talk a person out of what he or she is feeling and offer reassurance that all will be well. At other times, we try to present possible solutions for their problems. What I would like to persuade you to do now is to develop your natural abilities to be in touch with another person's feeling state and attempt to communicate this understanding back to him or her.

Here is a formula for identifying a person's feelings and why he/she is feeling that way:

Note to trainer: Post the prepared newsprint; YOU ARE FEELING... ABOUT...
BECAUSE...

"You are feeling (name the feeling) about (name the specific behavior) because (tell its effect on you)."

Let's look at the case of Jimmy, as an example. He did not want to "go back to that rotten school because they don't care." Using the formula, you would say:

"Jimmy, you are feeling angry about something that happened at school today because you felt neglected." Do you see what I mean?

Pause for questions and comments allow 5 minutes

Let us use the formula to identify the feelings of Mary and Eddy, whom we spoke about a few minutes ago. Let's make responses to them.

Activity: Empathic Listening

Note to trainer: Try to involve the whole class in this discussion. This is a very important skill and most of the success in careproviding is listening. Allow 10 minutes.
1. Mary says: "Cathy always played with me, but now she is always playing with that new girl who moved next door."

What is Mary feeling?

Pause and record careproviders responses on newsprint ("left out")

About what?

Pause and record on newsprint ("Cathy not playing with me")

Why?

Pause and record careproviders responses on newsprint (because you miss her friendship")

2. Eddy says: "I sure hope I pass those exams. The competition is stiff. I don't know what I will do if I don't make it."

What is Eddy feeling?

Pause and record careproviders responses on newsprint ("feeling on edge")

About what?

Pause and record on newsprint ("about not passing those exams")

Why?

Pause and record careproviders responses on newsprint ("because your plans for the immediate future depend on that")

That's the idea. We will now continue to use the formula in a couple of activities to develop beginning skills in listening and responding with empathy. Remember the formula:

You feel _____ about _______ because _______________.

Activity: Empathic responding

What I would like you to do now is to practice listening and responding with each other.

Note to trainer: Go around the room and designate each person as A or B. Allow 10 minutes.

All A's will form a dyad with B's to their left. All the A's will be the speakers. For now, B's will be the listeners. A's, you will talk to B's about some situation that occurred at home within the last two days in which you had some feeling, any kind of feeling. You will do this for 3 minutes. Then, for 2 minutes after this, B's will reflect back to you their understanding of what the feeling was that A conveyed and their understanding of the reason for it, using the formula: "You feel ______ about ______ because __________."
Then both of you will reverse roles and B will become the speaker and A will become the listener. I will announce when the minutes have passed, so you don't have to worry about that. Are there any questions?

Pause

Gathering together

Note to trainer: Reassemble the group. Pause now for about 10 minutes to process the reactions of the group members. For some, this experience may have been enjoyable. For others, it may have been embarrassing; for still others, it may have been frightening or inhibiting. During this period, when the group members express their reactions to this exercise, the leader should use the opportunity to reflect feelings that are communicated by the members on the spot, using the formula himself after each member speaks. Start the discussion with the following question.

How did you find that experience?

We talked today about empathic listening and responding. Learning what people feel from what they say and do, and responding to these feelings with empathy is a powerful means of helping others to feel loved and understood. It is a way to heal brokenness and build cooperative relationships among people. Learning empathic communication is similar to learning a new language. It takes root through the repetition of basic phrases. So we begin our language of empathy with the basic formula: "You feel ______ about ________ because _________." Practice this often wherever you are. It will soon begin to feel natural.

Note to trainer: Use hints for effective responding as handout material.

Hints for Effective Responding

1. Be specific. Vague or general responses such as, "You are too aggressive," are hard for the person to use.

2. Use open-ended questions. Ask a few questions as possible and make them open-ended, requiring more than a simple yes. Open-ended questions cannot be answered yes or no; they begin with words such as who, what, when, where, why, and how; they invite confidant to talk.

3. Describe rather than evaluate. It is better to describe how you feel about something the person has said than to judge or put a label on it.

4. Respond with immediacy. It is important to give frequent feedback, at the appropriate time, rather than to save it all up for a long summarization.

5. Be brief. Try to keep most responses down to a sentence or two whenever possible.

6. Check to see that you understood correctly. If you are uncertain whether you have rightly interpreted what one has said—or whether you have been
misunderstood—check to see that the two of you are on the same track. One way is to have the other rephrase what he or she heard you saying.

7. **Pause.** It is best to allow lapses in conversation whenever they occur naturally. It is a very common mistake to continue the dialogue with new questions whenever the person takes a breath. Pauses not only allow the individual to reflect on what has been said but also give the careprovider opportunity to formulate responses without using valuable "listening time" to do so.

### Session Two: Developing a Vocabulary of Feeling Words

Developing a vocabulary of feelings

During this session we will develop a feeling and behavior vocabulary. Studies on effective careproviding have shown that the more precise a careprovider is in pinpointing the feeling a person is sharing with him in word or behavior, the better the chances are that the person will feel understood and make progress. Thus, if a person is furious and you tell him he feels "annoyed," he will not feel understood, although both these feelings states come under the category of anger.

We will start by developing a vocabulary of feeling words. All feelings can generally be categorized into ten classifications such as I have listed here on the newsprint.

<table>
<thead>
<tr>
<th>Post newsprint on vocabulary of feelings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vocabulary of Feelings</strong></td>
</tr>
<tr>
<td>Happy                    Caring    Depression Inadequacy Fear</td>
</tr>
<tr>
<td>Confused                 Hurt       Angry     Lonely      Guilt</td>
</tr>
</tbody>
</table>

There are many ways of describing each of these feeling states. Let's take each one and find different ways of expressing the same feeling.

**Note to trainer:** Elicit and write down all the feeling words the careproviders can think of to go under each classification. Allow 10 minutes

That's a fine list. Since this list will remain on the wall, please feel free to add more words as you think of them. That will further expand our vocabulary.

I want to shift now to developing a list of feeling behaviors, cues the body gives us through its own body language of its feeling messages. Body behaviors can generally be categorized into classifications I have listed here on this newsprint.
Note to trainer: Post the newsprint on vocabulary of body language. Elicit and write down the specific traits and emotions conveyed by the body language to go under each classification. If time does not allow for the development of the vocabulary, the leader can fill in the columns himself with some words or traits listed in Tables 1 and 2 and review these expressions with the group. Allow 10 minutes

Vocabulary of body language

<table>
<thead>
<tr>
<th>Body language</th>
<th>Specific trait</th>
<th>Emotion conveyed</th>
</tr>
</thead>
</table>

And so, we have an increased understanding of body cues to look for in order to understand a person's state and an increased vocabulary of feeling words to use. We will now try to integrate the two.

Activity: Integrating Body and Verbal Cues in Empathic Communication

Note to trainer: Give the following instructions. Involve the entire class.

I want everyone to think of the situation involving a friend and yourself... a situation that had some feeling for you... Any feeling, happy, sad, fearful, whatever. As you think of this situation, you are going to share it with a partner. I want you to express your situation through two forms of body language from this list and through words. Take a minute or two to decide how your body will reinforce what your words say.

Pause. Allow 3 minutes.

Form the same A and B team you had before. A, tell B your particular situation in words and body language. B, observe A's body language while listening also to the feeling conveyed in words. Do this for 4 minutes. After this, for 1 minute, B is to put all his or her "data" together and say, "You feel ______ about ______ because ________." That's all. I will announce the minutes. Do that now.

Pause for 5 minutes

Time is up. B's, I want you to now talk with A's about the body language you observed from them that led you to say what you did. Check it out with A and see if you were correct. Do that now.

Pause for 2 minutes. Reverse roles if time permits

Gathering together

Note to trainer: Take 5 minutes for this segment. Ask the class to reassemble in their original seats. After all are in place, say the following: Allow 5 minutes.
<table>
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<tr>
<th>HAPPY</th>
<th>VOCABULARY</th>
<th>TABLE 1-A OF DEPRESSED</th>
<th>FEELINGS</th>
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<td>Possible Emotion conveyed</td>
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<tr>
<td>General physical appearance</td>
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<tr>
<td>Emotional expression</td>
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<td>nervous happy</td>
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<tr>
<td>Behavior</td>
<td>playful slamming banging passive hyper</td>
<td>happy angry dependency anxiety</td>
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This brings us to the end of today's session in which we developed a list of feeling words and body behaviors. I wonder if we could pull the main points of the session together in a summary form. Perhaps we could do this by your comments on any part of today's session that was particularly meaningful to you such as where you learned something new or made a new discovery.

Accept what is said by each careprovider while reflecting the feeling state and message expressed.

Session 3: Empathic Self-expression and Communication Roadblocks

Empathic self-expression

We have been talking a great deal about building closeness and caring into our relationships with others by "seeing the world through their eyes" or "walking in their shoes." We have done this by learning how to listen carefully to feelings others express with their bodies and their words, responding to these feelings and helping the other person to feel understood. We have learned that we can build a close relationship with another person through responding to their thoughts and feelings, but we can also promote closeness by showing our own thoughts and feelings to the other person. To achieve closeness it is necessary to be personal and authentic. Not knowing what another person feels or thinks can be perceived as disinterest in him or a wish to avoid closeness. It does not allow the flow of real and authentic interpersonalness.

Careproviders may have strong feelings about certain behaviors elicited by people that need to be expressed in order for the person to learn how others feel and how he affects them. It is important to share ideas, values, expectations and standards with confidants as guidelines to them in forming their judgments and building closeness. How to do this so that closeness is fostered, and socially acceptable behavior is developed rather than a power struggle against us, is what I wish to talk about now.

We have talked about empathic listening and responding to others with the formula: "You feel _______ about_________ because_______."

The skill needed to build closeness through sharing your own feelings is similar to empathic listening, but in reverse.

Instead of listening for the other persons feelings, you express your own. Instead of "You feel _____," you now say, "I feel ________." All feelings that one human being has are pretty much the feelings that all human beings have at some time or another. So, if Jimmy was angry when his watch was stolen because his father would be disappointed in him, you can be angry about your coat being stolen because you saved a long time to buy it. Sharing feeling about an event and your reasons for this feeling lets another person enter your private world, thus enabling him to "see the world through your eyes."

Activity: Empathic self-expression

We are going to share some feelings with each other now as a way of learning how to develop empathic self-expression. Look at the vocabulary list and find a feeling that best describes an emotion you had during the week about some situation. Take a minute or two to do that now. [Pause] Locate your feeling,
indicate the event that brought the feeling on and, finally, state what effect it had on you. Use the formula: "I felt _____ about _____ because ______." 

Here is an example: "I feel annoyed about the loudspeaker coming on because I lose my train of thought." Also: "I was so pleased about coming home and finding supper already cooked because I was so tired." Now do the same thing and write it out. [Pause]

Note to trainer: Direct the flow of responses clockwise after the first volunteer speaks. Make sure all statements are brief and kept to the formula focus. Allow 10 minutes _____________________

Roadblocks to Effective Communication

It is important when we listen to a person's problem or express our own that we stick to the spirit of the formula "You feel _____ about _____ because ______." or "I feel _____ about _____ because ______." It is so easy to get sidetracked into responses that are called roadblocks. Roadblocks are responses that put people down or imply that they are not competent to think out a solution for themselves. There are four basic roadblocks: threatening, advising, reassuring, and analyzing.

Note to trainer: Post newsprint with roadblocks and explain them with examples, then go on the following exercise.

ROADBLOCK

<table>
<thead>
<tr>
<th>EXAMPLES</th>
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<tbody>
<tr>
<td>Threat</td>
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<td>Advice</td>
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<td>Reassurance</td>
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<td>Analysis</td>
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"If you don't..." "No T.V..." "You must..."
"Why don't you..." "You should..." "If I were you...
"Don't worry!..." "It's not so bad..."
"Why? Who?" "What! When?" "Isn't it because?...

Activity: Roadblocking

Instructions

Try your hand at roadblocking now. I will read some situations. You respond as the parent.

Note to trainer : Allow to minutes.

1. Edna asks her mother what she should wear to school today.
2. Sam leaves all his father's tools out after he finishes a project.
3. Mike comes in two hours later at night than the time agreed on.
4. Don asks his father for an advance on his allowance.
5. Ruth was minding her younger sister. Younger sister fell down the stairs while in Ruth's charge. Mother comes home and discovers what happened.
6. Rick comes home drunk one night. His father, a very devout person sees him stagger to his room.
So you can see from the responses what experts we are in roadblock responding. All that means is that we need more practice in both careproviding listening and responding and in developing our capacity for careproviding self-expression.

Activity: Return to Empathic Communication

Instructions:

Note to trainer: Allow 10 minutes.

To continue our work of developing our capacity to express our own feelings helpfully to others, let's take some further examples of problems that cause us pain and practice on them. Do not roadblock this time. Go back to the formula: "I feel _____ about ___ because _____ "

1. Mario interrupts your conversation with someone.
2. Cynthia does not brush her teeth unless constantly reminded to do so.
3. Peter bullies his younger brothers and sisters.
4. Edward swears and curses constantly.
5. Gil keeps watching TV when he should be doing his homework.
6. Rachel is supposed to feed the dog, but neglects this unless nagged about her task.
7. Ben hogs the phone for hours each night.

From these cases, you can see how difficult it is to stick to expressing just our own feelings and not get into roadblocking.

Careproviding Training Program

Module Five

Confrontation Skill

Session One: Confrontation as a Challenging Skill

What is Confrontation

We frequently are given conflicting messages that causes us either to disbelieve one of the messages and accept the other or to be confused about which is the accurate message. Friends may tell us, however, that they really want success in getting good grades, but in the very next breath tell us that they never do homework or study for tests. These comments form a double message because they can't both be true. To deal effectively with a double message we use a skill called confrontation. Confrontation skill is being able to identify and to respond—communicate, provide feedback—regarding those discrepancies in another person's behavior in such a manner that the other person can grow.

Often, as a careprovider, you are put in a position in which people begin to trust you and they tell you one thing, but do another. The skill of confrontation is very helpful in dealing with this situation. For example, someone may promise to quit a self defeating habit but continue the habit on special days such as weekend. Confrontation is the appropriate skill for this situation. At times, with your friends or family, you will receive double messages. They may say one thing and do something else. If an intervention is needed, then being able to confront another person often will lead to
change in the person's behavior. Role playing and practice situations will be utilized in learning this skill.

Confrontation, when done well, enables us to point out two messages the other person is expressing without creating anger or defensive behavior on that person's part. In this way we can make sure, without the risk of losing a friend or acquaintance, that the other person is either aware of the confusion or gives us only one message or changes the message.

Confrontation is one skill that can be used when you decide to level with friends about their conflicting behavior or about something that bothers you. Possibly a friend has been breaking promises; this is a case when you want to use confrontation.

Guidelines for use in confrontation

1. Confront the person when you are calm and have planned what you are going to say.
2. Have careful documentation for what you are saying. Use examples.
3. Confront the person at a time when and location where others are not present.
4. Time the confrontation so that the person being confronted is open to receiving the interpretation without becoming defensive.
5. Make the confrontation concise and to the point.
6. Communicate a genuine and sincere interest in the well-being of the person being confronted.
7. Give the other person plenty of your listening time.
8. Have someone else sit in on the confrontation if appropriate.

Definition of confrontation

Confrontation is best described as the means a careprovider uses to point differences or discrepancies in the following incidents:

A. Difference between what the confidant is saying and doing.
   Example: "You say you deserve an A in the course, but at the same time you have been telling me all the things on which you have done poorly in the course."

B. Difference between what the confidant has been saying and others have reported him/her doing.
   Example: "You tell me you have been studying one hour after school, but your mother told me that you never study after school hours."

C. Difference between what the confidant says and how he/she feels or looks.
   Example: "You say you are not angry but your voice sounds upset and your face looks very angry.

Characteristics of confrontation skill

1. The careprovider must possess an accurate understanding of the confidant and must have used empathy and genuineness.
2. Confrontation is to be timed so that the person being confronted is open to receiving the interpretation without becoming defensive.
3. Confrontation must be related to the situation in which the two people are engaged; it should not appear unexpectedly.
4. Confrontation should be concise and to the point.
5. The confronter must be able to communicate a genuine and sincere interest in the well-being of the person being confronted.

Conditions of Confrontation

The decision to confront another person is made upon two major conditions:

1. the quality of the relationship; generally the stronger the relationship the more powerful the confrontation may be.
2. the perceived ability of the person being confronted to act upon the confrontation.

If at the moment a person's anxiety level is high or the person's motivation or ability to change is low, the confrontation will not be utilized as an invitation for self-examination, therefore, it should not take place.

Confrontation is a combination of advance empathy and genuineness and must be done so as to help the relationship grow and become more productive. To confront in a blunt, destructive manner is seldom beneficial to the relationship or the person being confronted.

Confront another person only if you do intend to get involved with the person and can stay involved with the person. The involvement would need to be the kind where the careprovider would feel free enough to try genuineness, summary and so forth.

The purpose of confrontation is to free the person being confronted so that he/she can engage in better behavior. Therefore, try confrontation when you as a careprovider believe you can assist the confidant to try new behavior after he/she is aware of this unwanted behavior.

Two conditions that help decide whether to confront the confidant and an illustrative question to ask yourself to determine whether or not each condition is met are as follows:

1. The quality of the relationship. Illustrative Question: Do I, the careprovider, experience a close relationship?
2. The ability of the person being confronted to act upon the confrontation. Illustrative Question: Is the person emotionally strong enough to understand the confrontation?

The determination of how strongly you word a confrontation depends on how certain you feel. For example, if you are very aware of the discrepancies of the confidant's behavior, then you will have a strong confrontation.

Activity: Conditions for confrontation

I want you to think of someone you would feel comfortable confronting. It could be your best friend, spouse, son, daughter, etc. Consider the quality of relationship you have with this person. How long have you known this person? How close? Identify a behavior or an incident this person did that did not seem usual for that person e.g., differences between what the person says and does or differences between what others say and what the person does. Develop a confrontation statement for that behavior or incident.

Note to trainer: Pause. Allow 5 minutes
Now using the pads and pencils provided write the following:

1. Name of person you would feel comfortable confronting.
2. Quality of relationship you have with this person.
3. Describe a behavior or an incident this person did that did not seem usual for that person.
4. Develop a confrontation statement for that behavior or incident.

**Note to trainer:** Allow 5 minutes to write this down and then share the information as a group. Allow 10 minutes for group sharing.

The Process of Confrontation

The purpose of confrontation we have said before is to help the confidant face reality, develop new perspectives, and set goals. Make sure you have earned the right to confront the confidant by establishing rapport, being genuine, showing respect, and providing understanding.

**Note to trainer:** Use skills needed for confrontation as handouts.

The skills needed for effective confronting are:

1. **Summarizing.** Confront a concise stated area. The careprovider uses summarizing to pull together the highlights of the confidant's self-exploration and general themes of the content and feelings. This skill also enables the careprovider to help confidants view their problem situations in a more focused way; it also places them under pressure to clarify their problems more fully and/or to begin to set goals.
2. **Information giving.** This skill enables you to help confidants acquire the kind of information that enables them to see their problem situations in a new light so the confidant can make a decision.
3. **Advanced empathy.** This skill involves sharing "hunches" with the confidants about their experiences, behaviors, and feelings. These hunches are useful if they have a fair degree of accuracy and if they actually help confidants see problem situations clearly.
4. **Self-disclosure.** This skill enables you to share your own experience with the confidant both as a way of modeling non-defensive self-disclosure and of helping confidants see their own problem situations more clearly.
5. **Immediacy.** Through this skill you engage in direct, mutual talk about what is happening between you and the confidant in the careproviding relationship so confidants can overcome roadblocks to more effective involvement and see more clearly both the productive and unproductive ways they tend to relate to each others.

**How Do You Confront**

**Note to trainer:** Use how do you confront as handouts.

The careprovider has to be very careful how he/she confronts the confidant. There are five ways you can confront the confidant:
1. **Promote self-responsibility.** Give the confidants an opportunity to confront themselves.

2. **With care.** Ask yourself whether you are confronting the confidant right now because you care or because you are annoyed. With care here means getting involved with the other person. It means that your motive in confronting should be mutual help in understanding interpersonal style and behavior. It also means that confrontation should be proportioned to the relationship between yourself and the confidant.

3. **Tentatively.** Do not make pronouncements or accuse confidants; deliver your confrontation in such a way as to give the confidant room to move. There should be balance when you confront. Although good confrontations are not accusatory, neither are they so qualified and tentative as to lose their force.

4. **Strengths.** Confront the strengths of confidants rather than their weaknesses. Help them see that they have positive behaviors which can take the place of negative ones.

5. **Use successive approximations.** In many cases confrontation will be more effective if it is gradual. Do not demand everything at once. Confront confidants first in areas where the probability of success is high, then help confidants build on their successes.

**Activity: Verbatim in confrontation**

Verbatims from Essential Interviewing pp.136

<table>
<thead>
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<th>Note to trainer: Present the following situation and have the class select the correct answer. Only one of the three is correct.</th>
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Confronting confidants discrepancies between actions and words.

Confidant: (Having indicated that she has just bought an expensive dress.) I'm really worried about how I'm going to pay this month's rent.

- Careprovider #1: Not having enough money can really be stressful.
- Careprovider #2: Maybe the bank will give you a loan.
- Careprovider #3: I'm a bit confused. Earlier, you talked about buying an expensive dress, but now you say you are worried about paying your rent.

Correct answer: #3. This response focuses tentatively and nonjudgementally on a specific discrepancy in the confidant's communication.

**Confront confidants tentatively and nonjudgemental:**

Tentative confrontations begin with phrases such as "Could it be" and "You tend to suggest".

Confidant: Well, the job was just what I wanted. I'm not going to apply for something I don't want.

- Careprovider #1: You tend to suggest that the only thing you are considering is whether or not you want the job. It's difficult for you to think about other factors.
- Careprovider #2: Could it be that yours is a short-sighted way to select a job?
- Careprovider: #3 Could it be that you just want your own way?
Correct answer: #1. This tentative confrontation will help the confidant explore her job-hunting behavior.

Confront confidants to draw attention between what they say and how they express themselves.

Confidant: (Head down, low, flat, expressionless voice.) I'm really very happy. I don't know why I'm sitting here. Everything is going so well.
Careprovider #1: You say you're happy, but your expression and tone of voice suggests other-wise.
Careprovider #2: It's really good to hear you say everything is going so well. People don't often feel that way.
Careprovider #3: I just can't believe that. How can you sit there looking depressed and tell me that you're happy?

Correct answer: #1. By focusing on the discrepancy between the confidant's statements and his/her way of expressing them, you've confronted him/her with an inconsistency and encouraged her to explore it.

Role Playing Confrontation

In this exercise you are going to learn to deal with the skill of confrontation in a triad. You will be given different situations to role play. As a careprovider you will illustrate your skill in effective confrontation in a specific situation.

Activity: Role play

Note to trainer: Count out A's B's and C's to form triads. Allow 30 minutes.

All the A's will be the confidants, the B's will be the careprovider and the C's will be the observers. Choose one of the Role-Playing Situations found in the newsprint. Role play the situation chosen with the confidant describing the situation he/she from the list below to the careprovider and the careprovider responding by using the basic lay careproviding skills. The careprovider is to use at least one confrontation message during the dialogue. I will give 10 minutes for each round. We will repeat this experience until each member of the triad has had an opportunity to play each role.

In assuming these roles use extra precaution to be certain that the role behavior is not the usual role of the person being portrayed. To do otherwise will result in no discrepancy in the two behaviors and thus no opportunity will exit for confrontation to take place.

ROLE PLAYING SITUATIONS

1. Role play a person who often criticizes the behavior of other individuals.
2. Role play a person who is extremely shy in groups.
3. Role play a person who frequently embarrasses others by rude remarks and bad table manners.
4. Role play a person who jokes about the problems of others.
5. Role play a person who constantly express a great deal of affection for everyone.
6. Role play a person who is so "nice" that is "unreal."
Gathering together

**Note to trainer:** Take five to ten minutes for this segment. Ask the class to reassemble in their original seats. After all are in place, you might choose to do one of the following:

A. Discuss on or more of the "General Gathering Together Questions" from Appendix C.
B. Review the objectives for this module.
C. Ask the group to share briefly what they learned or experienced in this module.

Careproviding Training Program

Module Six
Goal Setting Skills

**Session One: Formulating Goals**

Problem situations need to be clearly defined in order to set meaningful goals. Problem situations that are not clarified may lead to goals that will not effectively help the confidant. Once the problem has been clearly defined, it is time to begin setting goals. Listening, exploring, and confronting is effective if it leads to the clarification of the problem and goal setting.

What are goals? Egan defines a goal as a behavioral accomplishment that contributes to managing a problem or some part of it.

Components of a behavioral goal

There are various characteristics a goal must have in order to be workable.

1. A goal must accomplish something. Workable goals are accomplishments that help manage a problem situation.

2. A goal should be clear and specific. The confidant must see himself/herself actually doing something. Usually a confidant states a desired condition as a goal, e.g. "a happy marriage."

3. A goal is measurable or verifiable. Confidants must be able to know whether they have reached their goal or not. Sometimes a goal can be verified and not necessarily measured to determine if a goal has been reached, such as obtaining a better relationship due to the quality time spent together, listening better, and talking about personal concerns.

4. A goal should be realistic. It has to be something achievable, under the confidant's control, and not too costly.

5. A goal should be adequate. It should contribute in some substantial way to managing the problem situation or some part of it.

6. A goal should be kept in line with the confidants values.

7. A goal must be done in a reasonable time frame.
Defining the behavior situations

Achieving goals means changing behaviors. This can only be accomplished by defining or identifying behaviors in situations. All the behaviors the confidants wants to change—instill or eliminate—must be seen as behaviors in specific situations and he/she must change specific things in specific situations to be successful.

There are several methods for identifying behaviors in situations.

**Tactic one:** Develop a list of concrete examples. Suppose you eat too much. "I eat too much" is too vague. A better statement might be "I can never resist my wife's cooking during supper and I often have second servings." Sometimes thinking of examples of the problem in question will make you more aware of the kinds of situations in which the behaviors occur. That identifies the unwanted behavior in its situation.

**Tactic two:** Look for examples in daily life. The smoking behavior happens in various situations throughout the day, but often the common elements that tie them together can be extracted. Example, when the smoker feels threatened or pressured, he tends to smoke. The pressure may be the telephone, a deadline, or bad news. Substituting desirable behaviors becomes easier once these common elements are defined.

**Tactic Three:** List the details connected with your problem. Effective problem solving involves attending to details. Often our thinking about a problem is unfocused, and listing the details help us to view what our target goal should be. A person that cannot get along with his/her parents may find the solution to this problem by listing all the details of his/her behavior. A list of details may be like this: "When we argue, we just start screaming at each other. We do not actually negotiate solutions to problems; we just yell and make recriminations. And there is a lot of name calling."

This list of details can provide focus for specific change. Then he/she devises, with his/her careprovider, a strategy for dealing with the behavior.

**Tactic four:** Become an observer of yourself. People become more successful at self-change projects when they become good observers of themselves. A critical step in specifying the problem is to stop speculating about their behavior and actually start observing it. A person should also keep notes of their observations. He/she might keep a narrative account of his/her daily life, or simply note instances of behavior that seem related to the problem. After the observations of the behavior in various situations have been recorded, read over the notes and see if a pattern emerges.

**Tactic five:** Your strategy should always be to increase some desirable behavior. Even if the problem is that you are doing something you want to stop, you should specify your problem in terms of a desirable alternative behavior.

For Paul, specifying a desirable alternative was easy. By keeping records of his behavior, he saw that when he was alone in his room he watch TV and that when he went to the library he talked to Laura. For each of the two situations, he could name the desirable alternative behavior: he should have studied. His intervention plan would not be to decrease directly the undesirable behaviors of watching TV when alone in the room or talking with Laura in the library but, instead, to increase the desirable behaviors of studying when alone in the room and studying when in the library. He therefore set up a plan to increase studying in these two situations.
Tactic six: Identify and specify the chain of events that will produce your goal. The things that happen to you are the result of a series of events. There is a chain of behaviors that lead to a conclusion.

Suppose a person's goal is to avoid eating ice cream before going to bed. What chain of events might enable him/her to reach this goal? One is simple: do not buy ice cream. Then it won't be there at bedtime, calling your name.

Once a person knows what events need to take place in order for a desired behavior to occur, he/she can set them in motion. At the same time, he/she can avoid chains of events that lead to undesirable behaviors.

Tactic seven: Observe people who do well what you are trying to do, and then try it yourself. Often it is better to observe other people performing the behavior you want to perform than to ask for advice.

Tactic eight: Think of alternative solutions by brainstorming. Worry first about quantity and quality will come eventually. Ideas can be improved upon by combining them.

Steps in making a behavioral goal

A step by step process is very significant in order to accomplish something. Frequently we find people who do not know what they want to do about a problem situation. There are at least three steps toward a workable behavioral goal.

Step one: Declaration of intent. A person who is overweight says: "I want to loose weight." This statement seems to be well intentioned. However, it is not yet a goal. It is rather a declaration of intent, and indication of the confidant stating that he/she wants to do something about a problem that has been clearly defined.

Step two: An aim. An aim is more than a declaration of intent. It is a declaration of intent that identifies the area in which the confidant wants to work and makes some general statement about it. How the overweight person is going to loose weight becomes the aim. "I will diet and exercise."

This becomes more than a declaration of intent because it includes in some general way what this person wants to do--"diet and exercise." But it still does not say precisely what he/she wants to do. The problem with aims is that their vagueness makes it too easy to put them off. Vague aim are not really goals. They are wishes that are useful for confidants to move from mere intentions to aims. Aims are closer to goals.

Step three: Goals. Goals are clear statements of what a person wants to do concretely and specifically to handle a problem situation or some part of it. The overweight person will say: "I will eat less at supper." This is specific and verifiable.

Each goal may be divided into subgoals. For example the person whose aim is to diet and exercise can have the following goals and subgoals.

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<tr>
<th>Note to trainer: Have the student suggest the goal for this example using the three step process. Allow 10 minutes for setting goals</th>
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</thead>
</table>
| Goal #1. "I will eat less at supper."
Subgoals. Cut out desserts.
Drink one glass of beverage.
Take only one serving.
Goal #2. "I will exercise 1 hour daily." |
Subgoals. Walk 4 miles after supper. Do 10 minutes of calisthenic exercise

Note to trainer: Use key points in goal setting as handouts.

Key points in goal setting

1. Make sure the goals are the confidant's goals and not yours. Goals should be confidant-initiated rather than initiated by the careprovider.
2. The careprovider has the responsibility to assist the confidant in shaping his/her goal.
3. Once goals have been established they should be put in order of priority. What things should come first?
4. Examine consequences associated with goals. Before the confidant starts to work toward goals, it is crucial to examine the positive and negative consequences that might result if the goals were achieved and what might happen in the process of working toward potential goals.
5. Goals must be mutually agreeable to confidant and careprovider. The confidant must be certain that the goals are worth working toward and making a commitment. The careprovider must assess his/her skills and techniques in training and determine whether he/she can help the confidant.

Activity: Practice goal setting

Note to trainer: Allow 30 minutes Give the following instructions:

1. Divide into triads.
2. Select a situation from the list of role-playing situations that follow these instructions. Before starting your mini-interviews, clarify specifics of the situation: age and gender of the confidant, setting of the interview, and any other aspects essential to getting started. Assume that you (the careprovider) and the confidant have been talking for about 25 minutes.
3. Conduct a five minute interview for each role-playing situation on the list. The observer will note aspects related to establishing goals. Either the confidant or the careprovider can open the interview by summarizing the confidant's concern. Then work to establish at least one realistic achievable goal during the next four minutes. After four minutes summarize the confidant's goal(s), noting any relevant priorities in time and sequencing.
4. Interact for feedback.

Role-playing situations:

1. A high-school senior whose heart is set on attending a particular very expensive college more than a thousand miles from home has not yet decided on any career goals but would most likely lean toward something that would require a general arts and sciences background. Confidant and parents are having constant arguments about this situation.

The confidant's first statement during the interview was "I've always wanted to go to [name of college]. That's where [name of best friend] goes. My parents just don't understand. If I can't go there, I won't go to college at all."
2. A sophomore enjoys indoor work rather than outside work. This confidant enjoys working with people, has a 2.75 grade point average, and is currently a math major.

The confidant's first statement in this interview was "I just can't make up my mind about a career. This is bothering me so much I lie awake sometimes thinking about it."

3. A 26-year-old (single) insurance salesperson's life goal is to be financially well off. Your confidant has a college degree in business management and is currently selling insurance.

Early in the interview this confidant said "When I started selling insurance I thought it was going to be great. Now I realize it's not what I expected, and I am really at loss for what to do."

Gathering together

<table>
<thead>
<tr>
<th>Note to trainer: Take five to ten minutes for this segment. Ask the class to reassemble in their original seats. After all are in place, you might chose to do one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Discuss on or more of the &quot;General Gathering Together Questions&quot; from Appendix C.</td>
</tr>
<tr>
<td>B. Review the objectives for this module.</td>
</tr>
<tr>
<td>C. Ask the group to share briefly what they learned or experienced in this module.</td>
</tr>
</tbody>
</table>

Careproviding Training Program

Module Seven

ABC's of Behavioral Therapy

Session One: The ABC model of problem-managing

The elements of behavior analysis

Behavior analysis is another way to achieve the goal. Behavior analysis is the research concerning behavior. It attempts to discover how and why behavior patterns or habits occur and how they are developed.

The following are the eleven elements of a behavior analysis.

1. Define the presenting problem.
2. Define the behavioral excesses. Brainstorm with your confidant what things he/she is doing too much which need to be decreased, e.g. Jimmy has a good sense of humor, but sometimes he does not know when enough is enough, and he ends up annoying his friends rather than entertaining them.
3. Define behavioral deficits. Brainstorm with your confidants things that the person is not doing enough, which need to be instilled or increased, i.e. Mark avoids conflict whenever possible. This means that both at work and at home some of his legitimate needs are not met.
4. Define behavioral assets. Brainstorm with your confidant the things that he/she is doing just right and require no change.
5. Motivational analysis. Helps the person understand what they do and why they do it. Help analyze the antecedents which is the behavior that precedes what you want to change and also the reinforcer which is the behavior that reinforces or triggers the need, e.g. smoking and drinking coffee.

6. Identify the target behaviors. These are the goals and subgoals and they come out of the excesses and deficits, e.g. quit eating supper or do exercise.

7. Observation. Most important aspect of behavior change to make it work. Have the confidant keep a diary for one week listing the times the behavior occur and what he/she does before and after the behavior occurs.


9. Reverse contingencies. Four to six weeks after you set the confidant in the new contingency a resistance develops. Put him/her back into the old contingency for one to two weeks. More than three weeks in the old situation brings relapse.

10. New contingencies. Take confidant back to the new contingencies.

11. Phase out reinforcement schedules.

The ABC’s of behavior therapy

The ABC model of behavior suggests that the behavior a person wants to change (B) is influenced by events or elements that precede it immediately. These are called antecedents (A). The events that follow the behavior are referred to as consequences (C). The antecedents (A) cues or signals the identified behavior and can be physical events, other behavior(s), thoughts, inner speech, or emotions. Consequences (C) are the events that strengthens or weakens a person’s behavior and can be also physical events, thoughts, inner speech, feelings, emotions, or behavior(s).

A simple example of the ABC model is talking. Our talking behavior is usually occasioned by certain cues, such as starting a conversation with another person or being asked a question. These are examples of antecedents (A) that encourage our response of talking. Our talking behavior may be maintained by the verbal and nonverbal attention we receive from another person, which is a very powerful positive consequence, or reinforcer. We may talk less when the person’s eye contact wanders, or when he or she tells us more explicitly that we’ve talked enough. These are negative consequences (C), or punishment, that decrease our talking behavior.

A basic premise of behavior therapy is that all behavior, good or bad, all habits, good or bad, are learned. To remove unwanted behaviors, the individual must learn new behaviors to take their place. Desirable behaviors, which we wish to instill, must be learned. Learning is the product of practice, and our habits are the result of practicing certain behaviors, under given circumstances, many, many times. All behavior change, then, boils down to a basic principle: permanent behavior change can only occur through learning new behaviors by constant practice.

Antecedents (A)

Three basic methods of controlling antecedents are:

1. Avoid unwanted behaviors by not going to certain places or by narrowing or limiting oneself to a certain place.
2. Substitute a new cue or antecedents which is not stimulating to the unwanted behavior
3. Rearrange antecedents by (a) breaking the chain early—substituting, abandonment, pausing, unlinking, altering, and intervention; (b) making a pause in the chain—make a record or change the direction of chain of events; (c) unlinking the chain—changing the order of the events.

Behaviors (B)

The target behaviors come from either the behavioral excesses, deficits, and or assets. There are four things you can do for behavior: (a) instill, (b) eliminate, (c) increase, (d) decrease.

There are four methods for establishing new behaviors:

1. Shaping. New behaviors must be learned a little at a time, section by section. Do not move to the next step until the previous one is well established. This brings up two principles: (a) you never begin too low as long as you make a start and (b) the steps toward change can never be too small as long as you are making progress.
2. Incompatible behaviors. Make behaviors they want to substitute incompatible with the ones you want to eliminate. You cannot have the two at the same time.
3. Rehearsal. All behaviors are learned by practice. Practice makes perfect. Imagining a behavior happening increases its likelihood of actual occurring.
4. Modeling. Watching others perform a behavior you want to learn.

Consequences (C)

Reinforcers are consequences that strengthen a behavior or increase the probability of a behavior occurring.

| Note to trainer: Provide illustrations for reinforcers |

There are two types of reinforcers.

1. Positive reinforcers. This is a reward for good behaviors. Three types of positive reinforcers are: (a) continuous (verbal)—"I do this because I feel good;" (b) intermittent—it cannot happen all the time; (c) Unpredictable—the most difficult type of behavior to change because of the inconsistency. The person never knows when they will be rewarded.

2. Negative reinforcers. These are punishments. Two types of negative reinforcers are: (a) avoidance behavior—aversion therapy which consists of developing certain behaviors to avoid unpleasant consequences; (b) escape behavior—lies and denials, that is learning behaviors that terminate unpleasant consequences that have already started.

Another reinforcement which is very significant is the Pre-mack principle [named after the psychologist who introduced it]. This principle uses a behavior which is already established to reinforce a new desired behavior, e.g. if you want to instill drinking water, "you can't eat (established behavior) until you drink water, (reward).
Activity: Case study  
Case of Mrs. Sanchez and Carlos


Note to trainer: Give the following instructions:

Divide into groups of five. Read the case study carefully and answer the questions that follow the case.

Mrs. Sanchez and her 10 year-old son, Carlos, have come to counseling at the referral of Family services. Their initial complaint is that they do not get along with each other. Mrs. Sanchez complains that Carlos does not dress himself in the morning and this makes her mad. Carlos complains his mother yells and screams at him frequently. Mrs. Sanchez agrees she does this, especially when it is time for Carlos to leave for school and he is not dressed yet. Carlos agrees he does not dress himself and points out he does this just to "get his Mom mad." Mrs. Sanchez states this has been going on as long as she can remember. She states that Carlos gets up and usually comes down for breakfast not dressed. After breakfast, Mrs. Sanchez always reminds him to dress and threatens him that she will yell or hit him if he does not. Carlos usually goes back to his room where, he reports, he just sits around until his mother comes up. Mrs. Sanchez waits until 5 minutes before the bus comes and then calls Carlos. After he does not come down, she goes upstairs and sees that he is not dressed. She reports she gets very mad and yells "You're dumb. Why do you just sit there? Why can't you dress yourself? You're going to be late for school. Your teacher will blame me since I'm your mother." She also helps Carlos dress. So far, he has not been late, but Mrs. Sanchez says she "knows" he will be if she does not "nag" him and help him dress. Upon further questioning, Mrs. Sanchez states that this does not occur on weekends, only on school days. She states that, as a result of this situation, she feels very nervous and edgy after Carlos leaves for school, often not doing some necessary work because of this. Asked what she means by "nervous" and "edgy," she reports that her body feels tense and jittery all over. She reports that, since Carlos' father is not living at home, all the child-rearing is on her shoulders. Mrs. Sanchez also states that she does not spend much time with Carlos at night after school.

Questions

1. What problem behavior(s) does Carlos demonstrate in this situation?
2. Is each problem behavior and overt or covert?
3. What problem behavior(s) does Mrs. Sanchez exhibit in this situation?
4. Is each problem behavior overt or covert?
5. List one or more antecedent conditions that seem to bring about Carlos' problem behavior(s).
6. List one or more antecedent conditions that seem to bring about Mrs. Sanchez's problem behavior(s).
7. List one or more consequences that influence Carlos' problem behavior(s). After each consequence listed, identify how the consequence seems to influence his behavior.
8. List one or more consequences that seem to influence Mrs. Sanchez's behavior(s). After each consequence listed, identify how the consequence seems to influence her behavior.

| Note to trainer: Allow 20 minutes for this exercise. |

Gathering together

| Note to trainer: Take five to ten minutes for this segment. Ask the class to reassemble in their original seats. After all are in place, you might choose to do one of the following: |

Receive feedback of the case as a group

1. Carlos' problem behavior is sitting in his room and not dressing for school.
2. This is an overt behavior since it is visible to someone else.
3. Mrs. Sanchez's problem behaviors are: (1) feeling mad and (2) yelling at Carlos.
4. (1) Feeling mad is a covert behavior, since feeling can only be inferred. (2) Yelling is an overt behavior that is visible to someone else.
5. Receiving a verbal reminder and threat from his mother at breakfast is the antecedent for Carlos' behavior.
6. Mrs. Sanchez's behavior seems to be cued by a 5 minute period before the bus arrives on school days.
7. Two consequences seem to influence Carlos' problem behavior of not dressing for school. (1) He gets some satisfaction from seeing that his mother is upset and is attending to him. This seems to maintain his behavior because of the control he exerts over his mother and the attention he gets. According to the case description, he does not seem to get much attention at other times from his mother.
8. The major consequence that influences Mrs. Sanchez's behavior is that she gets Carlos ready on time and he is not late. This appears to influence her behavior by helping her avoid a situation where she or someone else would consider her to be a poor mother.

Careproviding Training Program

Module Eight
Careproviding Hispanics

Session One: Careproviding approach for Hispanics

The careproviding process that has been most effective among Hispanics in the U.S. is cultural sensitivity merged with behavioral therapy and its techniques. "Traditional counseling methods have proven relatively ineffectual with SSS (Spanish Speaking Surnamed) confidants."1 Clinicians who have worked with Hispanics have realized that behavioral methods are a viable alternative to traditional counseling. They

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perceive it as fulfilling the special needs of confidants who are classified as low income and culturally different.\textsuperscript{1} Ruiz and Casas recognize that behavioral therapy may be applied to manage problems of many Hispanics.\textsuperscript{2} The following are some approaches a lay careprovider can use in counseling the majority of Hispanics.

A myth concerning Hispanics and all ethnic minority groups is that all have the goal of acculturation. Nevertheless centuries have gone by and Hispanics in the United States have continued to adhere not only to the Spanish language, but also to their cultural traditions. Acculturation has a direct influence in the treatment of a Hispanic confidant. When we talk about "acculturation," we refer to the process "in which people migrate and their progeny give up old ways and adopt new ones."\textsuperscript{3} This would most probably occur with second- and third-generation Hispanics: due to their total commitment to and membership in the Anglo culture, they leave behind former traditions and culture and adopt the new one.

In order to determine the degree of acculturation a person would have to view Hispanics in a hypothetical continuum with two extreme points of cultural group membership. At one end are Hispanics and at the other Anglos. The place a person occupies on this continuum shows the degree of acculturation. The majority of Hispanics are bi-cultural so they will fall at some point between the two end points.\textsuperscript{4} We can summarize this, by saying that only partial acculturation has been experienced by most Hispanics in the United States. It is very significant that the lay careprovider determine how much of a Hispanic or how much of an Anglo a confidant is in order to provide the correct treatment.

Another term that is of certain significance is "assimilation." This concept refers to "the extent to which an individual enters a given culture and becomes a part of it."\textsuperscript{5} How well the person is motivated to enter another culture and how well the group membership of the other culture accepts that person will determine the degree of assimilation.

The way acculturation and assimilation relate to each other is very complicated. The reason for this is that cultural identification may vary from one situation to another. A person may act as an Anglo in a certain setting, but may react as a Hispanic in another. Emotions, language, and other life experiences will influence that behavior. The rate of

\textsuperscript{1}Higginbotham and Tanaka-Matasumi "Behavioral Approaches to Counseling across Cultures" in Pederson, Dragun, Lonner, and Trimble eds. Counseling Across Cultures, p. 261.

\textsuperscript{2}Rene Ruiz, and J. Manuel Casas, "Culturally Relevant and Behavioristic Counseling for Chicano College Students" in Pederson, Dragun, Lonner, and Trimble, eds. Counseling Across Cultures, p. 261.


\textsuperscript{4}Ibid., p. 195.

\textsuperscript{5}Ibid.
acculturation a person has is manifested in specific characteristics. Ruiz and Padilla\textsuperscript{1} analyze those characteristics.

**Characteristics of acculturation**

The first one is fluency in English. Despite the fact that English is used at work, school and other places, the Hispanic generally speaking does not let go of his or her Spanish language.

The second characteristic are values. There are certain criteria and preferences which are noticeably different in the Anglo and Hispanic cultures. Religion is just an example. The attitude towards the sacred things is prized very strongly among Hispanics whereas the Anglos may be more liberal.

The third characteristic of acculturation is tradition. Among its significant features is the family structure. One of the most common is the extended family, in which the father is highly respected and has the authority over the entire household; the love for the mother, who is the unifying agent, is placed on a special pedestal; and a strong "godfather" relationship in which the godparents have much influence and take much responsibility for the children. Loyalty to the family comes first and there is not a thing more cherished than the family. Tradition is also strong in the area of sex roles. Males have more privileges than females and as such they gain their independence earlier. Females are expected to stay home and do house jobs.

A fourth trait is what has been called personalismo. This term denotes "a preference for personal contact and individualized attention in dealing with powerful structures, such as social institutions."\textsuperscript{2} The Anglo people are inclined more to an organizational way of doing things. They set regulations and are abide by them. Hispanic people prefer a more personalized way of doing things and usually reject impersonal treatment. There is something special in physical contact, and so a person will notice frequent handshakes, and hugs among friends as they meet and take leave of one another.

Bringing all these aspects about acculturation together we will summarize that acculturation is experienced as the descendents of people who migrate give up their old ways and adopt new ways; that Hispanics are mostly bi-cultural; that the degree of acculturation is determined by language, values, traditions, and personalismos; that assimilation will vary based on individual motivation and acceptance of society. A lay careprovider who wishes to be effective will take into consideration all these factors and minister to those in need in a culturally-sensitive way.

It is important to recognize the three components that Hispanics as well as other minority confidants look for in careproviding.


\textsuperscript{2}Ibid., p. 173.
First, is a nurtured guidance oriented intervention. Hispanics expect and desire for the careprovider to be directive and active. Hispanic confidants are more concerned with survival and making it through on a day by day basis, therefore they expect the careprovider to be straight forward and give solutions to concrete and immediate problems. Advice giving is also appropriate among Hispanics. In this context Sue establishes that a "careprovider who uses careproviding strategies that make sense to the confidant (consistent with his or her values) and defines suitable goals will be an effective and helpful one." In traditional counseling these particular activities, previously mentioned and expected by Hispanics and other minority groups as well, is considered illegitimate. But when careproviding among Hispanics the careprovider must be sensitive to this and break away from those pre-learned concepts.

Second, deal with only one specific problem at a time. It is not unusual that a confidant present simultaneous problems. Confidants should be encouraged to prioritize their problem. It is the careproviders task to lead actively towards the management of these problems in the order that most affects the confidants.

Third, contract with the confidant the careproviding objectives. These should be specific, clearly define the problem to be dealt with, and what methods are to be used as well as a projected time limit. "Therefore, careproviding modes which rely on introspection, reflection, and extensive confidant verbalization to lay open and eventually recognize one's thinking style and feeling do not meet the needs of the minority groups."

Family oriented approaches are more successful with Hispanics. Family is an important part of Hispanics. Family careproviding will prove very effective in many areas. Family is a basic source of identity. Family participation increases self expression and encourages taking better responsibility for setting careproviding goals. It is only when you become culturally sensitive and use the appropriate method of careproviding that positive results are achieved.

Techniques in counseling Hispanics

Every person has the potential to change. It is up to them to decide if they want to change or not. Through the different techniques of behavioral therapy they can manage whatever problem they may have.

Note to trainer: Use the list that follows as handouts

1 Higginbotham and Tanaka-Matsumi, p. 261.
2 Sue, pp.100-101.
3 Ibid. p. 100.
4 Ruiz and Casas, p. 187.
5 Ibid. p. 180.
6 Higginbotham and Tanaka-Matsumi, p. 261.
The following are some techniques a lay careprovider can use in providing care for Hispanics. Most of these apply to the majority of the Hispanics.

1. The fifty minute hour should be de-emphasized. Allow enough time to counsel giving more attention to process and outcome.¹
2. Show personalismo. Hand shake and even embrace confidants occasionally. Physical contact is important.² Chitchat is of great value in social interaction.
3. Use cognitive restructuring to place the responsibility upon the confidant for both causing and alleviating certain psychological problems.
4. Do not be afraid to give advice and instructions to resolve specific problems. Be more active with Hispanics. "Customary non-directive counseling interview may violate their expectation. Thus the sophisticated careprovider will be more active with the SSS client, both by explaining why seemingly irrelevant information may help resolve a given problem, and by providing advice and instruction when such intervention seems appropriate."³
5. Utilize "code switching." Be able to follow as confidant switches back and forth from one language to another.⁴ Emotionally laden topics are spoken in Spanish (family and home); less emotional topics are spoken in English (work and school).
6. Do not be afraid of self-disclosure. Certain aspects of the careproviders personal life is therapeutic.
7. Do not assume that all Hispanics need to be cared for in the same way. Take in consideration the level of acculturation.

Summary

Literature reveals that behavioral approaches are most effective among Hispanics because they "specify therapy goals, closely observe confidant performance rather than just the talk therapy."⁵ Cultural sensitivity referring to language, values, customs, traditions, and other socio-cultural aspects has to be taken in consideration to determine the modality of careproviding.

Traditional careproviding with its different concepts should be used only when a confidant merits it, otherwise alternative treatment should be sought. The modification of such treatments needs to be in terms of the culture involved, careproviding intervention, and the group that is to be cared for.

¹Ruiz, Padilla, and Alvarez, p. 46.
²Ibid.
³Ibid. p. 49.
⁴Ruiz and Casas, p. 196.
⁵Higginbotham and Tanaka-Matasumi, p. 257.
Activity: Case study
Case of Gloria

<table>
<thead>
<tr>
<th>Note to trainer: Divide the class in groups of five. Start counting counterclockwise. Give the following instructions</th>
</tr>
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In small groups of five, study the following case and answer the questions following it.

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<tr>
<th>Pause: Allow 10 minutes for this exercise</th>
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Gloria, an unmarried, twenty-three-year-old woman, is experiencing difficulty adjusting to two cultural worlds: traditional Mexican customs and middle-class, Anglo American society. She is employed as a secretary, and most of her co-workers (both men and women) invite Gloria to participate in activities such as dinner and parties after working hours. Although she would like to go out and enjoy herself with them, Gloria usually declines their invitations. She has noticed recently that her co-workers are no longer asking her to join them.

Questions

1. What are the major difficulties that Gloria has encountered?
2. What possible socio-cultural factors influence Gloria not to engage in after-work activities with her co-workers?
3. How would you intervene as a careprovider to help Gloria relieve her problem?

Gathering together

<table>
<thead>
<tr>
<th>Note to trainer: Take 10 minutes for this segment. Ask the class to reassemble in their original seats. After all are in place, you might chose to do one of the following:</th>
</tr>
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</table>

A. Discuss the answers to the questions
B. Ask the group to share briefly what they learned or experienced in this module.

Activity: Role play
Case of Juan

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<th>Note to trainer: Count off 1-2-3 around the room. Give the following instructions: Allow 30 minutes</th>
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</table>

All the 1's will assume the role of confidant, the 2's of careprovider and the three's as observer/recorder. Role play so the careprovider attempts to assists the confidant in a one-to-one careproviding relationship, while the observer evaluates the careprovider's performance. Continue until each group member has taken a turn assuming each of the three roles.

Divide now in triads.
Juan is a nineteen-year-old male who has completed only the tenth grade. Juan lives with his mother and five other younger siblings in an urban high-rise building. The family lives on social welfare subsistence issued by the state of New York. Juan’s mother is unable to secure employment because of poor health and young children who need constant parental assistance. Their apartment has limited bedroom space and one bathroom. Because he has a limited education, Juan has been unable to secure employment. He would like to help his mother, brothers, and sisters, but finds it extremely difficult to obtain any type of employment. With nothing but time in his hands, Juan becomes involved with one of the community gangs who frequently engage in petty theft, smoking marijuana, drinking liquor, and gang fights. Juan, along with other members of the gang, has been arrested by the police and placed on probation. Yet, he continues to engage in the activities of the gang.

Gathering Together

Note to trainer: Take five to ten minutes for this segment. Ask the class to reassemble in their original seats. After all are in place, you might chose to do one of the following:

A. Discuss on or more of the "General Gathering Together Questions" from Appendix C.
B. Review the objectives for this module.
C. Ask the group to share briefly what they learned or experienced in this module.

Careproviding Training Program

Module Nine
Behavioral Therapy Techniques

Session One: Most common techniques

Note to trainer: Use the behavioral techniques as handouts.

Behavioral Techniques

Note to the trainer: The following techniques can be used by lay careproviders. Explain each technique and provide examples. The majority of these have been used throughout the other modules. Have the class role-play a situation that he/she has experienced in the last two weeks. Divide in triads and each careprovider should use at least 15 techniques in the role-play situation. Allow 45 minutes for this exercise.

1. Negative practice—involve the confidant in voluntary practice of an unwanted behavior. A behavior that is uncontrollable can become manageable if practiced deliberately.
2. Reframing—shifting the confidants negative perspectives into a more positive one. If a change of seeing things occur, the behavior will most likely change too.
3. Alternatives—shift the focus from the question as to whether the confidant will cooperate to how and when will he/she cooperate.
4. Behavioral rehearsal--have the confidant practice the desired behavior and this in turn will change his/her internal feelings. A good technique for assertiveness training.

5. Strategic alliances--choosing to meet with one family member to share information or make suggestions without other family members knowing about it. The careprovider will make specific intervention based on that information.

6. Code switching--switching from one language to the other as the confidant makes such changes.

7. Cognitive restructuring--placing the responsibility upon the confidant for both causing and alleviating a problem. The careprovider assists the confidant to become aware of inappropriate beliefs, suggests methods to test traditional beliefs in relation to the new environment, and aids in substituting new and better attitudes, feelings and behavior for the old ones.

8. Value clarification--method of helping people understand their inner values and their concepts of appropriate and inappropriate.


10. Goal setting--setting behavioral goals to manage problems.

11. Behavioral analysis--helping the confidant identify the behavior deficits and assets related to a specific problem. This technique is very helpful in marital problems.

12. Field force analysis--helping the confidant to analyze the barriers or hindrances in establishing or increasing a new behavior and finding enablers to overcome the barriers.

13. Analyzing self messages--helping the confidant discover what they are telling themselves in order to change those messages.

14. Self-instruction--helping the confidant develop self messages to control his/her behavior.

15. Thought stopping--stop unwanted self-messages before they are completed and substitute a new self-message.

16. Conditioning--practice desirable behaviors until they become automatic in the presence of the cue that provokes a behavior.

17. Shaping--establishing a new behavior a little at a time in identified and planned steps.

18. Incompatible behavior--establishing new behaviors to replace an unwanted behavior which are incompatible.

19. Modeling--learning a new behavior by watching someone else doing it.

20. Desensitization--changing behaviors and stimuli through imagination and relaxation therapy.

21. Self-reinforcement--helping the confidant manage their behavior through a self-reward system for establishing a wanted behavior and eliminating an unwanted behavior.

22. Positive reinforcement--reinforcing a wanted behavior by rewarding the wanted behavior.

23. Continuous reinforcement--establishing a new behavior by rewarding it each time it happens.

24. Pre-mack principle--using an old, established behavior to reward a new behavior you are trying to establish.

25. Verbal reinforcement--rewarding new behavior by praise, either from self or others.

26. Negative reinforcement--managing behaviors by punishing the unwanted behavior.
27. **Brainstorming**—generating ideas using four basic rules: (1) stress quantity over quality; (2) do not evaluate; (3) combine ideas to form new ones; (4) get all the unusual ideas you can.

28. **Overlearning**—practicing a desired behavior until it becomes automatic.

29. **Transfer**—learning to perform a desired behavior under various circumstances and conditions by practicing the behavior under varying circumstances and conditions.

30. **Informal termination**—where the confidant continues to manage his problem without the help of the lay careprovider.

**Gathering Together**

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**Note to trainer:** Take 10 minutes for this segment. Ask the class to reassemble in their original seats. After all are in place, you might chose to do one of the following:

A. Discuss on or more of the "General Gathering Together Questions" from Appendix C.
B. Review the objectives for this module.
C. Ask the group to share briefly what they learned or experienced in this module.
MINISTRIES ACCORDING TO GIFTS

After a careprovider discovers his/her gift(s), it is appropriate to put them in use in correct and effective ministry. The following is a list of ministries or work areas in the life of the church. Not all gifts are treated here. Some gifts overlap with others in relation to the work area. Some ministries may not seem to be relevant with the stated gift. I suggest each trainer revise the list before presenting it to their careproviders and make it useful to their specific situation. The purpose of this list as noted in Chapter V is to provide guidelines in identifying the areas of work and ministries a person can do once his/her gift has been identified. This process done during the "Spiritual Gifts Week of Prayer" will help the member find his/her place in ministry. This list includes other gifts besides the noted ones for careproviding ministries. This list is a combination of ones found in Tim Blanchard's book, "A Guide to Finding Your Spiritual Gifts," and Wayne Jones' book, "Using Spiritual Gifts," and also my personal experience.

Gifts Used in the Body of the Church

<table>
<thead>
<tr>
<th>Administration</th>
<th>Apostleship</th>
<th>Ruling</th>
</tr>
</thead>
</table>
| 1. Boards and commissions  
deacon, deaconess,  
Christian education, missionary  
school, finance, membership,  
evangelistic, church services,  
social, building, planning  
Sabbath school, stewardship | 1. Missions committee  
2. Outreach ministry  
3. Witnessing  
4. Evangelism committee  
5. New ministries | 1. Boards and commissions  
school board, deacon,  
property, finance  
building, planning  
2. Church services  
greeter, head usher  
3. Vacation Bible school  
director  
4. Early teen and teen  
director  
5. Sabbath school director,  
department coordinator  
6. Camp or retreat director |
11. Audio visual coordinator
12. Vacation Bible school director,
   committee, assistant director
13. Early teen and teen director

Service
1. Hospital ministry
2. Deacon ministry
3. Community service
4. Social ministries
5. Missions committee
6. Greeter
7. Music
   song leader, soloist, instrumentalist,
   choir director, choir member, duet,
   trio, quartet, pianist, organist, music
   committee.
8. Office help
   type, telephone
9. Hospitality
   meals, lodging

Teaching
1. Bible teaching
2. New member training
3. Mission education
4. Vacation Bible school
5. Sabbath school
6. Church training
7. Home visitation
8. Young people
9. Outreach
   gospel team, small-group
   home Bible study leader

Giving
1. Stewardship committee
2. Moral concerns
   poverty, politics, family life
3. Outreach ministry
4. Church finances
5. New ministries
6. Food and money to help poor
7. Hospitality
   meals, lodging

Exhortation
1. Vocational guidance
2. Youth ministry
3. Counseling
4. Ministry to families
5. New member training
6. Church leader training
7. Elders, deacon, Christian
   education
8. Visitation
   sick, newcomer, shut-ins,
   members, canvassing,
   prison, hospital, rest
   homes, telephone
9. Outreach
   gospel teams
10. Counselor
    emotionally disturbed
    divorced, premarital,
    gangs, homosexuals,
    juvenile offenders,
    marriage conflicts,
    narcotic addicts,
    potential suicides,
    released prison
    offenders,
    runaway youths,
school drop-outs,
widows and widowers,
camp

Gifts Used in Ministry in the World

**Evangelism**
1. Witnessing
2. Outreach ministry
3. Sabbath school
4. Radio and television
5. Mission action
6. Music ministry
7. Worship committee

**Prophecy**
1. Teaching
2. Moral concerns
   (race, daily work, politics)
3. Long range planning
4. Church council

**Helps**
1. Hospital ministries
2. Deaconing
3. Mission action
4. Community service committee
5. Social ministries
6. Counseling
7. Vocational guidance
8. Ministry to families
9. Boards and commissions
   deaconess, social, trustee, finance
   property, school, building commissions
10. Officers
    treasurer, financial secretary clerk
11. Church services
    usher, greeter
12. Nursery
    coordinator, assistant
13. Dorcas, good samaritan
14. Outreach
    gospel teams-transportation,
    Bible school host/hostess,
15. Sabbath school
    secretary
16. Music
    choir director, song leader, choir
    member, soloist, duet, trio, quartet
    pianist, organist, instrumentalist
    music committee
17. Bus driver
18. Banquet worker
19. Office help
    type, draw, assemble, reproduce
    materials, mailings, telephoning,
    record information, key punching
20. Hospitality

**Mercy**
1. Prayer groups
2. Hospital ministries
3. Counseling
4. Community service
5. Homebound ministry
6. Social ministries
7. Mental health
8. Boards and commissions
   deacon, deaconess
9. Church services
   usher, greeter
10. Cassette ministries to
    shut ins
11. Hospitality
    meal and lodging
12. Visitation
    sick, dying, homebounds,
    hospitals, rest homes,
    telephone, newcomers,
    bereaved
13. Missions
    committee, missionary
    circles, correspondent
    with missionaries
14. Helper
    alcoholics, mentally ill,
    remedial reading,
    nursing, blind, deaf,
    gangs, hungry and
    underprivileged,
    mentally retarded,
    migrant workers,
    narcotic addict, released
    prison offenders
meals, lodging
21. Transportation
   homebounds, youth activities, church services
22. Cook
23. Nurse
24. Kitchen help
25. Maintenance
   landscaping, carpentry, painting, electrical, plumbing, cleaning
26. Artistic work
27. Financial
   accounting, bookkeeping, money counting, computer
28. Audiovisual
   videotaping, projectionist, artist, filing, printer/posters, television, photographer, tape recorder
29. Helper
   alcoholics, mentally ill, remedial reading, nursing, blind, deaf, underprivileged, mentally retarded, migrant workers, narcotic addict, released
30. Library bookbinding
31. Radio booth
   sound engineer
32. Drama-acting

Gifts Used in Spiritual Guidance

**Wisdom**
1. Teaching
2. Devotionals
3. Spiritual gift discovery groups
4. Prayer groups
5. New member training
6. Nominating committee
7. Group or committee leader
8. Boards and commissions
   elder, deacon, trustee, school, building
9. Outreach
   home visitation, small-group home Bible study leader, gospel teams
10. Young people
    youth sponsors, Pathfinders, teen week speaker
11. Counseling
    vocational, minority groups, gang

**Knowledge**
1. Personnel committee
2. Church leader training
3. Vocational guidance
4. Teaching ministry
5. Nominating committee
6. Church council
7. Boards and commissions
   elder, deacon, Christian education
8. Young people
    pathfinders, early teens
9. Outreach
    small-group home Bible study discussion leader
10. Sabbath school
    superintendent, youth teacher, adult teacher, substitute

**Hospitality**
1. Community service
2. Social ministry
3. Home Bible study groups
4. Apartment ministry
5. Public relations
ministries, marriage, homosexuals, divorced, released prisoners, widows and widowers

12. Missionary
planning, church planting, school instruction

13. Vacation Bible School director

Discernment
1. Deaconing
2. Personnel committee
3. Church officer
4. Group or committee leader
5. Worship committee
6. Prayer groups
7. Evangelism committee
8. Boards and committee
elder, deacon, membership commission,
Christian education commission,
nominating committee, missionary commission, school commission

9. Outreach
home visitation

10. Young people
youth sponsors

11. Counselor
church, camp, juvenile offenders,
marrige conflicts, divorced, neglected children, neglectful parents, runaway youth, potential suicide, school dropouts

12. Librarian

13. Sabbath School
adults

Faith
1. Building committee
2. Long-range planning
3. Church council
4. Stewardship committee
5. Church finances
6. Group or committee leader
7. Boards and committee
elder, deacon, trustee,
nomminating committee, missionary commission

8. Outreach
home visitation, gospel teams, evangelism

9. Missionary
church planting

11. Vacation Bible school
teacher

12. Missionary
translation, interpretation-commentaries

13. Research
Sabbath school curriculum, Bible school curriculum
APPENDIX C
GENERAL GATHERING TOGETHER QUESTIONS

These questions are intended for use in the "Gathering Together" period following the "triads" in each module. Some of the specific objectives/goals included in each module could be reviewed at this time in conjunction with one or more of the questions from this appendix. Again, choose the most applicable questions from among them. You will probably have time for no more than three in any given module.

1. What element connected with this chapter provided the most learning and new growth for you?

2. Did we do anything in this module that you were initially apprehensive about, but glad afterward that you tried?

3. What was the most important point that you learned from what we just did?

4. What was the most satisfying about what just went on?

5. Was anything painful? If so, was the pain beneficial?

6. What did you learn about yourself? Your strengths? Your weaknesses?

7. What, if anything, was embarrassing for you?

8. What was most enjoyable about what we just did?
APPENDIX D
Questionnaire:
Help Discover Careproviders

1. Who do you think is a person that can be involved in careproviding?
   
   Names:
   1.
   2.
   3.

2. What specific gifts do you see in each one of these persons?
   
   Person #1
   Gifts 1.
   2.
   3.

   Person #2
   Gifts 1.
   2.
   3.

   Person #3
   Gifts 1.
   2.
   3.

3. Can you trust these persons if you were to confide something special or important to them?


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