LIBERTY THEOLOGICAL SEMINARY

EFFECTIVELY MINISTERING TO CONGREGANTS WITH ATTENTION DEFICIT DISORDER (A.D.D.)

A Thesis Project Submitted to

Liberty Baptist Theological Seminary

In Partial Fulfillment of the Requirements

for the Degree

DOCTOR OF MINISTRY

By

Jason R. Whitehurst

Lynchburg, Virginia

April, 2012

Copyright 2012 Jason R. Whitehurst

All Rights Reserved

LIBERTY THEOLOGICAL SEMINARY

THESIS PROJECT APPROVAL SHEET

_____

GRADE

_____

Dr. Frank Schmitt

MENTOR

_____

Dr. Dwight Rice

READER

ABSTRACT

EFFECTIVELY MINISTERING TO CONGREGANTS WITH ATTENTION DEFICIT DISORDER (A.D.D.)

Jason R. Whitehurst

Liberty Baptist Theological Seminary, 2012

Mentor: Dr. Frank Schmitt

A survey of recent medical studies show a rise each year in the number of people diagnosed with A.D.D., or Attention Deficit Disorder. However, pastors have not been adequately educated on how to effectively communicate, counsel, and minister to those with A.D.D.

The goal of this project is to educate pastors and church leaders about the nature of A.D.D., the statistics, the symptoms, so that they may better understand how to minister to these people in their congregation. Medical statistics, findings, and new approaches to preaching and ministering will be utilized in this project to fulfill the goal.

Abstract length: 124 words

DEDICATION

To my wife and best friend, Maegan. Words cannot describe or express the effect your constant love and support have had on me, and have helped shape me into the person I am today.

To my precious daughter Mia. May you grow up to love and serve God all the days of your life. May you understand that if you have drive and initiative, with God as your Helper, you can accomplish anything you set your hand to.

CONTENTS

CHAPTER 1: INTRODUCTION 1

Introduction 1

Statement of the Problem 4

Statement of Limitations 8

Summary of Literature Review 9

Theoretical Basis 13

Statement of Methodology 14

CHAPTER 2: EFFECTIVELY UNDERSTANDING ADD 20

Defining ADD and ADHD 22

Symptoms of ADD and ADHD 25

Diagnosis of ADD and ADHD 28

Statistics on ADD and ADHD 31

Causes of ADD and ADHD 33

Treatments for ADD and ADHD 35

Myths and Misconceptions About ADD and ADHD 37

CHAPTER 3: EFFECTIVELY CREATIVING AN ENVIRONMENT FOR WORSHIP FOR ADD CONGREGANTS 41

The Importance of Creating the Environment 42

The Planning for the Environment 46

The Music of the Environment 49

The Multi-Sensory Environment 52

The School Environment 55

The Conclusion on the Environment 58

CHAPTER 4: EFFECTIVELY PREACHING TO ADD CONGREGANTS 60

The Effectiveness of Preaching Delivery 62

The Effectiveness of Expository Preaching 65

The Effectiveness of Multi-Sensory Preaching 69

The Effectiveness of One Point Preaching 75

CHAPTER 5: EFFECTIVELY COUNSELING ADD CONGREGANTS 78

Understanding ADD and 21st Century Christian Counseling 79

Understanding ADD and Coexisting Conditions 81

Understanding ADD and Connecting 82

Understanding ADD and Coaching 83

Understanding ADD and an Integrative Model for Pastors 86

Understanding ADD and Positive Psychology 87

Understanding ADD and Biblical Therapy 88

CHAPTER 6: EFFECTIVELY TRAINING VOLUNTEERS TO TEACH AND LEAD ADD CONGREGANTS 91

Misconceptions About Volunteers 92

The Reasons for Volunteerism 95

The Recruiting of Volunteers 97

The Equipping of Volunteers 100

The Coaching of Volunteers 105

APPENDIXES 108

A. Educating Volunteers About ADD Workshop: Teacher Outline 109

B. Educating Volunteers About ADD Workshop: Handout for Workers 111

BIBLIOGRAPHY 119

CHAPTER ONE

INTRODUCTION

As churches in America today try to stay relevant, pastors, church leaders, deacons, elders, Sunday School teachers, committees, and the list goes on, they all ask themselves a series of questions as they try to keep up with culture and the post-modern world. These questions include, but are not limited to, who is our target audience? Who are we not reaching? Why are we not reaching them? What can we do that we are not doing to stay on the cutting edge of ministry? What are other churches doing that we are not doing that is successful? If there was one fundamental thing we could change to reach more people, what would that one thing be?

Certainly more questions could be asked, but these are the questions being asked every day by church leadership teams, as the church as a whole, as the Body of Christ, seeks to stay relevant and be effective in a world that is changing faster and is inundated with new ideologies, concepts, principles, scientific discoveries, and shifting worldviews.

There are many ministries that pride themselves on being different, being cutting edge. One such ministry is Church Relevant, whose mission statements includes the statement "If your ministry is good at the basics – the gospel, the love commandments, and The Great Commission – then holistically studying culture and technology, behavioral science, and best practices for design, leadership, management, marketing, and ministry will only enhance your ministry."

Another church from the author's home town includes the following statement in their Mission Statement: "Church Relevant is a church that embraces the current culture and uses

modern techniques to communicate the ancient story." This is not the exception, is the norm. Churches are advertising and promoting themselves as being culturally relevant and openly promoting that they are different than other churches, because they can relate and they are unique.

Churches that are seeking to be culturally relevant are seeking to assimilate and imitate what is going on in the culture of today. In doing so, understandably, these churches are losing their effectiveness, or "saltiness". As a result, these churches are hard to distinguish from the cultures they are trying to reach.

Churches should not strive to be culturally relevant, but rather to "engage" culture. Paul addressed this concept in Colossians 4:5-6 (ESV), where he said "Walk in wisdom toward outsiders, making the best use of the time. Let your speech always be gracious, seasoned with salt, so that you may know how you ought to answer each person." The Bible teaches that Christians are to be engaged with culture. To be engaged with culture means "to participate or be involved in" or "to establish a meaningful connection with".

Going a step further, churches should not just be engaging culture, but also making culture. In his book, Culture Making: Recovering Our Creative Calling, Andy Crouch discusses how Christians should be creating culture. Crouch writes:

Culture is what we make of the world. Culture is, first of all, the name for our relentless, restless human effort to take the world as it's given to us and make something else. This is the original insight of the writer of Genesis when he says that human beings were made in God's image: just like the original Creator, we are creators. God, of course, began with nothing, whereas we begin with something. But the difference is not as great as you might think. For every act of creation

involves bringing something into being that was not there before-every creation is ex nihilo, from nothing, even when it takes the world as its starting point.

Crouch's thrust is that the church is not to follow culture or try to be relevant to it, but to actually be creators of culture. Crouch cites how Jesus was a creator of culture, not just a passer of it. Jesus did not simply preserve and pass on His culture's inheritance. Instead, whenever Jesus touched part of Israel's cultural inheritance, He brought something new to it.
Churches that want to create culture will benefit from this project. Churches that wish to communicate the Gospel effectively, churches that strive to effectively minister and be on the cutting edge, churches that are always looking to create culture and not just be relevant to it, these churches need to be aware of people in their very congregation they may be failing to minister to and help grow spiritually, and those are people with attention deficit disorder, or ADD or ADHD.

The author was made aware several years ago of members of his church that were not being ministered to, because the author did not have a proper understanding of attention deficit disorder. The author was caught up in the same mindset and view as other churches, trying to always look outwardly at who to minister to, always looking outwardly to find new people to bring in, always looking outwardly to stay culturally relevant, all the while those who were already in the fellowship and under the author's ministry were being neglected because a lack of understanding and awareness of this real medical condition known as attention deficit disorder, or ADD

It is with that in mind that this project was embarked on, to provide awareness of this very real medical condition to pastors and church leaders, and to aid them in being more effective in their ministry to those with ADD. The author realized his own shortcomings on this

subject, and as a result began to do research to be more effective in reaching these church members. Once the effort was put forth to effectively minister to those diagnosed with ADD, it totally changed the author's ministry in a dynamic and positive way. As a result, it was determined that creating a project to help other pastors, ministers, church leaders, Sunday school teachers, and lay leaders, more dynamic ministry would take place in churches across America, with the end result being more lives changed for the glory of God and more souls added to the Kingdom of God.

Statement of the Problem

This project will address a problem which is very simple: pastors and church leaders have simply failed to get the necessary training and knowledge needed to effectively minister to those in their congregation that God has entrusted them with. The author has met countless pastors and ministers who had no clue about ADD or ADHD and how it affected their members. The major obstacle is that most people, including doctors, do not know much about the condition, nor do they know how to diagnose it or treat it, according to Dr. Lenard Adler who is the director of the Adult ADHD program at the NYU School of Medicine. Another noteworthy clinician, Dr. Hallowell, who is a former professor at Harvard University and now, is the head of the Hallowell Center for Cognitive and Emotional Health in Massachusetts, said "Most doctors don't know much about ADD, and few teachers knew about it when you were in school. Back then people just dismissed you as stupid or just bad." If it is the conclusion of two noted scholars in the field of ADD study that many doctors don't even know much about the condition,

the conclusion and inference the author draws is that pastors know even less, because it is not their job to know.

The Bible records in Hosea 4:6 (ESV) “My people are destroyed for a lack of knowledge.” The concept is where there is no knowledge or awareness, the people of God suffer. Such is the case in churches where the leaders of the church do not have the knowledge or know-how to minister to those with ADD

Many churches want to be pioneer churches. They want to be the churches that come up with the newest ministry techniques, the newest way of “doing church”. They want to be the church that develops a cutting edge way of doing ministry. And all the while they are simply missing out on the opportunity and privilege to minister to a percentage of their people, and they do not even realize it. Just by looking inside the church and being aware of this one issue, congregants with ADD, churches could create culture and see their ministry be revolutionized. But they seem to be too busy looking at those that are not attending, rather than those that are, as a general principle.

The author’s experience in ministry, ranging from children to adult ministry, has taught him that those who suffer from ADD and ADHD sit in church services each week and never get anything out of the service. One must look no further than the symptoms for diagnosing ADD to understand why. Attention-Deficit Hyperactivity Disorder (ADHD) appears related to two neurotransmitters - Dopamine and Norepinephrine. Neurotransmitters are used by the brain to stimulate or repress stimulation in brain cells. To pay proper attention, the brain must be adequately stimulated. To have proper control of our impulses, areas of the brain must be adequately controlled, repressed, or slowed down. In ADHD children, both systems of stimulation and repression are not working correctly. Some studies suggest that ADHD

Children/Adults may have only ten to twenty-five percent of these two neurotransmitters found in the normal brain.

Inattention and distractibility appear to be related to low levels of Norepinephrine. ADHD Children/Adults can't judge which things in their environment are important and which should be ignored. ADHD Children/Adults often feel the flight path of a fly in the room is as important as the teacher's algebra lesson. To the ADHD Child/Adult, everything on the desk is equally interesting and worthy of attention. Low levels of Norepinephrine also make it very difficult for ADHD Children/Adults to sustain their focus on a task, plan ahead, and understand such concepts as sequence and time. It is the responsibility of the leaders in the church, whether it is a pastor or teaching elder or any other minister or leader in the church, to understand these medical facts and to be equipped to meet the needs of the members with this disease.

The condemning challenges faced by people with ADHD, particularly those not yet diagnosed and especially in church, must be horrific. The church social environment leans strongly towards interpreting behavior through a moral prism. In ignorance, pastors and church members most likely will identify a person with ADHD as having profound Christian character issues, offer counsel to repent, and then react negatively when no real change is observed over even a long period of time.

The problem is only going to get worse without proper attention. Pastors and church leaders need to know first and foremost, what attention deficit disorder is. Many pastors or church leaders and teachers simply think it is just an excuse for a person not to pay attention, or that it is just an attempt by doctors and those in the medical field to justify irrational behavior. This simply is not the case. ADD and ADHD are real medical issues, which science solidifies. The words that ADD and A.D.H.D patients hear are, “why don’t you just pay attention?” or

“snap out of it”. That is akin to saying to a crippled person, “why don’t you just get up and walk out of here”.

ADHD is a problem with inattentiveness, over-activity, impulsivity, or a combination. There are three different types of ADHD, depending on which symptoms are strongest in the individual:

- Predominantly Inattentive Type: It is hard for the individual to organize or finish a task, to pay attention to details, or to follow instructions or conversations. The person is easily distracted or forgets details of daily routines.
- Predominantly Hyperactive-Impulsive Type: The person fidgets and talks a lot. It is hard to sit still for long (e.g., for a meal or while doing homework). Smaller children may run, jump or climb constantly. The individual feels restless and has trouble with impulsivity. Someone who is impulsive may interrupt others a lot, grab things from people, or speak at inappropriate times. It is hard for the person to wait their turn or listen to directions. A person with impulsiveness may have more accidents and injuries than others.
- Combined Type: Symptoms of the above two types are equally present in the person.

The major attribute of ADD or A.D.H.D is inattention. Sometimes pastors or teachers think they just missed the mark with their sermon or the worship just wasn’t that great. But when you consider that maybe the reason people don’t respond in worship, or the sermon doesn’t resonate with them, is because they have this medical condition which prohibits them from really being able to focus or be engaged in what is going on.

The problem is only getting worse. Statistics show a rise in the number of ADD and ADHD diagnoses. Each year there are more and more people diagnosed. As the amount of children and adults being diagnosed with the disease increases, the more clear it becomes that

there needs to be awareness, education, and a guide on how to effectively minister to those affected by the disease.

The aim of this project is elevate the awareness level concerning church members with ADD, and to provide insight and practical application into what pastors and church leaders can do to ensure that these congregants are not being neglected, but that there is a very real understanding that those with ADD are already sitting in church services each and every week, and never getting very much out of church and never really growing spiritually because those over them in the Lord are simply not dialed in to the fact that they are not ministering to them because of their condition.

This project will serve as a guide or manual. This project will inform and educate about the nature of the disease, what it is, how it is treated medically, and give practical ways to increase the effectiveness of churches in their ministry to their parishioners who have this medical malady. It is the passion and desire of the author of this project that it will be beneficial to church leaders. That the knowledge and information presented would fall on eager hearts and open minds, that the Kingdom of God would be edified and that a multitude of church members across America would be ministered to in a way that they never have before, and that spiritual growth and maturity would follow.

Statement of Limitations

One limitation of this project is that it is not exhaustive. It will not cover every facet and aspect of ADD and ADHD, nor all the methods that can be utilized in the local church to address those with the disease. The project will be limited in that capacity, as it is not meant to be a

complete guide which covers every detail of the disease and every way the church can effectively minister to the diseased.

Another limitation is that the author is limited to personal experience and available research and information currently available on the topic. This is a project that will most likely need a revised edition or update in the future as more information is made available and as church dynamics change, but the project is as current as the research and information available to the author.

What the project is, is an introduction to the subject, raising a level of awareness and giving the basic outline and parameters concerning ADD and ADHD, and several key ways in which the local church and local church leaders should look to start effectively ministering to those that do suffer from the illness.

Summary of Literature Review

In order to complete this project, several types of literature were used by the author to support his thesis. The author used published books, journal articles, internet websites, and the Bible. The following are a representation of the types of literature used to complete the project:

Books

ADD, Christianity & the Church: A Compassionate Healing Resource to Inform, Inspire, & Illuminate (2010) by Jonathan Scott Halverstadt and Jerry Seiden is a book that integrates the medical side of the disease and how the church can help those with the disease.

Attention Deficit Disorder: The Unfocused Mind in Children and Adults (2006) by Thomas E. Brown, Ph.D. covers a wide variety of topics related to the disease. The knowledge presented is invaluable.

Communicating for a Change (2006) by Andy Stanley and Lane Jones is one of the best books on communicating, whether it is preaching, teaching, or just trying to get a message across. Andy Stanley is one of the greatest communicators in the church today, so his insight in how to capture an audience and keep attention is very helpful.

Delivered From Distraction: Getting The Most Out Of Life With Attention Deficit Disorder (2006) by Dr. Edward M. Hallowell and Dr. John J. Ratey engages in discussion about more current findings in the field of ADD study and presents new concepts and procedures for treating those with the disease.

Listening: The Forgotten Skill (1995) by Madelyn Burley-Allen is a book that helps when counseling. It is a great book to remind pastors and church leaders that it's not always what you say, but sometimes just listening is just as important as what you might want to say. This is helpful with those who are hyper-active especially, because they have a lot to say and talk about, and when counseling with them, it is important to not try to say too much, but to learn to listen.

Sacred Space: A Hands-on Guide to Creating Multisensory Worship Experiences for Youth Minister (2008) by Dan Kimball and Lilly Lewin discusses how to create an environment that engages several senses, and keeps the attention of those in the service. It is written with youth as a target audience, but the principles can be applied to adults as well, because they deal with the same concept of creating an environment in which those with ADD can be engaged and not distracted.

Scattered Minds: Hope and Help for Adults with Attention Deficit Hyperactivity Disorder (2006) by Dr. Lenard Adler with Mari Florence, is a practical book on adults with ADHD. It dispels myths about adult ADHD and provides useful information in helping adults understand that there are options and treatment available for those who have the disease.

The Power of Multi-Sensory Preaching and Teaching: Increase Attention, Comprehension, and Retention (2008) by Rick Blackwood. This book is beneficial by helping pastors and teachers create sermons that utilize tools that help the audience retain more of what is preached or taught. The book shows how to engage multiple senses so that more is retained, which is beneficial for keeping those with ADD alert and attentive.

The Special Needs Ministry Handbook: A Church's Guide to Reaching Children with Disabilities and Their Families (2007) by Amy Rapada details how to deal with children, and really people of all ages, who have special needs. The principles outlined can be transposed to help minister to those with ADD.

The Volunteer Revolution: Unleashing the Power of Everybody (2004) by Bill Hybels is one of the best books ever on recruiting, training and empowering volunteers. It is important to equip volunteers with the same knowledge and awareness of ADD because they will encounter those in their groups or ministries that they can better minister to if they know about the disease. Volunteers have to be equipped so they will be retained and not get frustrated or burned out.

Websites

http://www.healthcentral.com/adhd/c/1443/13716/addadhd-statistics A site in which Dr. Russell Barkley shared statistics concerning ADHD

http://www.cdc.gov/ncbddd/adhd/data.html The Center for Disease Control and Prevention contains a wealth of information and statistics concerning ADD and ADHD http://www.webmd.com/add-adhd/features/adult-adhd-treatment WebMD can answer any question about any medical related disease or issue. It is invaluable for research and information on ADD and ADHD.

Journals

"Adults With Attention-Deficit/Hyperactivity Disorder: Assessment and Treatment Strategies" in the Journal of Counseling and Development by John S. Wadsworth and Dennis C. Harper discusses determining and treating adults who have the disease. This journal discusses the brain function and how brain activity is examined in those adults who have ADD or ADHD.

"Biblical Therapy" by David Winfrey, written in Christian Century, details the switch from the pastoral counseling paradigm to the Biblical model for counseling adopted by Southern Baptist Theological Seminary. It is a Bible-only based counseling. It is very interesting to read how to counsel those with ADD with no cognitive therapy or other counseling methods.

"Church Aims to Make Church Comfortable" written by Paul Nelson in Times Union is about a church who decided to tailor their services to make them more time sensitive and with a relaxed atmosphere. It shows how changing the service structure and atmosphere would lend itself to creating an environment for those with ADD and ADHD to attend and be engaged and comfortable in the service.

"Does Peter Have A.D.H.D?" by Aileen Barclay in the Journal Of Religion, Disability & Health is a journal article that asks the question if Peter suffered from ADHD and if so, is there

anything that can be drawn from how Jesus ministered to Peter that would be beneficial and appropriate in context.

Theoretical Basis

There is a Biblical basis for the topic of effectively ministering to those who have short attention spans or are inattentive or are overly hyper. Jesus set the example in His ministry by preaching and counseling and building relationships with those who had diseases or issues.

It was important for Jesus during His ministry to speak in parables, because when He spoke in parables, everyone could understand. Jesus took profound truth and used a simple, short story to convey a deep principle. Jesus showed the importance of getting the message across, not trying to preach home-run exegetical sermons, but communicating in an effective way so that people got the message.

Also, Jesus spent many days in His ministry counseling those with issues. There are so many examples of people who had diseases, whether they were mental, emotional or physical, Jesus took time to minister to these people to show the principle that people with maladies and diseases are just as important. Jesus was patient and compassionate towards those with diseases.

The application, principles and methods that Jesus practiced in His ministry set the example of how pastors and church leaders today should go about ministering to those with ADD. Preach sermons or teach lessons that anyone can understand. It is about the message, not the messenger. It is about people getting the Word of God, not the person delivering it. Those with ADD and ADHD need sermons and lessons that are short, to the point, and are easy to follow along, such as having accompanying visuals. Jesus was the greatest communicator ever

because He knew His audience, and knew how to address them so that they got the message. Pastors and teachers would do well to learn and adhere to this principle. To know that there are people in the congregation with these diseases and they cannot follow along with a long, boring, exegetical sermon. But if you give them some illustrations and put it in a way they can understand and digest, that is what Jesus did.

Also, Jesus showed how to counsel those with attention issues or hyperactivity. Jesus had a calming presence that carried over to the one or ones He was counseling with. Ministers need to have that same calm, relaxed attitude and it will carry over. Jesus listened to what people had to say, He didn't cut them off. That is a principle which is fundamental when counseling those with ADD. Be quick to listen, and slow to speak.

Statement of Methodology

This project will consist of seven chapters to achieve the author's purpose and goal of this project. The contents of the project will consist of the following:

Chapter 1: Introduction

The purpose of this chapter is to introduce the idea of effectively ministering to ADD congregants. The purpose of this chapter is also to show the need for the project, as well as the circumstances and factors that led the author to choose the topic of ministering to ADD congregants. Also the reader will be provided with a general working knowledge of the aim of the project, and what the author hopes to achieve.

Chapter 2: Effectively Understanding ADD

Many people simply do not have a solid understanding or concept of what ADD truly is. There are many myths and misconceptions that run rampant which lead to a false knowledge of this medical condition. This chapter will delve into defining what ADD and ADHD is, including defining them in medical terminology, looking at symptoms and diagnoses criteria, as well as statistics surrounding the disease. No pastor, teacher, or church leader can effectively or adequately minister to someone with the disease with a fundamental knowledge of factual information concerning ADD The intent is to be thorough and exhaustive enough in the explanation that the reader will have a full grasp of the disease and be able to comprehend on a significant level what the disease is and how it affects those who are diagnosed with it.

Chapter 3: Effectively Creating An Environment For Worship For ADD Congregants

If churches really want to effectively minister to ADD members in the church, there needs to be a real and sober look at how the church is conducting it's worship services, and to look at what can be done, based on a proper understanding of the disease, to develop a worship service that is geared to ensuring those in the congregation with ADD are being reached and engaged and not just spectators in a pew.

Because of the disease and how it affects those who are diagnosed with it, most churches will more than likely need to change certain aspects about their worship services if they truly want to be effective in ministering to ADD congregants. There must be an intentional, deliberate plan of action with these congregants in mind, and this chapter will discuss literature that presents principles and concepts that will aid in creating a conducive worship environment. If a church is not pro-actively seeking to create the atmosphere and environment with ADD members in mind, it will not happen. The environment will not be created by accident, but will because a church with its leaders decided to take action to create the environment for worship.

Chapter 4: Effectively Preaching to ADD Congregants

Just as worship services must be purposely designed to effectively minister to ADD congregants, the actual message delivered by the pastor or teaching elder must also be prepared and customized to keep the attention of someone who suffers from inattentiveness.

While there are many great preachers and communicators filling the pulpits of America each Sunday, many of them never consider in their sermon preparation things to incorporate to make their message more dynamic in the sense of grasping and keeping attention. For many pastors it is about being exegetical, staying true to the text, having three points and a poem, which are not bad in and of themselves. But there are methods and technology that can be used, as will be discussed in this chapter, that can enhance any sermon by engaging multiple senses at once. Since the Word of God is paramount and the Scriptures are vital for Christian living and spiritual growth, it is imperative that what is being preached or taught each week is registering with every congregation member, including those with ADD. This chapter will look at ways to

make the message or sermon more attention-grabbing, and more attention-holding through a variety of ways including modern technology and preaching and teaching styles.

Chapter 5: Effectively Counseling ADD Congregants

Many pastors are not trained in counseling those with disabilities such as ADD. But with a little knowledge and guidance, a pastor or minister can be much more effective in counseling someone with ADD or ADHD. Just as a pastor would provide certain counseling services to any church member, when a member diagnosed with ADD needs some one-on-one time with the pastor, the pastor or minister needs to be able to communicate and counsel just as effectively as he would any other church member.

This chapter does not deal with pastors as professional counselors or licensed counselors. The goal of the chapter is not to turn a pastor or minister in a licensed professional, but rather to give the pastor or minister knowledge and practical applications in everyday counseling sessions with church members who suffer from ADD. Some examples would be if someone with ADD wanted to meet with the pastor or a minister about a situation in their life that was related to spiritual growth or they wanted to meet for pre-marital counseling or they wanted to meet to discuss a stressful situation, the pastor or minister can be prepared to better effectively counsel with this member based on an understanding of their thought process and how the disease affects them. Once again, it is about having the fundamental knowledge of the disease and using that to do ministry more effectively to those who suffer from it.

Chapter 6: Effectively Training Volunteers to Teach and Lead ADD Congregants

In churches, there are Sunday school teachers and other volunteers who directly communicate and lead church members who have an ADD diagnosis. If these volunteers are not trained or equipped properly, they could get frustrated, discouraged, or burned out, and as a result, because they are a volunteer, resign from their position.

If these volunteers can be effectively trained and equipped with a knowledge and understanding of ADD, they are much more apt not to get discouraged or frustrated, and would be more dynamic and effective themselves because they get what is going on in the mind of a person with the disease. It is of great importance that there is training for church volunteers to equip them thus. With insight into the disease, how it works, what the signs and symptoms are, how to detect it, they will be much more satisfied in their dealings with ADD parishioners and churches will lose less volunteers because they were trained to be effective and to know ways to handle such congregants. This chapter will discuss the importance of the equipping and training, and ways not only to recruit and train volunteers, but how to retain volunteers.

Chapter 7: Conclusion

This will be a summation of things learned throughout the project. It will be an overview of the key points and concepts concerning ADD, and how churches, pastors, ministers, can be more effective and more purposeful in their ministry to ADD church members.

CHAPTER 2

EFFECTIVELY UNDERSTANDING ADD

Knowledge is power. A person cannot treat what they do not understand. A pastor or minister or lay leader cannot effectively minister to someone with ADD or ADHD if they do not have a fundamental grasp and knowledge of the disease. The more thorough the level of knowledge and understanding, the more effective the pastor, minister, or church leader will be in dealing with those who are diagnosed with the disease.

The major obstacle is that most people, including doctors, do not know much about the condition, nor do they know how to diagnose it or treat it, according to Dr. Lenard Adler who is the director of the Adult ADHD program at the NYU School of Medicine.[1] Adler also cites a patient who writes "I just wish the average adult knew about this condition, and I wish the facts were more widely understood."[2] Adler says that he gets literally tens of thousands of similar messages from people who feel the same way. From reading these statements, obviously there is a recognizable lack of understanding and knowledge of the disease with many Americans.

Dr. Edward Hallowell agrees with Adler. In response to a frustrated sufferer of ADD who wrote to Dr. Hallowell, who is a former professor at Harvard University and now is the head of the Hallowell Center for Cognitive and Emotional Health in Massachusetts, "Most doctors don't know much about ADD, and few teachers knew about it when you were in school. Back

---

[1] Lenard Adler and Mari Florence, *Scattered Minds: Hope and Help for Adults with Attention Deficit Hyperactivity Disorder* (New York: G. P. Putnam's Sons, 2006), xii.

[2] Ibid., xi.

then people just dismissed you as stupid or just bad."[3] Noteworthy doctors are saying that their colleagues in the medical field do not really even know much about the disease, as a general principle.

The purpose of this chapter is to provide within this project what most Americans lack, an effective and thorough understanding of ADD or ADHD. The material presented is factual medical and scientific information that has been published by leaders and pioneers in this field of study. Pastors, ministers, and church leaders may read Adler's quote and ask "if some doctors and most Americans do not really understand ADD or ADHD, why is it so important or vital that I have knowledge of the disease that supersedes the average person?" The answer to that question is simple: pastors, ministers, and church leaders are called to a higher calling, and should strive to ever be learning so that they may be even more effective in their respective ministries.

The Bible states in 2 Timothy 2:15 (KJV): "Study to shew thyself approved unto God, a workman that needeth not to be ashamed, rightly dividing the word of truth." The exhortation is presented, the principle to constantly be learning and studying and gleaning things to improve as a pastor or minister. The application obviously applies to the Word of God, but the breadth of the application stretches farther into today's culture in which so much can be learned to make a pastor more successful and effective.

Also, the Bible records in Luke 12:48b (NASB), "From everyone who has been given much, much will be required; and to whom they entrusted much, of him they will ask all the more." Pastors and ministers have been given a great responsibility by being entrusted with the

---

[3] Edward M. Hallowell and John J. Ratey, *Delivered from Distraction: Getting the Most Out of Life with Attention Deficit Disorder* (New York, NY: Ballantine Books, 2006), xxviii.

spiritual well-being of those that God has placed under them in their care. That includes those who have ADD, therefore there is a burden on pastors seen in the Scriptures, and these are just two examples, to be diligent in gaining knowledge in every area they can that will make them more effective for the Kingdom of God and shepherding His people.

The sole purpose of this chapter is to educate pastors, ministers, and church leaders because there is a real need and Biblical mandate to do so. People in congregations who have the disease are not being ministered to, and it is because their leaders do not understand, and maybe it is because they do not care to understand or it may be because they never considered the topic before, the disease itself. The old saying is "you cannot rise higher than the platform", which means if the one in charge of leading in the front of the church does not understand the disease, how it works, whom it affects, what all it entails, then nothing is going to be done to minister to those who have it.

Defining ADD and ADHD

To begin to understand ADD and ADHD, they must be defined as to what real ADD is, and also what the disease is not. There are many myths and misconceptions about the disease, which will be discussed later in the chapter, therefore it is important to establish medical and scientific definitions of the disease.

The diagnostic manual of mental health problems, called the DSM-IV defines ADD by a set of eighteen symptoms, which will be discussed later in the chapter. To qualify for the

diagnosis you need six. These symptoms only emphasize the downside of ADD, or the negative aspects of the disease and do not note the positive symptoms.[4]

Attention deficit disorder (ADD) is a general term frequently used to describe individuals that have attention deficit hyperactivity disorder without the hyperactive and impulsive behaviors. The terms ADD and ADHD are often used interchangeably for both those who do and those who do not have symptoms of hyperactivity and impulsiveness.[5] ADD is the old term that clinicians used, and has been replaced by many with ADHD. For the purpose of this project, the words will be used interchangeably as not to confuse to the reader.

Attention deficit hyperactivity disorder (ADHD) is the official name used by the American Psychiatric Association, and it encompasses hyperactive, impulsive, and/or inattentive behaviors.[6] ADHD is a problem with inattentiveness, over-activity, impulsivity, or a combination. For these problems to be diagnosed as ADHD, they must be out of the normal range.[7]

ADHD is one of the most common neurobehavioral disorders of childhood. It is usually first diagnosed in childhood and often lasts into adulthood.[8] There are three different types of

---

[4] Hallowell and Ratey, *Delivered from Distraction*, 4.

[5] Keath Low, "ADD and ADHD - Difference Between ADD and ADHD." ADD - ADHD - Attention Deficit Hyperactivity Disorder and Attention Deficit Disorder Symptoms, Diagnosis, Treatment and Coping. http://add.about.com/od/adhdthebasics/a/ADDvsADHD.htm (accessed April 4, 2012).

[6] Ibid.

[7] "Attention deficit hyperactivity disorder (ADHD): MedlinePlus Medical Encyclopedia." National Library of Medicine - National Institutes of Health. http://www.nlm.nih.gov/medlineplus/ency/article/001551.htm (accessed April 1, 2012).

[8] "CDC - ADHD, Facts - NCBDDD." Centers for Disease Control and Prevention. http://www.cdc.gov/ncbddd/adhd/facts.html (accessed April 3, 2012).

ADHD, and the type depends on the strength of the symptoms in each person.[9] The three types are:

1. **Predominantly Inattentive Type:** It is hard for the individual to organize or finish a task, to pay attention to details, or to follow instructions or conversations. The person is easily distracted or forgets details of daily routines.
2. **Predominantly Hyperactive-Impulsive Type:** The person fidgets and talks a lot. It is hard to sit still for long (e.g., for a meal or while doing homework). Smaller children may run, jump or climb constantly. The individual feels restless and has trouble with impulsivity. Someone who is impulsive may interrupt others a lot, grab things from people, or speak at inappropriate times. It is hard for the person to wait their turn or listen to directions. A person with impulsiveness may have more accidents and injuries than others.
3. **Combined Type:** Symptoms of the above two types are equally present in the person.

With a proper understanding of the medical definition of ADD or ADHD, and what the disease, is what ADD or ADHD is not can be better understood. Many tendencies and behaviors exhibited in people with ADD also appear in people that do not have the disease. The manifestation of one or another of these traits is not unusual, but actually common. In fact, almost every person on the earth at one time or another has displayed most of the behaviors associated with ADD.[10]

---

[9] Ibid.

[10] Adler and Florence, *Scattered Minds*, 60.

ADD is not simply having some of the symptoms associated with the disease, which will be discussed next in the chapter. What determines whether or not it is ADD is the total picture of a person's state and their actions, their intertwined existences, intensities of behavior and frequencies.[11]

Symptoms of ADD

Some of the symptoms of ADD and ADHD were discussed in the definition of the disease. But there are more symptoms listed that need to be understood that go beyond just the inability to pay attention or hyper-activity. Many kids and teenagers, and adults for that matter, show these symptoms each and every day, but they do not have other symptoms that coincide with these to be diagnosed with ADD.

Many times a doctor or person is quick to make judgment about a disease because they have a symptom or two that relates to the disease. For example, just because a person is very particular and does something the same way over and over does not mean that person has Obsessive Compulsive Disorder. Or just because a person experiences a period of grief along with apathy has no interest in doing anything does not mean that person is in a clinical depression. Often people, and doctors, are quick to make diagnosis. More symptoms need to be examined that pertain to ADD to get a better understanding of all the things associated with the disease.

[11] Ibid.

ADD is defined by the presence or absence of the symptoms set forth in the DSM-IV. The symptoms fall into three categories: lack of attention (inattentiveness), hyperactivity, and impulsive behavior (impulsivity).[12]

There are two clusters of symptoms, one describing symptoms of inattention and the other cluster describing symptoms of hyperactivity and impulsivity. To be even considered for a diagnosis, the criteria set forth in cluster one and cluster two must be met.[13]

In cluster one, six or more of the following symptoms of inattention have to persist for at least six months to a degree that is maladaptive and inconsistent with a developmental level:[14]

Inattention

1. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
2. Often has difficulty sustaining attention in tasks or play activities
3. Often does not seem to listen when spoken to directly
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional failure or failure to understand instructions)
5. Often has difficulty organizing tasks and activities
6. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
7. Often loses things necessary for tasks or activities
8. Is often easily distracted by extraneous stimuli
9. Is often forgetful in daily activities

In cluster two, six or more of the following symptoms of hyper activity and impulsivity have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:[15]

---

[12] "Attention deficit hyperactivity disorder (ADHD): MedlinePlus Medical Encyclopedia." National Library of Medicine - National Institutes of Health. http://www.nlm.nih.gov/medlineplus/ency/article/001551.htm (accessed April 1, 2012).

[13] Hallowell and Ratey, *Delivered from Distraction*, 118.

[14] Ibid.

Hyperactivity

1. Often fidgets with hands or feet or squirms in seat
2. Often leaves seat in classroom or other situations in which remaining seated is expected
3. Often runs about or climbs excessively when it is inappropriate (in adolescents and adults, may be limited to subjective feelings of restlessness)
4. Often has difficulty playing or engaging in leisure activities quietly
5. Is often "on the go" or acts as if "driven by a motor"
6. Often talks excessively

Impulsivity

7. Often blurts out answers before questions have been completed
8. Often has difficulty awaiting turn
9. Often interrupts or intrudes on others

The following behaviors and problems may stem directly from ADHD or may be the result of related adjustment difficulties:[16]

1. Chronic lateness and forgetfulness
2. Anxiety
3. Low self-esteem
4. Employment problems
5. Difficulty controlling anger
6. Impulsiveness
7. Substance abuse or addiction
8. Poor organization skills
9. Procrastination
10. Low frustration tolerance
11. Chronic boredom
12. Difficulty concentrating when reading
13. Mood swings
14. Depression
15. Relationship problems

There are also other symptoms related to adults with ADD or ADHD. Adults with ADD may have had a history of poorer educational performance and were underachievers. They may

---

[15] Ibid., 119.

[16] "ADHD in Adults: Symptoms, Statistics, Causes, Types, Treatments, and More." WebMD - Better information. Better health. http://www.webmd.com/add-adhd/guide/adhd-adults (accessed April 1, 2012).

have had more frequent school disciplinary actions. They may have had to repeat a grade. Adults with ADD are shown to have dropped out of school more often. Adults are more likely to change employers more frequently. They are more likely to belong to a lower income class. They may have more driving violations because their inability to focus or hyper-activity. They are more likely to abuse illegal substances. They are more likely to end up in divorce. All of these symptoms are more likely in adults with ADD.[17]

Just looking at the cluster lists, many would identify with the symptoms on any given day. If one looks at them individually or several of them together, they recognize a symptom or several symptoms in their own actions and behavior. Yet that is not enough to diagnose with ADD. The bottom line is most if not all people have symptoms of ADD, but obviously not everyone is diagnosed with the disease.

Diagnosis of ADD and ADHD

Unlike many other disorders and illnesses, ADHD can be difficult for a doctor or clinical practitioner to diagnose. The reason is because there are no definitive biological indicators, such as elevated levels of glucose in the blood or urine to suggest the presence of ADD. A positive diagnosis of ADD or ADHD is based on a doctor's ability to recognize the symptoms present, ascertain and determine the severity and frequency of the symptoms, to qualify the impact the symptoms are having on the person's life, and to verify that the onset of symptoms occurred during childhood through a series of interviews and evaluations.[18]

---

[17] Ibid.

[18] Adler and Florence, *Scattered Minds*, 91.

Even though diagnosis is somewhat tricky, there is a general guideline by which ADD is diagnosed. Referring to the cluster of symptoms in the previous section, a patient must have six out of nine symptoms in either cluster to be diagnosed with ADD or ADHD.[19] Also in adults, the onset of symptoms must date back to childhood, middle school or before. There is no such thing as adult onset ADD.[20]

Deciding if a child has ADHD is a several step process. There is no single test to diagnose ADHD, and many other problems, like anxiety, depression, and certain types of learning disabilities, can have similar symptoms. One step of the process involves having a medical exam, including hearing and vision tests, to rule out other problems with symptoms like ADHD. Another part of the process may include a checklist for rating ADHD symptoms and taking a history of the child from parents, teachers, and sometimes, the child.[21]

Too often, difficult children are incorrectly labeled with ADHD. On the other hand, many children who do have ADHD remain undiagnosed. In either case, related learning disabilities or mood problems are often missed. The American Academy of Pediatrics (AAP) has issued guidelines to bring more clarity to this issue. The diagnosis is based on very specific symptoms, which must be present in more than one setting.

- Children should have at least 6 attention symptoms or 6 hyperactivity/impulsivity symptoms, with some symptoms present before age 7.
- The symptoms must be present for at least 6 months, seen in two or more settings, and not caused by another problem.

---

[19] Hallowell and Ratey, *Delivered from Distraction*, 119.

[20] Ibid.

[21] "CDC - ADHD, Facts - NCBDDD." Centers for Disease Control and Prevention. http://www.cdc.gov/ncbddd/adhd/facts.html (accessed April 3, 2012).

- The symptoms must be severe enough to cause significant difficulties in many settings, including home, school, and in relationships with peers.[22]

Various professionals are qualified to diagnose ADD. Child psychiatrists and developmental pediatricians have the most training in this area. Child psychiatrists diagnose and treat both children and adults with ADD, while developmental pediatricians only deal with children.[23]

The diagnosis of ADD in children and adults really boils down to four things. First, what is the nature, frequency, and severity of the symptoms. Second, if the symptoms presented themselves in childhood. Third, how chronic and pervasive the symptoms are. And fourth, how much do the symptoms interfere with the everyday life of the patient.[24] If these four criteria are examined and determined to be true and evident, then a diagnosis can follow.

A problem that many doctors and clinicians have is the amount of patients who are misdiagnosed and the amount of patients who go undiagnosed. It bears repeating that diagnosing ADD or ADHD is not an exact science. It is based on the most up to date medical and scientific information available, but doctors do not always get it right. The most effective measure for diagnosing ADD is an intensive evaluation and interview.[25]

It is important for pastors and church leaders to understand just because a doctor has diagnosed a church member with ADD, does not authenticate the disease is real in that person's life. And conversely, just because a church member does not have a doctor that has diagnosed

---

[22] "Attention deficit hyperactivity disorder (ADHD): MedlinePlus Medical Encyclopedia." National Library of Medicine - National Institutes of Health. http://www.nlm.nih.gov/medlineplus/ency/article/001551.htm (accessed April 1, 2012).

[23] Hallowell and Ratey, *Delivered from Distraction*, 117.

[24] Adler and Florence, *Scattered Minds*, 100.

[25] Thomas E. Brown, *Attention Deficit Disorder: The Unfocused Mind in Children and Adults* (New Haven, CT: Yale University Press, 2006), 167.

them with ADD or ADHD, does not mean they do not have the disease. That is why it is imperative that pastors, ministers, and church leaders are educated and effectively understand the disease and all in entails, because the more knowledge the pastor or minister or church leader has of ADD or ADHD, they possibly can see things about the church member that a doctor may not see. Because a pastor or church leader may have more contact with the parishioner than a doctor would, a pastor or minister cannot diagnose ADD, but they can recognize the symptoms and draw a potential inference that a diagnosis is legit or not legit, or that a person should be diagnosed by their physician with ADD or ADHD so they can get the proper treatment.

Statistics on ADD and ADHD

In understanding ADD, it is noteworthy to have knowledge of the numbers behind the disease. ADHD is more common than doctors may have previously believed, according to a new study from the Mayo Clinic.[26] Roughly five to eight percent of Americans have been diagnosed with ADD.[27] ADD or ADHD is one of the most well-documented developmental problems in children. The American Psychiatric Association states in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) that 3%-7% of school-aged children have ADHD.[28] It is now known that these symptoms continue into adulthood for about 60% of children with ADHD.

---

[26] "Statistics About ADD in Adults & Children ADDitude - Adults & Children with ADD ADHD." Attention Deficit Disorder ADHD Symptoms, Medication, Treatment, Diagnosis, Parenting ADD Children and More: Information from ADDitude. http://www.additudemag.com/adhd/article/688.html (accessed April 1, 2012).

[27] Hallowell and Ratey, *Delivered from Distraction*, 8.

[28] "CDC - ADHD, Data and Statistics - NCBDDD." Centers for Disease Control and Prevention. http://www.cdc.gov/ncbddd/adhd/data.html (accessed April 1, 2012).

That translates into 4% of the US adult population, or 8 million adults.[29] However most of the adults who have ADD or ADHD do not realize it because they have never been diagnosed with it. Few adults are identified or treated for the disease.[30]

The latest statistics from the Centers for Disease Control and Prevention as of the time of this project are:[31]

- Number of children 3-17 years of age ever diagnosed with ADHD: 5.2 million
- Percent of children 3-17 years of age ever diagnosed with ADHD: 8.4%
- Percent of boys 3-17 years of age ever diagnosed with ADHD: 11.2%
- Percent of girls 3-17 years of age ever diagnosed with ADHD 5.5%

It is known that adults do have ADD. It used to just be considered a children's disease, but as information increases about the disease, the more that is known concerning adult ADD. Of the roughly 10 million adults with ADD, only about 15% are identified and treated.[32] ADHD afflicts approximately 3% to 10% of school-aged children and an estimated 60% of those will maintain the disorder into adulthood.[33]

The numbers do not lie. There has been a steady increase in the number of diagnoses since 2003. Dr. Russell Barkley has compiled the following statistics concerning ADHD:

- A classroom with 30 students will have between 1 and 3 children with ADHD.
- Boys are diagnosed with ADHD 3 times more often than girls.

---

[29] "ADHD in Adults: Symptoms, Statistics, Causes, Types, Treatments, and More." WebMD - Better information. Better health. http://www.webmd.com/add-adhd/guide/adhd-adults (accessed April 1, 2012).

[30] Ibid.

[31] "FASTSTATS - Attention Deficit Hyperactivity Disorder." Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/fastats/adhd.htm (accessed April 1, 2012).

[32] Hallowell and Ratey, *Delivered from Distraction*, 8.

[33] "ADHD in Adults: Symptoms, Statistics, Causes, Types, Treatments, and More." WebMD - Better information. Better health. http://www.webmd.com/add-adhd/guide/adhd-adults (accessed April 1, 2012).

- Emotional development in children with ADHD is 30% slower than in their non-ADD peers. This means that a child that is 10 years old will have the emotional development of a 7 year old, a 20 year old will have the emotional maturity of a 14 year old.
- One fourth of children with ADHD have serious learning disabilities such as: oral expression, listening skills, reading comprehension and/or math.
- 65% of children with ADHD exhibit problems in defiance or problems with authority figures. This can include verbal hostility and temper tantrums.
- 75% of boys diagnosed with ADD/ADHD have hyperactivity.
- 60% of girls diagnosed with ADD/ADHD have hyperactivity.
- 50% of children with ADHD experience sleep problems.
- Teenagers with ADHD have almost four times as many traffic citations as non-ADD/ADHD drivers. They have four times as many car accidents and are seven times more likely to have a second accident.
- 21% of teens with ADHD skip school on a regular basis, and 35% drop out of school before finishing high school.
- 45% of children with ADHD have been suspended from school at least once.
- 30% of children with ADHD have either repeated a year in school.[34]

The statistics are sobering. These children grow up to be adults, and as the numbers show, ADD carries over into adulthood for a majority of those who have the disease. These children will soon be in the sanctuaries of America, and pastors, ministers and church leaders have to be painfully aware of the landscape surrounding the disease and how it affects their ministry in the local church.

Causes of ADD and ADHD

Before discussing the causes for the disease, it should first be pointed out, there is no way to stop a person from having the disease once they are born. Although there is no proven way to

[34] "ADD/ADHD Statistics - What is ADHD? - ADHD." HealthCentral.com - Trusted, Reliable and Up To Date Health Information. http://www.healthcentral.com/adhd/c/1443/13716/addadhd-statistics (accessed April 1, 2012)

prevent ADHD, early identification and treatment can prevent many of the problems associated with ADHD.[35]

The basis for ADD or ADHD is mostly biological, with heredity contributing about 75% of the casual factors.[36] The cause is not behavioral in the sense that someone with ADD chooses to act a certain way. Rather that person is compelled to respond a certain way in a given situation. It may appear on the outside as if they have a choice, but physiologically they do not, what goes on in their brain prompts them to a certain response.[37]

This is welcome news to many, that ADD is a biological condition many times and is determined by the genes of the parents before birth. These genes are passed down from generation to generation. It does not mean that just because a parent has ADD or ADHD that it will be passed to the child. If both parents have ADHD the child is more likely to have the genetic predisposition.[38] The factors present for ADD exist in the brain prior to the child entering the world.[39]

There are non-genetic factors that can increase the likelihood of a child being born with ADD. Substances taken in by the mother during pregnancy can alter cells in the fetus. A mother

---

[35] "Attention deficit hyperactivity disorder (ADHD): MedlinePlus Medical Encyclopedia." National Library of Medicine - National Institutes of Health. http://www.nlm.nih.gov/medlineplus/ency/article/001551.htm (accessed April 1, 2012).

[36] Adler and Florence, *Scattered Minds*, 75.

[37] Ibid.

[38] Ibid., 80.

[39] Ibid., 76.

who smokes or drinks may be putting her unborn child at risk for ADHD. The evidence for this conclusion is mounting.[40]

In addition to genetics, scientists are studying other possible causes and risk factors including, brain injury, environmental exposures (e.g., lead), premature delivery, and low birth weight.[41] Research does not support the popularly held views that ADHD is caused by eating too much sugar, watching too much television, parenting, or social and environmental factors such as poverty or family chaos.

Treatments for ADD and ADHD

The best treatment for ADD is a combination of medication and behavior therapy.[42] There is no one treatment that will work for every person diagnosed with ADD. It is much more effective to combine treatments than to rely on a single source to treat the disease.

If a medication is chosen, the choice is basically between a stimulant such as Ritalin or an amphetamine such as Adderall. There are also non-stimulants such as Strattera. The goal of treating adults with ADD is different than the goal of treating children. For adults, a treatment is needed that will last throughout the day, as adults are busy with work and other activities. For children, medication can be given by a school nurse at intervals, therefore the treatment does not have to be stretched out across the day.[43]

---

[40] Ibid., 81.

[41] "CDC - ADHD, Facts - NCBDDD." Centers for Disease Control and Prevention. http://www.cdc.gov/ncbddd/adhd/facts.html (accessed April 3, 2012).

[42] Ibid.

[43] Adler and Florence, *Scattered Minds*, 118.

What determines the best protocol for treatment combinations is based on variables such as the type of ADD or ADHD the patient has, the symptoms the patient is experiencing, optimizing the length of treatment throughout the day, whether or not the patient has other medications or conditions that need to be considered, and perceptions about the medication available to ADD sufferers.[44]

Coexisting conditions can make treating a patient with ADD difficult. For example if a patient has been diagnosed with clinical depression or bipolar disorder, or any other condition, a physician must make sure each condition is treated and not just one treatment for all of the conditions. Having coexisting conditions in patients with ADD is not the exception, it is the norm.[45] Often times a doctor will prescribe more than one medication just for the ADD, especially in adults whose lives are busier and more complex. Physicians really need to be aware of all the conditions and issues going on with their patients, or one of the coexisting conditions will not get treated.

Cognitive Behavioral Therapy is another form of treatment for those suffering from ADD. It is a combination of two different kinds of therapy, cognitive therapy and behavior therapy. The cognitive therapy focuses on showing the patient how thinking patterns can be the cause of unwanted symptoms that go along with their ADD. Behavior therapy shows the patient how to be strong when faced with impulses to act a certain way in a given situation. This treatment helps ADD patients take control of their thoughts and behave in a way that is rational and with a clear mind.[46]

---

[44] Ibid., 122.

[45] Ibid., 120.

[46] Ibid., 148.

Coaching is a treatment that is growing in popularity, likely due to its effectiveness. With this type of treatment, there is a coach-patient relationship in which the coach helps the patient set goals and obtain objectives. Many ADD patients like the one-on-one coaching and feel it is more effective for them as a treatment option.

The best treatment is a combination of medicine and either Cognitive Behavioral Therapy or coaching. Any time more than one treatment is applied at working against a disease or condition, the results are usually dramatically better and quicker than a stand-alone method of treatment. ADD is the same way. Patients with combined treatments see better results than if they were to just go with one of the treatment options solo.

Myths and Misconceptions About ADD and ADHD

There is a general lack of knowledge concerning ADD and ADHD, as has been stated and cited in this project. When doctors themselves, those who are supposed to be knowledgeable about conditions and maladies are not sure what the disease is, the symptoms, cause, treatments, and other factors of ADD or ADHD, that is a problem. This leads to myths and misconceptions, misunderstandings about ADD. The purpose of this section is to highlight some of the more common ones.

The end goal is that this will clear up some of these misconceptions for pastors and ministers who have heard them and held to them as truth. Pastors and ministers are like anyone else, they know of the disease and they also likely hear false information concerning it. In order to be effective in ministering to those with ADD, there has to be a high degree of factual understanding, and not cultural stigmas.

The first myth is that everyone has the symptoms of ADD, and that anyone with average intelligence can overcome these symptoms. The truth is that ADD affects all levels of intelligence to the person suffering from it. And it is true that many if not all people exhibit certain symptoms of ADD, only those chronic impairments warrant an ADD diagnosis.[47] This is important, ADD is not normal inattention. It is much more severe, it is a chronic problem, not just a bad day focusing.

The second myth to address is that ADD is a simple problem of being hyperactive or not listening when someone is talking to you. The truth is ADD is a complex disorder that involves impairments in focus, organization, motivation, emotional modulation, memory, and other functions of the brain's management system.[48] There is nothing simple or elementary about the disease. This myth is used by those who would like to easily dismiss ADD as problem that someone can just get over or snap out of. It isn't simple at all, it is complex. Anytime a disease affects brain chemicals, it is usually fairly complex.

The third myth to examine is the myth that ADD is a child problem, it doesn't affect adults. The general public truly believes this.[49] The truth is, as has been stated in this project, is that adults suffer from the disease as well. ADD does not just affect children, which is why it is important that pastors and ministers understand the disease, because they deal with adults every Sunday and during the week who have the disease, whether it is diagnosed or not. Terms like "lazy" and "incompetent" are used to describe these adults, in what is referred to as a "moral

---

[47] Brown, *Attention Deficit Disorder*, 167.

[48] Ibid., 20.

[49] Adler and Florence, *Scattered Minds*, xi.

diagnosis".[50] By morally judging these adults, because of the belief that the disease is just resigned to children, the adult with ADD feels more deeply feelings of despair, ineptitude, hopelessness. To show how dangerous a "moral diagnosis" can be, some adults feel so badly they resort to drug abuse, violent crimes, and reckless and dangerous behavior.[51] This does not have to be so. If the myth is dispelled, it would change the lives of many adults. Pastors and ministers must understand ADD and ADHD are not just a kid's disease, it is prevalent among adults as the statistics already stated prove.

The fourth myth to discuss in this project is the myth that ADD is just a lack of willpower. People with ADD focus on things that interest them, they could focus on other tasks if they really wanted to. The truth is that ADD has nothing to do with willpower, even though it may appear that way. ADD is a brain chemical problem.[52] Not to be redundant, but telling someone who has ADD to "just pay attention" or to "just calm down", would be like saying to a paralytic "just get up and walk". It is not a matter of willpower or want to. Pastors and ministers who get frustrated with ADD congregants because they are not paying attention or seem to be antsy or have hyperactivity must understand, it is not intentional, and if the person could do something about it he or she most likely would. They are compelled to act that way because their brain is not functioning like a normal human being.

The fifth and last myth examined is the myth that ADD does not really affect someone's life. The myth that ADD does not really cause damage to how a person lives. The truth is, and hopefully it is evident by now, this is utterly false. Untreated or inadequately treated ADD can

---

[50] Ibid.

[51] Ibid., xii.

[52] Brown, *Attention Deficit Disorder*, 1.

impair learning, family life, education, work life, social interactions and driving safety.[53] All one has to do is ask an ADD sufferer what ADD has done to their life, the lifestyle changes they have had to make, how it has impaired things many people take for granted, and the truth will be evident.

[53] Ibid., 296.

CHAPTER 3

EFFECTIVELY CREATIVING AN ENVIRONMENT FOR WORSHIP FOR ADD CONGREGANTS

Worship services are not always known as the most exciting hour of the week for most church goers. Many people attend church out of a sense of obligation or duty, rather than the joy they feel by attending a service, or the sense of spiritual renewal or awakening they might receive during a worship service. It is the experience of the author that a vast majority of church attendees on a Sunday morning are not there because they, in fact, have a deep yearning to be in the house of God to worship a Holy and Righteous God, but simply there out of tradition or a sense of needing to attend because that is just what they do on Sunday mornings.

If you ask them, "how was the church service today?' they reply "it was okay". If you ask them did they enjoy the music, they might reply "it was alright". You may ask them if they enjoyed the sermon, and they might reply "sure, it was pretty good". The question that needs to be asked is, shouldn't the church worship experience be just that, an experience? For most church attendees, has the church worship service become just "okay" or "alright" or "pretty good"? What has changed in the world is that many Sunday morning attendees do not get anything out of the hour to the hour and a half they spend in the House of God?

Based on the author's experience and talking with church goers over the last fifteen years and studying church growth techniques and attending church growth conferences, the answer is that society and culture have changed. This is the age of post-modernism and churches are striving to remain relevant and effective in the midst of a culture that is rapidly changing in ideology and technology and shifting worldviews. As seen in the last chapter, the number of

ADD diagnoses continues to increase, and many churches have not adapted to meet the needs of these congregants.

Put in another way, if people who do not have ADD or ADHD walk out and can't remember much about the worship service because they were not engaged in it because it was just "okay", and they cannot really even recall thirty minutes later the songs that were sung, the message that was preached, the announcements that were made, then what chance do people with ADD or ADHD have of gleaning anything meaningful out of the same service? Knowing the symptoms of ADD as established in the last chapters such as inattentiveness, hyperactivity, being easily distracted, just to name a few, it would seem clearly obvious that that particular worship service was not structured in a way for it to be a worship experience.

In order to minister to ADD congregants on a Sunday morning or whenever a worship service is held, it must be effectively created to overcome the obstacles they face because of their disease, so that they are ministered to and leave the worship service spiritually renewed and quenched in their thirst for an encounter or experience with God. Because after all, is that not what God created man for, was so that man could worship God and experience Him in all of His glory?

The Importance of Creating the Environment

It is absolutely imperative that a worship environment be created with ADD or ADHD congregants in mind. If a pastor or minister were to follow this logic, it makes sense: if a worship service is created and structured in a way to minister to those with ADD, then would not the rest of the congregation also benefit from the structure and elements in place? Put more

simply, if those with ADD glean something from a worship service, doesn't it make sense that everyone else would too, for the most part?

Worship is a face to face encounter with the living God, based on a regeneration experience, prompted by the Holy Spirit and resulting in exhortation of God's glory.[1] Since worship is giving all of our praise to God with all of our hearts, worship is an intense emotional, intellectual, and volitional response to the majesty of God.[2] Worship is an experience that is meant to be partaken in by the people of God, that is why pastors, ministers, and church leaders must be expedient and proactive about producing a worship service environment that is conducive for true, genuine worship to take place for those with ADD or ADHD.

There is a difference between true worship and activities that take place in a church but are not true worship, they may even be considered anti-worship.[3] Jesus talked about true worship in John 4:23-24 when He said "But the hour is coming, and is now here, when the true worshipers will worship the Father in spirit and truth, for the Father is seeking such people to worship him. God is spirit, and those who worship him must worship in spirit and truth" (ESV).

Worship is a face to face relationship with God. Six elements should occur in all true worship: examination, expectation, appropriation, meditation, consummation and transformation.[4]

---

[1] Elmer L. Towns and Ed Stetzer, *Perimeters of Light: Biblical Boundaries for the Emerging Church* (Chicago: Moody Publishers, 2004), 75.

[2] Ibid.

[3] Ibid., 23.

[4] Towns and Stetzer, *Perimeters of Light*, 85.

Examination worship is when the examiner looks at his or her motives as to why they are approaching God. The person has to look inside themselves and examine their hearts, to see if their worship is about them or about God.[5]

Expectation is the aspect of worship that when people come to worship God, they expect Him to show up in an atmospheric way. It is the belief that if you come to worship, God will meet with you.[6]

Appropriation is putting into action the human activity part of worship. Worship is about offering what is appropriate, a person cannot worship or meet with God without putting himself or herself out there. They have to act.[7]

Meditation is worshipping God reverently. While some choose to sing aloud and make more demonstrative movements, meditation is just quietly reverencing the Lord. During the meditation element of worship, a person just reflects on the things of God and the character and nature of God.[8]

Consummation is the conclusion to the worship experience. The conclusion is not just a benediction prayer but it is a dedicated and changed life as a result of the time of worship. You cannot enter into the presence of God and go away unchanged.[9]

---

[5]Ibid.

[6] Ibid., 87.

[7] Ibid.

[8] Ibid., 88.

[9] Ibid.

Transformation is that worship must do more than lead to dedication, it must lead to transformation. Worship is transformative because during worship you realize what you can't do and when you realize what you can't do you realize how great God is.[10]

There is music that points people to God and music which does not point people to God.[11] Music that does point people to God is seen in 2 Chronicles 5:11-14, which says:

> [11] And when the priests came out of the Holy Place (for all the priests who were present had consecrated themselves, without regard to their divisions, [12] and all the Levitical singers, Asaph, Heman, and Jeduthun, their sons and kinsmen, arrayed in fine linen, with cymbals, harps, and lyres, stood east of the altar with 120 priests who were trumpeters; [13] and it was the duty of the trumpeters and singers to make themselves heard in unison in praise and thanksgiving to the LORD), and when the song was raised, with trumpets and cymbals and other musical instruments, in praise to the LORD, "For he is good,
> for his steadfast love endures forever, "the house, the house of the LORD, was filled with a cloud, [14] so that the priests could not stand to minister because of the cloud, for the glory of the LORD filled the house of God.

Another reason creating a worship environment that is effective and ministers to ADD congregant is that worship has been linked with church growth primarily because worship services are becoming primarily the entry point for people into the church.[12] Every pastor or minister wants to be a part of a church that is growing and thriving, that is common sense. It is therefore vital that the worship service really be a focal point of pastors and ministers, recognizing church growth is being seen in a great way through the worship service, and that it is the "front door" for people trying the church out.

---

[10] Ibid., 89.

[11] Ibid., 23.

[12] Thom S. Rainer, *The Book of Church Growth: History, Theology, and Principles* (Nashville, TN: Broadman Press, 1993), 225.

Growing churches have enthusiastic and celebrative worship services. In creating the atmosphere for worship, the five elements that are important in creating the right worship environment, according to Thom Rainer, are celebrative, friendly, expectant, relaxed, and positive.[13] C. Peter Wagner commented that most worship services are "more like a funeral than a festival".[14]

When the two reasons are combined that worship is Biblical and integral part of the life of the believer, and that the churches that are growing are the ones that have lively, celebrative, energetic worship services, the significance of ensuring the worship service of a church is effective in engaging and ministering to ADD or ADHD congregants, is evident. If there are people in the local church or that visit a local church and the worship service does not promote Biblical worship as Jesus outlined and the worship service is not effective because it is boring, dull, and dry, those with ADD either will not stay in a particular local church long, or those with ADD who are visiting will not consider the church as a viable option for a local fellowship.

The Planning of the Environment

There is an old saying, "if you fail to plan, you plan to fail". If there is no effort on the part of the pastor or minister or church council to plan for an effective worship environment for ADD or ADHD congregants, there will be no effective worship environment. It has to be intentional, it usually will not occur by accident. The leaders of the church must be on board, on the same page, and see a vision where there is a worship atmosphere and environment that is

---

[13] Ibid., 228.

[14] Ibid.

consistent each Sunday that meets the needs and overcomes the obstacles facing ADD congregants.

A church should be on the move. It should be trying to become what God wants it to become. In this sense it is on a trip. There needs to be a plan for this trip. There should be questions asked such as why, who, when, and at what expense, and these questions should be answered as a part of the church's plan. This plan is more than just a trip plan; it is a plan for ministry. This is often referred to as the church's program.[15]

A church program is what you do as an expression of your awareness and commitment to the church's purpose and objectives. It should be planned in relation to the needs of the people, both in and out of the fellowship. It is what a church does to be obedient to Christ in trying to live His way and to be faithful in working with Him to bring people to God.[16]

The planning stage is not always easy, it is not always agreed upon, there is not always unity among the members of a council or a committee as to what the plan should be. There are disagreements over objectives. Any time changed is involved, it is not always palatable to the entire church body.

If a church is going to effectively create the environment needed by ADD congregants to engage in the spiritual act of worship, proper planning must take place. The pastor or minister, has to cast the vision, and the church council and church body need to trust that God has placed the vision in the pastor's heart, and by faith act on that plan. Scripture states in Hebrews 11:6a that "Without faith, it is impossible to please Him" (ESV).

---

[15] Charles A. Tidwell, *Church Administration: Effective Leadership for Ministry* (Nashville, TN: Broadman Press, 1985), 91.

[16] Ibid.

There is an idea the author came across in researching this project, for churches who do not already serve coffee or espresso prior to their Sunday morning worship service. The plan proposed by the author is for the church to offer espresso, cappuccino, or coffee an hour before the Sunday morning worship service to those with ADD. For example, have those with ADD or ADHD drink espresso or coffee during the Sunday school hour and then go into the worship service. The objective is to see if providing a stimulant prior to the worship service enhances the worship experience of an ADD congregant.

At the end of the worship service, between the invitation and the benediction, the pastor would ask for those that participated to raise their hands if they were more engaged and had a more enjoyable worship experience than usual after drinking a cup of coffee or espresso before the service. If the pastor is not comfortable asking people to raise their hands because he feels like this would draw unwanted attention to those with ADD, another way of gathering the information would be to ask the question on a small postcard, have those who participated circle "yes" or "no" to the same question, and drop the card in a drop box on the way out of the sanctuary. This is a very simple, but practical plan of action any church can take to measure the effectiveness it may have on the ADD congregants. If the feedback is that having a stimulant prior to the worship did provide a more meaningful time of worship and they congregant was more focused and engaged, the church could then implement serving coffee or espresso to everyone on a weekly basis.

There will always be boundaries and barriers to cross and overcome anytime planning takes place, as has been noted. Human beings are creatures of habit, and get set in their ways so when a new idea or concept or way of doing things appears, many people are reluctant to embrace the plan. Churches get so comfortable with what they do that they are hesitant to make

any changes, to do anything differently, to make any ripples or go against the grain or try anything new. But the author was posed this question one time, "if you could change one thing about your church or ministry that has never been done, but if it was done would totally change the dynamic of the church forever, what would that one thing be?" The answer for this project to that question, is to plan to create an environment that ministers to ADD congregants. It would change the dynamics of the church.

The Music of the Environment

In an environment that effectively reaches and ministers to ADD and ADHD congregants in a worship service, the music needs to be different. The music needs to be more contemporary with a full array of instruments, and not just an organ or a single piano. Those with ADD or ADHD are not going to be able to stay focused on boring, monotone music during the worship service. Going back to the symptoms of ADD or ADHD, the major categories include inattentiveness and hyperactivity. Therefore the music must address these needs if it is going to be effective.

Church music has been a sticking point for many church members for years, going back in church history to when some of the hymns were considered contemporary or too "edgy". Christians disagree about music styles in the church as much as any other issue in the body of Christ.[17] Each member has their own personal tastes and preferences. The question that has to be answered is what is captivating and upbeat enough to keep the attention of those with ADD

[17] Towns and Stetzer, *Perimeters of Light*, 95.

and offset any hyperactivity with those who suffer from that symptom, yet is still Biblical worship music?

The apostle Paul said in Ephesians 5:19 "addressing one another in psalms and hymns and spiritual songs, singing and making melody to the Lord with your heart" (ESV). These are the three types of songs addressed in the Bible. Singing psalms is singing the words of Scripture. Singing hymns is singing worship music to God. Singing spiritual songs is singing music with lyrics that express our testimony.[18]

The first aspect of church music is the singing of psalms. The book of Psalms has been described as the hymnbook of the Old Testament. A number of other portions of the Old and New Testaments may have been written as psalms celebrating the greatness of God.[19] Throughout church history Scripture has been sung in different ways, from Gregorian chants in the Middle Ages to singing psalms from the psalter during the Reformation. Today psalms are sung with electric guitars and drums and other instruments.[20]

The second aspect of church music is hymns. Hymns as we know them did not exist when Paul wrote the letter to the Ephesians. He was not referring to a song from the hymnbook, but a hymn by definition was a song about or to God. Hymns cause the believer to reflect upon different aspect of God's character.[21]

The third aspect of church music is spiritual songs. These songs are celebratory of the relationship the believer has with God. These songs relate to the Christian life and discuss the

---

[18] Towns and Stetzer, *Perimeters of Light*, 97.

[19] Ibid.

[20] Ibid.

[21] Ibid.

deep experiences the believer has with Christ. These songs are more prominent in contemporary churches.[22]

With each different style of song, there are different styles of music. These songs can be sung in a rock and roll style, a country western style, an acoustical style, and many more. More than the type of song or style, the important thing is that the music that is played and sung, is not just captivating or dynamic or contemporary, but that it honors God.

In their book, *Perimeters of Light: Biblical Boundaries for the Emerging Church*, Elmer Towns and Ed Stetzer discuss seven test questions to determine whether the music we sing is Christ-honoring. They are:

1. *The Message Test* – Does the song come from the Word of God? Is the message of the God spiritually edifying and uplifting?
2. *The Purpose Test* – What is the emotion that is trying to be elicited from the song? What does the leader want the audience to feel as they sing?
3. *The Association Test* – Does the song identify with things, actions, or people that are not Christian?
4. *The Memory Test* – Does the song bring back things from the past that you have left?
5. *The Proper Emotions Test* – Does the song stir our emotions in a negative way, and cause negative or lustful feelings?
6. *The Understanding Test* – Will the listeners have a hard time understanding the words or the message or finding the melody?
7. *The Music Test* – Is there a song within the song?[23]

Every church must assess if the music they sing each Sunday would pass these seven tests. If not then the music needs to be addressed. If it does not glorify God and bring about spiritual edification in the believer, it is not worship music.

The music that may minister to ADD or ADHD congregants may vary from church to church, from city to city. What works in Seattle, Washington may not work in Houston, Texas.

---

[22] Ibid.

[23] Ibid., 103.

What works in Boston, Massachusetts may not work in San Diego, California. It is not because those with ADD or ADHD in those areas have different forms of the disease; it is that there is no one style that will address the situation at every church. What is important is not the style, it is finding the right style that ministers to the ADD congregants in your area, and that ultimately honors God first and foremost.

The Multi-Sensory Environment

Along with the music, which stirs the emotions of men and women and touches the senses, there are other tools and resources that can be used in a worship service to engage multiple senses at one time to create an environment that is effective for ADD people. When what is going on in the environment engages more than just one sense, it helps to offset some of the tendencies and symptoms of ADD. These resources all make sense and are practical in light of the symptoms of the disease.

The first such resource is PowerPoint or visual media. Many churches are using PowerPoint for the sermons or messages, and also for the music. If someone with ADD is singing, while reading the words on the screen, they are being engaged on multiple levels. They have to process several senses at once.

Also using video clips is a great tool to grab the attention of those with ADD or ADHD. Churches are using the technology available more and more. Short video clips can be dynamic in getting a poignant message or even an announcement across, and it hits the audience on several sensory levels.

Many churches are now using theatrical or stage lighting to set the environment or atmosphere. Depending on the mood they want to set, they will have certain colors showing. These lights, just like in a production or play, can be used to great effect in a worship service. For example, if an upbeat song is being sung, there would be plenty of bright colors like yellows and other warm colors. If the mood or atmosphere that is desired is more subdued or somber, blues or cool colors are used to set that environment. Many churches are already being built this way. It used to be that the church was filled with lots of light, natural light and electric, and stained glass windows. Contemporary music and drama require a purposefully lit stage in order to highlight performers. Traditional church design, with its cascade of natural sunlight, works against controlled lighting's effectiveness.[24]

Some churches are even going to laser light shows. For churches that are creating increasingly contemporary worship services, or hosting Christian musicians, the same laser light effects used in television commercials and music videos can enhance the visual impact of worship services, and Christian music artist concerts.[25] A water screen is used with a laser light show as a moving and shimmering projection screen. Lasers can project an intense image that appears on the water screen. As the water pours from an upper distribution pipe and falls into a shallow trough, the lasers project computer-driven images or movies onto the falling water droplets like a traditional movie projector onto a hanging white projection screen. For church

---

[24] Kent Morris, "Stage Lighting for Modern Worship ChurchBuyersGuide.com." Christianity Today A Magazine of Evangelical Conviction. http://www.christianitytoday.com/cbg/2005/sepoct/2.33.html (accessed April 9, 2012).

[25] Timothy Burns, "Laser Lighting Special Effects for Churches" eHow How to Videos, Articles & More - Discover the expert in you. eHow.co.uk. http://www.ehow.co.uk/info_8570566_laser-lighting-special-effects-churches.html (accessed April 9, 2012).

presentation, a water screen can be used to display moving spiritual images, or scenic backdrops for musicians' performances.[26]

There are many churches that are using these multi-sensory tools. One such church is Bridge International Church in Rotterdam. The pastor of the church said "It's almost like going into a nightclub and seeing a secular Christian band perform," said James Bookhout of the band of musicians that rock the house during praise and worship. "It enhances the worship experience."[27]

Concerning a multi-sensory atmosphere and environment, Mark Driscoll, pastor of Mars Hill in Seattle, Washington said "Everything in the service needs to preach--architecture, lighting, songs, prayers, fellowship, the smell--it all preaches. All five senses must be engaged to experience God."[28] Dan Kimball added "How ironic that returning to a raw and ancient form of worship is now seen as new and even cutting edge. We are simply going back to a vintage form of worship which has been around for as long as the church has been in existence."[29]

What does all this mean for those with ADD and ADHD? It means that churches are adapting to make their worship services more "ADD-friendly". It may not be a conscious effort in every case to specifically reach those with ADD or ADHD, but the end result is the same;

---

[26] Ibid.

[27] Paul Nelson, "Church aims to make service comfortable: Bridge Christian provides short sermons, theatrical worship and relaxing atmosphere." *Times Union (Albany, NY)* (February 21, 2007): *Newspaper Source Plus*, EBSCO*host* (accessed April 9, 2012).

[28] "The National Reevaluation Forum: The Story of the Gathering,"(Youth Leader Networks - NEXT Special Edition, 1999), pp. 3-8, citing Mark Driscoll, "Themes of the Emerging Church.".

[29] Dan Kimball, *The Emerging Church: Vintage Christianity for New Generations* (Grand Rapids, MI: Zondervan, 2003), 169.

many churches across America that are using multi-sensory technology and concepts are seeing tremendous growth.

Churches with a multi-sensory atmosphere will also limit distractions. They keep things moving, there is always something going on to keep the attention of the audience member. It churches that are traditional in the sense that they are not multi-sensory, just one little thing can be a distraction, such as a cough or a sneeze or someone getting up to go out of the sanctuary or auditorium. In a multi-sensory environment, because it is more relaxed, people do not pick up on these things as much, so they are not as likely to get distracted by them.

What this project is not saying, is for every pastor or minister to go out and buy a laser light kit or theatrical lighting. Every church cannot do that with their budget, nor should they try without bathing it in prayer. What this project is saying is that a church, a pastor, a minister has to do something to create an environment that grabs and keeps the attention of those with ADD or ADHD, so that they are being ministered to in the worship service.

The School Environment

The school system is seeking to include students with ADD or ADHD and make them feel a part of what is going on in the class room. They are taking great lengths so that these students do not feel ostracized or like they do not belong. The school system came up with strategies based on research and knowledge about the disease. They are all based upon the principle that by creating a better fit between the school environment and the student, we are creating opportunities for him or her to succeed. Students with AD/HD often experience

difficulties in mainstream classrooms and schools because the emphasis on meeting common needs means that their specific group needs are not addressed.[30]

There are several things that the school systems have found in dealing with students with ADD or ADHD that should be implemented in the church. Pastors and ministers can learn from the successes the schools have had.

The first example is the attitude of teachers towards students with ADD or ADHD. Recent research by Ghanizadeh, Bahredar and Moeini demonstrated that more tolerant and positive attitudes towards students with ADHD are associated with levels of knowledge of ADHD among teachers. This suggests that training to increase teachers' knowledge of ADHD may need to be a priority if subsequent shifts in attitudes and practice are to occur.[31]

This research supports this project. The findings of the research done showed that the more teachers knew about ADD and ADHD, the better they understood and related to the students. Transposing that principle to the church world, the more that pastors and ministers know about ADD, the more they can relate and understand their ADD congregants.

The school system also discussed minimizing distractions. Students with AD/HD have a lower threshold for distraction than other students. As such, it is important to create a classroom environment that accommodates this difference whenever possible. For example, the student may need to be given preferential seating in a place that is as free from distraction as possible,

---

[30] Neil Humphrey, "Including students with attention-deficit/hyperactivity disorder in mainstream schools." *British Journal Of Special Education* 36, no. 1 (March 2009): 19-25. *Academic Search Complete*, EBSCO*host* (accessed April 2, 2012).

[31] Ibid.

for instance, away from doors and windows, and in an area of the classroom with a direct line of sight to the teacher.[32]

If pastors could do more of this, eliminating distractions, they would be so much more effective in creating an environment for ADD congregants as the schools are creating for the students. Things like making sure cell phones are turned off, not allowing any babies at all into the sanctuary unless they are newborns, having ushers ready to handle any distractions, not having windows in the sanctuary for people to look out and get distracted. And the list goes on and on of things that could be done in the church to create this effective environment free from many distractions.

Another finding was that predictability and establishing a routine was very successful with students. Students with ADHD will benefit from being provided with a clear structure to each day, lesson and task. When introducing lessons, it is useful to:

> • review the previous lesson (remind them of what the key topics and concepts were, and explain how they link to the current lesson)
> • provide an advance outline/schedule (talk students through the order of the various activities planned for the current lesson)
> • set learning expectations (make clear what and how they will learn);
> • set behavioral expectations (explain what is and is not acceptable, and how and when this could change during the lesson – for example, that talking with other students is acceptable during a group activity, but not during a test at the end of a lesson)
> • state needed materials and resources (explain what students will need to complete the various activities and where they can find these materials);
> • simplify instructions and choices (ensure that these are communicated in a clear, uncomplicated manner)[33]

The next chapter will deal with this concept more, on communicating in a better way to those with ADD or ADHD, but the principle is clear that those with ADD learn better and

---

[32] Ibid.

[33] Ibid., 22.

respond better when they are in an environment that is repetitive, and there is a routine so they know what to expect. This does not mean pastors and ministers should make church services as boring and routine as possible, the concept is of the ADD congregants having some familiarity with what is going. For instance, if the pastor is doing a series of sermons, use the opening part to refresh what has been gone over, and then go from there. Also, pastors should not be afraid to set parameters and expectations. Guidelines and structure are not bad in and of themselves.

These are just some of the things the school system has found out through research on how to make the classroom a better learning environment, for teachers to be more effective in teaching their students. Pastors and ministers can glean a lot of valuable concepts through what is being learned and how effective these teachers are now being based on the knowledge they have been empowered with.

The Conclusion on the Environment

Creating the right environment for ADD or ADHD congregants has to be intentional. The principles and concepts laid out in this chapter will aid a pastor, minister, or church leader in achieving the goal of creating such an environment that those who suffer from the disease will be engaged in the worship service, and as a result will be effectively ministered to.

As discussed, it is important that a conducive environment be created for ADD congregants because as human beings, the sole purpose God created man was for fellowship and worship. If a church wants to be the place where people can come and experience and be engaged in corporate worship as a part of the creation design in a group setting, there must be things in place for the worship service that assist in engaging those with ADD or ADHD. It is Biblical that they worship God as Christians, therefore there needs to be a setting in place that

enables them to worship, not distracts or detracts from their worship of God. With proper planning, this kind of environment can be created. God will be glorified, and the church will be edified.

CHAPTER 4

EFFECTIVELY PREACHING TO ADD CONGREGANTS

A vital part of a worship service each week is the sermon or message. The sermon is just as important as the music portion of the worship service; it is an integral part of the worship experience for church members. The problem is that just hearing the word "sermon" has a negative connotation with some church members. They automatically think of this as the boring part of the service where the pastor or minister stands in front of them, never leaving the pulpit, and proceeds for thirty to forty-five minutes to wax eloquent with three points and a poem. But that is not how sermons should be, and if they are to minister to ADD sufferers, they cannot be boring, dull, monotonous messages that are being preached or taught each Sunday.

To avoid the stigma of the negative connotation associated with sermons, sermons are now being called different things by Andy Stanley and other preachers and teachers across America. Sermons, talks, teachings and messages can be used interchangeably. Also, there is no distinction between preaching, teaching, or general communicating.[1] It goes without saying, that not every pastor or minister would agree with Stanley's assessment, but it is the experience of the author that these words are being used interchangeably by prominent pastors and communicators across the country such as Louie Giglio, Mark Driscoll, Reggie Joyner, and others.

The purpose of this chapter is to examine how a pastor, preacher, teacher, communicator, or church leader, can effectively communicate to those in the congregation with ADD or ADHD. The author will examine different aspects and facets of preaching or teaching, as well as different

[1] Andy Stanley and Lane Jones, *Communicating for a Change* (Sisters, OR: Multnomah Publishers, 2006), 13.

styles of preaching that can be effective in preaching to those with ADD if pastors and preachers will utilize the styles as they are meant to be used.

Effective preaching must be engaging. By now, it has been established what ADD is and what the symptoms of ADD and ADHD are. If a sermon or message or talk is to be effective, it has to engage the listener that suffers from the disease, who is inattentive or daydreaming or hyperactive. Based on the knowledge of ADD and ADHD that has been presented, the data would suggest that it is easier to keep those with ADD or ADHD engaged during the singing part of the worship service than the preaching part of the worship service. During the preaching or communicating time, the ADD sufferer has to sit in a chair or a pew and try to focus and also not be a distraction to those around him or her. They must be engaged by the message or talk.

Jeff Foxworthy, a very popular comedian who has made a living off engaging people with humor through standup comedy, said "To communicate effectively, you have to connect" He also adds that a communicator needs to leverage their connection as a communicator to teach people the truth of God's love, to make it personal for the listener, and to show them how to live the life they were meant to live.[2]

The goal of every pastor or teacher is to communicate the Word of God in a way that the listener receives it, processes it, and digests it. At least that should be the goal, based on 2 Timothy 4:2 which says "preach the word; be ready in season and out of season; reprove, rebuke, and exhort, with complete patience and teaching" (ESV). Paul was not telling young Timothy to preach because he enjoyed hearing the sound of his own voice, or to preach God's Word because it was his job, but the command Paul gives is speaking of preaching the Word in order that the listener might be edified and encouraged. This includes those who live with ADD or ADHD on

[2] Ibid., iii.

a daily basis. They need to have the Bible preached or taught to them, that they may grow spiritually. Therefore the message or sermon or talk must connect so that the ADD congregant can receive it, process it, and digest it.

Hopefully by the end of this chapter, there will concepts and ideas discussed and examined that will show pastors, teachers, or communicators how to effectively address those in their fellowship that have ADD. It is important to note that some of the things presented in this chapter will not be universally recognized as valid or a good way to go about preaching or communicating. The goal of the author is not to start a controversy, but to present methods of preaching and teaching and communicating that can be effective in reaching the goal of the pastor, teacher, or communicator, which is to get their sermon or message across. On some things presented, the pastor or minister reading this project may have to agree to disagree. But the pastor or minister should consider the material presented, not in the light of his or her own personal preference or tastes, but in light of what is effective in ministering to those with ADD.

The Effectiveness of Preaching Delivery

A pastor, preacher, or communicator must be aware of his own delivery. It is possible that the way that a pastor or communicator has been delivering their messages is defective. Speech specialists agree that one's speech delivery needs corrective treatment if it falls under one of three conditions; if the delivery calls attention to itself, if the delivery interferes with effective communication, or if the delivery creates self-consciousness or causes anxiety.[3]

---

[3] Dwight E. Stevenson and Charles F. Diehl, *Reaching People from the Pulpit: A Guide to Effective Sermon Delivery* (New York: Harper, 1958), 4.

There is always the possibility that the delivery is defective and not effective, but that it could be more effective if the pastor or communicator was aware of how ineffective he is. His own judgment of himself may be unreliable, and therefore he needs more criteria to judge his delivery. The following questions are submitted to assess the effectiveness of one's delivery:

1. Do you ever have trouble with your throat after speaking? Are you hoarse at such times? Does your throat feel strained or tired?
2. What is the quality of the attention given you by your congregation? Do they listen avidly?
3. Do you know your own speech machine, as a mechanic knows his automobile?
4. Do you actually know the many different elements that enter into effective vocal expression? Are you making the best use of them?
5. Have you ever had your speaking voice analyzed?
6. Did you ever think about the emotional message which people get from you? What do you feel about yourself?
7. What do you do with your body in speaking?
8. Have you ever really settled that difficult question about the use of notes or manuscript?[4]

These questions all should be considered and sober and truthful answers given to each question. Any pastor or communicator should want to have an effective delivery, and if it is not being effective and the pastor or communicator recognizes that based on the listed questions, then steps should be taken to work on the delivery of the message to make it more effective.

There are also voice variables, which are aspects of delivery. Many people possibly never consider these voice variables and how important they are. The voice variables are pitch, range, intonation, and inflection.[5]

Pitch refers to the sound the vocal chords make when they are closed and air passes through them. Pitch is often determined by a thought or feeling. There is an optimal pitch that is aesthetically pleasing.

---

[4] Ibid.

[5] Ibid., 19-23.

Range is the distance between the lowest pitch and highest pitch a person has. A pastor or communicator who has a wide range and uses it frequently will generally be more interesting.

Intonation is a speaker's use of range within a sentence. It means that a speaker's speech is not haphazard but makes a tune, or a melody.

Inflection is a glide within one syllable of a word in which a person expresses sarcasm, conviction, doubt, or any other expression of attitude. Inflections are important to a speaker's message because they carry the real meaning and feeling behind what the speaker is saying. Inflection signifies the emotion intended for the audience to receive.

Mastering the vocal delivery of a message or talk will enhance the effectiveness that the message has on the audience. It is common sense to know and understand that a pastor or communicator who is monotone is not as likely to capture the attention of the audience as a pastor or communicator who has vocal variety. By using vocal variety, changing the loudness or softness at key moments of the message, using different inflections that convey various emotions, a communicator can grab the attention of the ADD congregant and keep it. When a pastor understands the science behind vocal variables, he will be much more effective overall, not just with ADD or ADHD congregants.

Everyone has heard a person speak, and after they got through speaking, whether it was a speech or a sermon or a monologue in a play, the message stuck because the speaker's vocal delivery was diverse. The aim here is to shed light so that pastors and communicators will examine their delivery in light of this knowledge, and if they are not being effective, that they will have a sober assessment and become effective in their delivery. It will only help their cause in preaching or teaching to people with ADD.

The Effectiveness of Expository Preaching

Expository preaching is a style of preaching that can be effective in ministering to those with ADD. Before getting into what expository preaching is, not everyone agrees that expository preaching, or any preaching for that matter, is an urgent need of the church. There are those that believe there are other ministries and methods that are better and more in tune with the times.[6]

It is Needed

The writers of the New Testament understood the importance of preaching, however. Preaching stands as the event through which God works.[7] Peter said in 1 Peter 1:23 "since you have been born again, not of perishable seed but of imperishable, through the living and abiding word of God" (ESV). Peter went on to say in 1 Peter 1:25, "And this word is the good news that was preached to you." (ESV). The people had been redeemed because the "word" had been preached to them. Preaching is important. It should not be relegated to a thing of the past or minimized by some churches, but embraced because it is preaching or communicating the good news of the Gospel that changes lives.

With that in mind, expository preaching is needed. Expository preaching is defined as the communication of a Biblical concept, derived from and transmitted through a historical,

---

[6] Haddon W. Robinson, *Biblical Preaching: The Development and Delivery of Expository Messages* (Grand Rapids, MI: Baker Book House, 1980), 17.

[7] Ibid., 19.

grammatical, and literary study of a passage in its context, which the Holy Spirit first applies to the personality and experience of the preacher, then through the preacher, applies to the hearers.[8]

It is Biblically True

Expository preaching is more of a philosophy than a method. The question that must be asked when trying to determine if expository preaching is being used is for the preacher or communicator to ask the question, "Do you as a preacher endeavor to bend your thought to the Scriptures, or do you use the Scriptures to support your thought?"[9] Another way this question can be phrased is, as a communicator or pastor, do you try to make the text say something it does not say in order to support your beliefs, or through study of the text historically and grammatically, do you allow the text to say to you what you should believe?

It is Conceptual

Expository preaching emphasizes the communication of a concept. It does not emphasize just what a word means, but expository preaching underscores a concept that a given text or group of words dictate to the pastor or communicator.[10] The thrust of this style of preaching is to let the text speak for itself, and for the communicator or pastor to simply preach the concept that is being presented as is, without putting their own personal spin on it. Unfortunately, many

---

[8] Robinson, *Biblical Preaching: The Development and Delivery of Expository Messages*, 21.

[9] Ibid., 22.

[10] Ibid., 23.

preachers and communicators do not practice this. They claim to be expository preachers or communicators, yet they use verses as launching pads for their own personal opinions.[11]

It is Applicable

One reason expository preaching can be effective to those with ADD or ADHD is that it is applicable. Application gives expository preaching purpose.[12] Expository sermons without effective applications are usually dull. With ADD in mind, this style of preaching would make sense in how it could be effective in capturing the minds and attention of those who suffer from the disease. Sermons or messages or talks that utilize good applications are generally effective in the author's experience. They are more real and genuine than just a verse by verse exegesis of the text. It is great to know what the original language means or what the author was going through when he wrote the book in the Bible , but how does it apply to the listener? That is really what people want to know, not just knowledge for knowledge sake, but how does what is being preached or taught or communicated apply to their lives?

It is Culturally Relevant

Another reason that expository preaching can be effective is that it says forget about speaking to the ages and speak to the people today. A congregation does not gather to convict Judas or Peter or Solomon, but to judge themselves. Expository preachers say they must know

---

[11] Ibid., 26.

[12] Ibid., 27.

the people as well as the message.[13] An expository message should be a bullet, not a buckshot. Ideally each sermon is the explanation, interpretation or application of a single dominant idea supported by other ideas. It should relate Biblical truths to the people of today.

It is Meant to Stick

Years ago Calvin Coolidge returned home from church one Sunday and was asked by his wife what the minister had talked about. Coolidge replied, "Sin". When his wife pressed him as to what the preacher said about sin, Coolidge responded, "I think he was against it." The truth is many people in the pew leave church and do not remember the sermon, just as Calvin Coolidge didn't.[14]

Those who hear expository preaching should be able to answer the question of what they heard that day. They should be able to recall the message or talk. Expository preaching that is truly expository preaching will not leave the listener in a mental fog about what they listened to. The danger is that with that mental fog would come spiritual peril.

This is why expository preaching is a viable and valuable style of preaching that will be effective in ministering to those with ADD. It is designed, it its truest form, to leave the hearer of the message or talk with a lasting impression. It is meant to engage the listener with applications and relation to current culture so that the congregant remembers the message and as a result gleans something from it and grows from it. Expository preaching in its truest form is effective in ministering to those with ADD or ADHD.

---

[13] Ibid., 28.

[14] Ibid., 34.

The Effectiveness of Multi-Sensory Preaching

Multi-sensory preaching is not groundbreaking to some pastors. But to those church leaders who have been behind the eight ball and are looking for fresh and engaging ways to speak to their congregants without losing them because of the changes being made, this concept may be mind-blowing.[15]

Multi-sensory preaching is preaching or communicating that touches on more than just one sense. Unlike conventional preaching, which stimulates only the sense of hearing, multisensory communication stimulates multiple senses, that is, the senses of hearing, seeing, touching, and sometimes even smell and taste.[16] Multi-sensory preaching or communication brings more of the whole person into the teaching process.

The Need for Multi-Sensory Preaching

Author Rick Blackwood, pastor of Christ Fellowship Church writes:

> I'll never forget the first color television my dad purchased. Finally, we were going to see television programs in living color. To help us receive broadcast signals, Dad purchased a high-powered multiangle antenna. It rotated in a complete 360-degree circle, which gave it the capacity to receive multiple channels. At that time, there were basically three networks on the air: ABC, NBC, and CBS. In other words, Hollywood had the capacity to communicate through three networks, and our multiangle antenna gave us the capacity to receive all three. Unfortunately, even with this high-powered antenna, we received only one

---

[15] Rick Blackwood, The *Power of Multi-Sensory Preaching and Teaching: Increase Attention, Comprehension, and Retention*, by C. E'Jon Moore. *The Christian Manifesto Review*, February 22, 2012, http://thechristianmanifesto.com/archives/book-review/the-power-of-multisensory-preaching-and-teaching.

[16] Rick Blackwood, *The Power of Multi-Sensory Preaching and Teaching: Increase Attention, Comprehension, and Retention*, Location 128-29.

> channel clearly — NBC. Why only one channel? The answer was simple: ABC did not broadcast any signal to Rock Hill, South Carolina, and CBS did not broadcast a clear signal.
>
> On the receiving end, our TV was wired to receive all three channels: ABC, NBC, and CBS. But only one channel communicated to our television — NBC. The communication breakdown was not on the receiving end. It was on the communicating end. This is the picture of much modern-day preaching. The breakdown in communication is often on the teacher's end. As biblical teachers, we have three sensory channels by which to communicate information — verbal, visual, and interactive. Corresponding to that three-dimensional communication, the people in our congregation have a three-channel neurological antenna by which to receive that information. They can hear the verbal communication, they can see the visuals, and they can touch the interactive elements. But in most churches, the information is broadcast in one channel only — verbal. At Christ Fellowship Church, we try to communicate from all three channels (verbal, visual, and interactive) to the corresponding senses of reception (hearing, seeing, and touching).[17]

Competent teaching is just as crucial to the spiritual health and numerical growth of the church. We will be hard-pressed to grow our churches if we struggle to communicate the things of God's Word. Therefore, we must not forget the other half of our calling, which is to teach. In fact, the Bible says in 1 Timothy 3:2 that the pastor must be "able to teach" (ESV). The phrase "able to teach" is a translation of the Greek word didaktikos, which means "skillful at teaching."[18]

The Rationale for Multi-Sensory Preaching

Learning begins with the senses. They are the gateway to the brain. This is why when it comes to Biblical teaching the senses cannot be ignored, because they are vital to learning. And with the knowledge that ADD and ADHD affect the brain and the way it functions and operates,

---

[17] Ibid., Location 978-89.

[18] Ibid., Location 1006.

engaging multiple senses at one time would enhance and maximize the learning opportunity for someone with the disease. When it comes to communication, people receive sensory information from the teacher in the form of hearing, seeing, and touching and then transmit that sensory information to the brain for processing.[19]

The role of the senses in learning is not only supported by neurology but also by theology. Three primary senses interface with teaching: hearing, seeing, and touching. Scripture addresses each one in 1 John 1:1 which says "That which was from the beginning, which we have heard, which we have seen with our eyes, which we have looked at and our hands have touched" (ESV). What John was saying was that they learned from Jesus by seeing Him, hearing Him, and touching Him.

God Himself is a multi-sensory communicator. If you look at His general revelation to man, God teaches us about himself from what we hear, see, touch, smell, and taste. This is what is referred to as natural revelation, as God reveals Himself to mankind through nature. The multisensory nature of the creation captivates our attention, helps clarify our understanding of God, and is absolutely unforgettable.[20]

Jesus was a multi-sensory teacher and communicator. Few teachers relied on the power of multisensory teaching more than Jesus. What is seen today in terms of multisensory teaching is not so much a revolution as it is a revival. Jesus used vines, branches, coins, water, wheat, wheat fields, children, and all sorts of visual aids to graphically communicate divine truth.[21]

---

[19] Ibid., Location 1018.

[20] Ibid., Location 1284.

[21] Ibid., Location 1310.

The Biblical is the Centerpiece of Multi-Sensory Preaching

This brings us to an important reason for careful planning: ensuring that the message of the Bible is the central focus of the weekend services. Visuals can be illuminating. Videos can move and inspire. Lights and props and drama can keep people interested. But too much of a good thing can quickly distract from the very reason people need to be there, which is to apply the Word of God to their lives.

Multisensory preaching by nature does not seek to change the message, only the method of delivery. It is designed to make the message more captivating, more understandable, and more memorable. The communication world is constantly in change, and we must be able to adapt our methods (not the message) to that context. The world of communication has transitioned from no technology to radio, television, computers, and the Internet.[22]

The Intellectual Stimulation of Multi-Sensory Preaching

There also appears to be a prevailing wind of "anti-intellectualism" among many contemporary preachers. This mindset insinuates that the people in our audiences do not have the intellectual capacity to comprehend mentally challenging content. As a result, some contemporary pastors tone down the theological and cognitive content of their teaching. I heard one popular speaker say he keeps his content on a seventh-grade level. He was applauded.[23]

---

[22] Ibid., Location 1342.

[23] Ibid., Location 1440.

The problem with this thinking is that it limits the theological growth of church members and also hinders and places restrictions on their relationship with God. Going a step further, it implies to the world that Christians lack the capacity to think, reason, and engage in mentally stimulating thought. Christianity then comes across as a simplistic, mindless, emotional, and nonintellectual faith.[24]

Engaging the audience through intellectual stimulation is a clear advantage of multi-sensory preaching and communicating for those with ADD. If a person is mentally stimulated by the message or talk being presented, then spans of inattention or lack of focus would decrease by nature.

The Preparation for Multi-Sensory Preaching

Pastors and communicators may read this and feel overwhelmed about transitioning to multi-sensory preaching or communicating. They see the need for it and how it can be really effective in reaching ADD congregants, but are not sure how to start. The transition may look daunting. C. E'Jon Moore says "If people are like me, when they read something dynamic and new, they want to implement everything they have read right away, to the detriment of the hearer (and their own style of preaching, which needs time to adapt)."[25] Moore highlights that pastors are to start small and utilize creative teams if possible or available, so that the pastor or

---

[24] Ibid., Location 1452.

[25] Rick Blackwood, The *Power of Multi-Sensory Preaching and Teaching: Increase Attention, Comprehension, and Retention*, by C. E'Jon Moore. *The Christian Manifesto Review*, February 22, 2012, http://thechristianmanifesto.com/archives/book-review/the-power-of-multisensory-preaching-and-teaching

communicator does not feel the burden to create a message or talk that is multi-sensory all on his own.[26]

The Presentation of Multi-Sensory Preaching

There are three words to remember when presenting or delivering a multi-sensory message: attention, comprehension, and retention. Attention means the pastor or communicator gets it. Comprehension means that the audience gets it. And retention means that the audience will never forget it.[27] These are the three key elements that will make the presentation effective. They are essential in multi-sensory preaching. Comprehension and retention are especially significant for the purpose of this project, because they deal with presenting a message or talk in a way that the person with ADD gets the message and understands the message, and taking it a step further, that they never forget the message. If a pastor or communicator can incorporate these elements and present with these in mind, he will be highly effective in preaching or communicating to ADD congregants.

In the first five minutes, the ultimate fate of the message will be decided. It is in the first five minutes that the message or talk either takes off or crashes and burns. There must be a solid introduction, either with a video clip or some other method that grabs the attention of the audience.[28] A solid, highly visual introduction will increase the effectiveness of the comprehension and retention aspects of the message.

---

[26] Ibid.

[27] Blackwood, *The Power of Multi-Sensory Preaching and Teaching: Increase Attention, Comprehension, and Retention*, Location 2547

[28] Ibid., Location 2579.

The Effectiveness of One Point Preaching

The one point preaching model is a way of preaching that breaks a conventional preaching style of three points and a poem. One point preaching strives to present one main idea or concept to the listener that they will take home with them. Andy Stanley, who is one of the forerunners of this style of preaching says that every time he gets up to preach he wants to take one simple truth and lodge it in the heart of the listener. He wants them to know one thing, and what to do with that one thing.[29] Andy Stanley is considered by church members and other communicators and pastors as one of the most effective communicators in the church today.[30]

Stanley discusses the one point preaching model and says that the key to this approach to preaching is two things. The first thing is for the pastor or communicator to know the one thing that they want their audience to know. The second thing the pastor or communicator must understand is what do they want their audience to do with the one thing that is presented.[31] Instead of having two, three, or four ideas to leave with an audience, a pastor or communicator needs to just pick one.

The process of developing a one point message or talk is to find the one, build everything around it, and make it stick. The pastor or communicator has to go through the process of discovering or finding the one thing, the one point they want to drive home. Once that point is

---

[29] Stanley and Jones, *Communicating for a Change*, 12.

[30] Ibid., iii.

[31] Ibid., 105.

discovered, then the pastor or communicator is to orient their entire message around that one central point or concept. Then after building the message, they have to be able to make it stick.[32]

This type of preaching or communicating is effective for ADD congregants because all they have to focus on and understand is one point. The one point is very clear, very well defined, and everything about the message or talk is geared to emphasize the one point. Those with short attention spans can greatly benefit from only having to focus on one general idea. It is the responsibility of the pastor or communicator to make that one idea stick. This is done by using a clear, succinct takeaway that any person can remember. The takeaway will be driving home the one point.

In order to effectively communicate in one point preaching, the pastor or communicator must internalize the message or talk, or in other words, they must own it. What is meant by the pastor or communicator owning the message is that they are able to sit down at a table and communicate their talk to a group of two people in a way that is both conversational and authentic.[33] When a pastor or communicator can tell their sermon rather than just preaching it, they are ready to communicate.

The one point preaching or communicating style will engage the audience with the text. The message or talk should be presented in such a way that the audience is captivated by it, including being engaged with the Word of God. This is accomplished changing the rate of speed in which the pastor or communicator speaks. It is also accomplished by "slowing down in the

---

[32] Ibid., 106.

[33] Ibid., 135.

curves", which means to take critical turns and material in the message more slow for more effect before speeding back up again.[34]

ADD congregants can benefit greatly from this style of preaching and communicating. Not only can they benefit from it, but the pastor or communicator can as well. Instead of having to put together a nice three or four point outline with points and sub-points, the pastor just needs one point, one thought, one concept, and then build the entire sermon or talk around it, own it and present it.

[34] Ibid., 157.

CHAPTER 5

EFFECTIVELY COUNSELING ADD CONGREGANTS

The field of counseling and psychology is so broad, that a chapter on counseling could easily turn into a book about counseling. In fact, in doing research for this project, the author found an abundant amount of resources on counseling and psychology. There is no lack of valuable sources to be found concerning the large field of psychology. Churches are living in a time when there are more books, journal articles, essays, and magazines that deal with psychology and mental and social disorders than ever before. The wealth of knowledge that can be gained from these sources for pastors and ministers is great, but also overwhelming because there is simply so much.

With this in mind, the purpose of this chapter is to focus on a specific aspect of counseling, which is to help pastors and ministers effectively counsel those who have ADD or ADHD. The purpose of this chapter is not to be exhaustive, but to provide some fundamentals and establish framework for pastors in ministering and counseling those in the church who have the disease.

Pastors counsel with church members all the time. Pastors and ministers do pre-marital counseling, family counseling, spiritual growth counseling, soul care, and other forms of counseling. Pastors and ministers need to be aware that a church member they are counseling with has ADD or ADHD, because that knowledge along with understanding ADD, should enable the pastor or minister to counsel more effectively.

The aim is not to make pastors or ministers licensed professionals, but to provide concepts and applications that will make the counseling that they already do or will do, more

effective. Pastor and ministers are already counseling as a part of their pastoral duties, it is the hope of the author that after reading this thesis project they will recognize those who have ADD or ADHD, and be more effective at counseling with them.

It should be stated, any time a pastor or minister is counseling with a church member and the problems or issues that member is dealing with are deeper than what a pastor or minister is capable of helping with, the pastor or minister should make a referral to someone who is a licensed professional, and not try to do something they are incapable of doing or do not have the knowledge to do.

Understanding ADD and 21st Century Christian Counseling

The pressing concern at the inception of the 21st century is that people are hurting and searching frantically for hope and a new life. If there is ever a time for Godly leadership, servanthood and biblical counsel, it is now.[1]

Sadly, there is a lack of adequate treatment. Over the last several decades, research studies have repeatedly proven the efficacy of counseling. Moreover, religious and faith-based psychotherapy have skyrocketed, showing again and again the great value that ensues when "faith meets counseling." What is sad is the gap between persons needing help, and the lack of trained individuals available to provide quality care.[2] There is a great divide between Christian clients and the number of mental health professionals available to give care. The idea of finding a Christian counselor in the 21st century seems problematic.

---

[1] Timothy E. Clinton et al., *Caring for People God's Way: Personal and Emotional Issues, Addictions, Grief, and Trauma*, (Nashville, TN: Nelson Reference & Electronic, 2005), 4.

[2] Ibid., 8.

Dr. Tim Clinton says, concerning 21st century Christian counseling:

> "Christian counseling and pastoral care is grounded upon the centrality of healing relationships with both vertical and horizontal dimensions. Like all counseling, it is dyadic in its horizontal dimension between at least two persons. As truly Christian counseling, it becomes uniquely triadic due to God's presence in the vertical, supernatural dimension. In Christian counseling, the Holy Spirit is the third person in every counseling situation. Since this vertical dimension is unique to Christian counseling, it is essential that we begin healing pursuits with the relational God-with Father, Son, and Holy Spirit.[3]

Christian counseling, then, may be defined as a triadic healing encounter with the living Christ, facilitated by a helper who assists this redemptive, healing process, helping another get unstuck and moving forward on the path to spiritual maturity and psycho-social-emotional health.[4] Dr. Clinton also states that Christian counseling has to be more about caring than curing. The focus must be more on caring for those that are hurting, and not just trying to cure those that are hurting.

Dr. Clinton concludes the state of affairs in 21st century Christian counseling by saying:

> "Christian counseling is wonderful, maddening, joyous work. Those called to walk with and serve the hurting are sometimes overwhelmed, often confused, and occasionally avoidant of walking committedly in this calling. We understand this because we ourselves know this joy and are beset, at times, with these very same struggles. The wonder of it all is that Jesus sends the Spirit-all the time and in every way-to comfort us and to set us free of ourselves. Truly, our real life-and that of our clients and parishioners-is hidden with Christ in God. If we look for it, He always reveals it."[5]

In light of the current climate for Christian counseling in the 21st century, it is imperative that pastors and ministers step up and do what they can to effectively counsel their parishioners. It is not solely the responsibility of mental health professionals or Christian counselors. The call is not for pastors to go above or beyond what they are capable, but the call is for pastors and

---

[3] Ibid., 14-15.

[4] Ibid., 15.

[5] Ibid., 23.

ministers to do what they can, to put forth the effort to a hurting world. More specifically, for the purpose of this project, to those in their congregations who suffer from ADD or ADHD.

Understanding ADD and Coexisting Conditions

Before a pastor or minister can begin to effectively counsel, or attempt to counsel, with someone who has ADD or ADHD, they need to be aware that more may be going on than what appears on the surface. A pastor or minister may be aware that a church member has ADD, but what they may not know is that there are coexisting conditions with ADD in the member.

A person with ADD is six times more likely to have another mental disorder than most other people. ADD or ADHD usually overlaps with other disorders. ADD has extremely high rate of comorbidity with virtually every mental disease listed in the *DSM-IV*.[6] Comorbidity is a medical term used to describe other disorders that are present with ADD. For example if someone has ADD or ADHD and manic depression, the manic depression is considered comorbid.[7]

Among the most common coexisting conditions are mood disorders. Mood disorders such as depression, now referred to as dysthymia, and manic depression, referred to as bipolar disorder, occur in about 25 percent of people who have ADD.[8] Sometimes, ADD is mistaken for bipolar disorder.

---

[6] Thomas E. Brown, *Attention Deficit Disorder: The Unfocused Mind in Children and Adults* (New Haven, CT: Yale University Press, 2006), 200.

[7] Edward M. Hallowell and John J. Ratey, *Delivered from Distraction: Getting the Most Out of Life with Attention Deficit Disorder* (New York, NY: Ballantine Books, 2006), 132.

[8] Ibid., 133.

ADD is complicated, which is why pastors and ministers should not treat church members who may have more complex problems than a pastor's area of knowledge and expertise allows him to counsel. Church members with ADD are not to be counseled lightly, that is to say there needs to be consideration of a referral and the pastor or minister needs to recognize his own limitations.

Understanding ADD and Connecting

One of the most dynamic ways a minister can be effective in their counseling of ADD or ADHD congregants is simply connect with them. Referring back to the symptoms of ADD and ADHD, because of the disorder and the symptoms they go along with the disease, those with ADD or ADHD often struggle in relationships. Because they are misunderstood or simply cannot be tolerated by other human beings, those with ADD and ADHD often do not have the quality in their relationships that people without the disease have. By simply connecting, building a relationship, a pastor or minister has already begun the process for effective counseling.

Ordinary people have the power to change other people's lives. The power is found in connection, the profound meeting when the truest part of one soul meets the emptiest parts in another and finds something there. When that happens, the giver is left more full than before and the receiver is less afraid, usually eager to experience an even deeper and more mutual connection.[9]

---

[9] Lawrence J. Crabb, *Connecting: Healing Ourselves and Our Relationships* (Nashville, TN: W Publishing Group, 2005), 31.

The power to meaningfully change lives does not reside on giving good advice, though counseling plays a part for certain. It does not depend on insight, though having self-awareness that disrupts complacency and points toward new understanding is important. But the power to meaningfully change lives depends on connecting, on bringing two people into an experience of shared life.[10]

A pastor or minister may read this project and say that he is not good at counseling; he is not adequately trained or feels inferior or has a limited vocabulary and is not able to explain concepts or engage in dialogue with someone who is struggling with issues. But what that pastor can do, is make a connection. Even the most ordinary and untrained pastor or minister, can establish that meaningful relationship with a congregant, so that effective counseling will take place.

Understanding ADD and Coaching

Coaching is a new form of treatment of ADD that is growing in popularity. Many health care professionals are only somewhat knowledgeable about coaching as it pertains to ADD or ADHD. [11] There is an increased demand for coaching as a treatment for ADD because of its apparent effectiveness. The increase demand for ADHD coaching comes from the fact that most adults who struggle with ADD or ADHD would like nothing more than to make adjustments that

---

[10] Ibid.

[11] Lenard Adler and Mari Florence, *Scattered Minds: Hope and Help for Adults with Attention Deficit Hyperactivity Disorder* (New York: G. P. Putnam's Sons, 2006), 151.

will change their lives for the better. The problem with that is the follow through, which is where coaches can help.[12]

The way that coaching works is that there is a coach-patient relationship which is goal driven. The coach actively works with the ADD sufferer to create practical strategies to enhance their lives. Coaches begin by helping them identify their goals and then devising a game plan for achieving those goals.

Coaching is highly individualized and for this reason there is no standard method used by all coaches. Coaches must be able to create custom strategies that relate to the abilities and challenges each one of their members face to bring about positive change.[13]

Coaching is different from other forms of counseling and behavior treatment in that it is not philosophy driven, but it is goal oriented. Coaches are much more hands on than a traditional counselor might be. A coach will give honest assessments to the people they work with that have ADD, and sometimes even tough love. They will give them reminders, motivation, and gauge their progress as those with ADD reach for their goals. For example, a coach may call the person they are working with and asked them if they paid their bills or did some other task they were supposed to complete. Coaching is extremely hands on, and is about accountability, which is what those with ADD are showing a desire for.[14]

Coaching does have its limits. It can help those who have ADD and need help setting goals and accomplishing tasks. It serves well as an accountability form of treatment as well. Where coaching is not effective, is dealing with those who have ADD and suffer from serious

---

[12] Ibid.

[13] Ibid.

[14] Ibid.

mental and psychological issues that need more extensive treatment than setting goals and being held accountable. Coaching is an effective form of treatment for those who do not have issues that demand more clinical approaches to treatment.

A pastor that has been trained and understands ADD or ADHD can be a coach. They can help them set goals. They can be hands on with them, giving them honest assessments of where they are in their progress. They can help to hold them accountable in reaching their goals. Coaching is a form of ADD treatment through counseling that is highly effective. Coaching does require a good amount of time from the pastor. Time is the area where a pastor will have to discern whether or not coaching someone with ADD would be a detraction from his ministry because of the amount of time coaching takes. A viable, and possibly better option, would be for a pastor to get a professional counselor involved to do the coaching, so that the pastor does not absorb all of his time into one individual.

Coaching is actually an area that pastors can excel and be good at. Pastors are called to be shepherds, to hold people accountable every day, to cast a church vision, to set church goals, to give an honest assessment of where the church is in relation to those goals. All of these things that pastors do on a regular basis can be transposed on an individual level and coach those ADD congregants who need the help.

Just as with connecting, these are ways that any pastor can be effective. They do not have to take seminary courses on how to connect with an individual and disciple them. Pastor and ministers do not need extensive training on how to be a good accountability partner, which really is what coaching is, a form of an accountability partner. These are methods of being effective with ADD congregants that do not require much training, they just require a pastor who is willing to take the time to connect, or take the time to coach.

Understanding an Integrative Model for Pastors

Pastors are theologians. They seek to relate, in an individually fitting manner, the healing and liberating message of the Gospel to their parishioners' life history. In the past, this role model reigned relatively uncontested: pastors would speak primarily as theologians, whether as liturgists, preachers, religious counselors, or father confessors. In late modernity, by contrast, pastors are confronted with the reproach that in communicating with their clients/parishioners, their competence has changed from theology to psychology.[15]

In the Integrative Model, Stefan Gartner proposes a model in which a pastor is able to act as a theologian and a psychologist. In other words, the pastor or minister is still able to speak about theology in a counseling setting but also able to use terms used in psychology. Gartner feels that the problem with pastors today is that in counseling settings they have become so consumed with the psychological aspect that they neglect the theological aspect of pastoral counseling.[16] Basically what he is stating is that pastors who are counseling are trying too much to act like clinical psychologists, rather than act like pastors who happen to be counseling. His main thrust is that a pastor can remain true to the theological aspect of pastoring and counseling and also speak in psychological terms. It does not have to be one or the other, it can be both with the Integrative Model. Gartner says that pastor must be "multi-lingual", or at least "bi-lingual".[17]

---

[15] Stefan Gartner, "Staying a Pastor while Talking Like a Psychologist? A Proposal for an Integrative Model." *Christian Bioethics: Non-Ecumenical Studies In Medical Morality* 16, no. 1 (January 2010): 48-60. *Academic Search Complete*, EBSCO*host* (accessed April 11, 2012).

[16] Ibid.

[17] Ibid.

What is meant by that is that a pastor or minister can speak in both theological and psychological terms in a counseling session. Gartner writes:

> "To summarize our result, the tension between psychological and theological language games can be resolved once both are recognized as complementary in view of adequately accounting for the multilevel reality experienced and presented by the parishioner: "Both languages would be seen as trying to give shape and meaning to a particular set of human experiences, but they would be doing so in different ways"[18]

What does the Integrative Model mean for pastors? What can be gleaned from it? The answer is that pastors and ministers do not need to get so wrapped in trying to be clinical when they are counseling with ADD church members, that they neglect their role as pastor or minister to speak theological truths. A pastor or minister can wear both hats at the same time, and can speak in both theological and psychological terms in the same session.

Understanding ADD and Positive Psychology

Another even more recent advance in the behavioral sciences that can be helpful in pastoral ministry and formation is positive psychology. Its goal is to encourage the field of clinical psychology not to see itself as merely being a "repair shop" for emotional difficulties (as important as this role is), but also to help people uncover their signature strengths. By drawing attention to people's gifts, talents and virtues, people can then build upon what is good instead of solely focusing on correcting what is problematic.[19]

The discipline of positive psychology is about living well. It is about accentuating the

---

[18] Ibid.

[19] Robert J. Wicks and Tina C. Buck. "Reframing for Change: The Use of Cognitive Behavioral Therapy and Native Psychology in Pastoral Ministry and Formation." *Human Development* 32, no. 3 (Fall2011 2011): 8-14. *Education Research Complete*, EBSCO*host* (accessed April 2, 2012).

positive things and not focusing as much on the negative aspects or issues. According to Martin Seligman, initiator of the contemporary positive psychology movement:

> The field of positive psychology at the subjective level is about positive subjective experience: well-being and satisfaction (past); joy, the sensual pleasures, and happiness (present); and constructive cognitions about the future-optimism, hope, and faith. At the individual level it is about positive personal traits-the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future-mindedness, high talent, and wisdom . . . .Psychology is not just the study of disease, weakness, and damage; it also is the study of strength and virtue. Treatment is not just fixing what is wrong; it is also building what is right... the major strides in prevention have largely come from a perspective focused on systematically building competency, not correcting weakness This, then, is the general stance of positive psychology toward prevention. It claims that there is a set of buffers against psychopathology: the positive human traits.[20]

Positive psychology is not a concealer but a way for people to look at their situation in a different light and be freed from all the negative focus they may have. This is beneficial not only to the person being counseled with, but also it is practical for the pastor or minister to apply in their own life.

Understanding ADD and Biblical Therapy

This is a controversial form of counseling by pastors and church leaders. It created a stir in 2005 when Southern Baptist Seminary announced a total change, that they were moving from the “pastoral counseling” to the “Biblical counseling”.[21]

> "All aspects of our lives--including our spiritual, moral, and psychological conditions--are to be informed and governed by the application of and obedience to Holy Scripture.

---

[20] Ibid.

[21] David Winfrey, "Biblical therapy." *Christian Century* 124, no. 2 (January 23, 2007): 24. *MasterFILE Premier*, EBSCO*host* (accessed April 2, 2012).

> In this therapeutic culture…physicians and counselors often ignore human sin and its effects, neglect our most fundamental human and spiritual needs, and therefore misunderstand our condition, mistreat our problems, and sometimes unintentionally do more harm than good." The resolution calls on SBC churches "to reclaim practical biblical wisdom, Christ-centered counseling, and the restorative ministry of the care and cure of souls."[22]

In essence, what the school was saying, was that they were opposed to integration secular practice of counseling and psychology and blending it with Scriptures which composed the pastoral counseling model. They were in favor of using only the Bible, not any secular methods or concepts, to counsel with.

There has been debate between those who are for pastoral counseling and those who oppose it in favor of Biblical counseling. Those who are in favor of pastoral counseling said it would be an error to ignore what has been discovered through secular findings concerning disorders, and that it is unfair to person being counseled or treated.[23]

Pastors and ministers have to decide which side of the fence they are on with this method of counseling. For pastors, they have to make a decision of whether to practice Biblical therapy and only use the Bible as their source of information in counseling, or whether they will use the findings of the world of psychology along with theological concepts and Scripture combined to counsel with. For the purpose of this project, it is being presented because it is an issue that each pastor and minister has to resolve in their heart. In order to be effective in ministering to ADD congregants, a pastor or minister must be clear as to how he approaches counseling.

In summation, the thrust of this chapter is to show that there are several ways in which a pastor or minister can effectively counsel with someone who has ADD or ADHD, and the significance of effective counseling to those congregants. Also, this chapter illustrates that a

---

[22] Ibid.

[23] Ibid.

pastor or minister does not have to have a professional counseling degree to be effective at counseling those with ADD; they just have to be willing.

Whether it is through connecting or coaching or using positive psychology or Biblical therapy, every pastor can be effective. These methods are practical ways in which ADD congregants can be engaged and soul care can take place.

CHAPTER 6

EFFECTIVELY TRAINING VOLUNTEERS TO TEACH AND LEAD ADD CONGREGANTS

Churches rely on volunteers. Ministry cannot take place, churches cannot grow and thrive and be what God would have them to be without volunteers. Churches can have great staffs, but if they do not have volunteers to help support the ministry, more than likely it is not going to be very fruitful and productive. Churches depend on volunteers, people who work without pay, to keep its ministries and programs running.[1] Christians have a powerful call to offer their gifts to strengthen and build the community of faithful people, and to help that community reach out to others in loving service. By their baptism, Christians are called to work together to bring the good news of God in Christ to a hurting world.[2]

The fact is that if churches want to be successful in having a healthy volunteer culture that effectively ministers to ADD or ADHD congregants, the church must be recruiting, equipping, coaching, and retaining these volunteers. Volunteerism does not happen by accident, but it is a product of the vision of the church and the culture in place. Bill Hybels writes in his book *The Volunteer Revolution* that church members need to be given the opportunity to go from "spectator to participator".[3] Hybels goes on to say that when people are given the opportunity to

---

[1] Patricia Bays, "The Care and Nurture of Volunteers." *Clergy Journal* 82, no. 7 (May 2006): 8-10. *Academic Search Complete*, EBSCO*host* (accessed April 19, 2012).

[2] Ibid.

[3] Bill Hybels, *The Volunteer Revolution: Unleashing the Power of Everybody* (Grand Rapids, MI: Zondervan, 2004), 16.

serve as volunteers in the local church, that he has found they are thrilled to be able to serve and find volunteering extremely satisfying.

He cites one email that says:

> Three years ago you challenged me to get involved as a volunteer. I was hesitant at first, but you wouldn't let up. Now I can't thank you enough. The meaning I derive, the sense of ownership I feel, the friendships I have built, the spiritual growth I've experienced – it's all directly related to finding my niche in serving. I will be grateful to you for the rest of my life for inviting me into the game.[4]

Hybels continues on that he gets these kinds of emails and letters all the time, that people are genuinely thrilled and grow spiritually through volunteerism. He writes that people find their place, where they fit, and as a result, they find meaning in their lives they did not experience before.

The purpose of this chapter is to show misconceptions about volunteers, the reasons for volunteering, recruiting volunteers, equipping volunteers, and coaching volunteers that can effectively understand, teach, and lead congregants who have ADD or ADHD. The goal is that this chapter will give pastors, ministers and church leaders a practical guide to get these volunteers in their churches, who have an understanding of what ADD is and how they can be a part of ministering to those who have the disease, whereas previously they may not have been engaged or reached.

Misconceptions About Volunteers

Every church has, at some time or another, complained about a lack of volunteers. Excuses are given as to why volunteers aren't showing up and a mad scramble usually ensues to

[4] Ibid., 17-18.

figure out how to get the work of the church done. But most of the conceptions that we have about volunteers are misconceptions. Some of the reasons our churches give for not making great strides in recruiting volunteers are not good reasons … they're myths. Here are the seven most common myths about volunteers, as discussed by Bill Hybels in an article he wrote.[5]

The first myth, is that there are not enough volunteers to go around. There are plenty of volunteers to go around. It is the job of the pastor or minster to find out why the people are not serving and get them back in the game. It is not because a lack of people to serve, but there is a reason, and it must be identified.

The second myth is volunteers are only capable of doing the busy work of the church. By this Hybels is referring to the repetitive tasks that the staff does not want to do.[6] This is false, volunteers are capable of doing much more than they are often assigned, and that is one reason they quit, is because they are not reaching their full volunteer potential.

The third myth identified by Hybels is that volunteers are free help. They are technically not paid, but volunteers are not to be viewed as free help. Churches are to invest into their volunteers, resources, training, competent leadership.

The fourth myth listed about volunteer is that volunteers want to serve in one role for a lifetime. Once again, this is false. It is not uncommon for three to six months into a role for a volunteer to start self-assessing if they are in the right role or not.[7]

---

[5] Bill Hybels, "The Seven Myths of Volunteerism," *BuildingChurchLeaders* (July 11, 2007): page nr., http://www.buildingchurchleaders.com/articles/2006/060403.html (accessed April 19, 2012).

[6] Ibid.

[7] Ibid.

The fifth myth discussed is volunteers are not interested in training or development. Hybels states he finds the opposite to be true, that volunteers want to be the best at their job, not subpar.

The sixth myth brought to light is that volunteers need encouragement from heaven but they do not really need encouragement from people on earth. Hybels instructs his staff that they are to be constantly lighting the fires and fanning the flames of the passions of volunteers. He says if you want to lead in a volunteer revolution, you have to have an inspired culture, and that is an unstoppable force.[8]

The seventh myth exposed is that volunteerism is all output and no return. About this myth, Hybels states:

> Volunteerism done right, volunteerism done biblically, wisely, and in the power of the Holy Spirit will not diminish the quality of a person's life. It will do precisely the opposite! Volunteerism done right will dramatically and often radically, positively transform a person's life. Inviting a person into servant hood in the cause of Christ is often one of the kindest, most life giving, joy-producing, spiritually-enriching opportunities you can offer somebody.[9]

Hybels addresses these myths or misconceptions about volunteers because pastors often use them as excuses not to go after volunteers. With these myths or misconceptions in mind, a pastor or minister does not have an excuse not to pursue people in their congregation to commit to volunteerism.

---

[8] Ibid.

[9] Ibid.

The Reasons for Volunteerism

Jesus recognized the importance of volunteering. Jesus trained, equipped, and motivated the ordinary people around Him to do extraordinary things. Jesus motivated those around Him to be serving and use their human capabilities to do unbelievable things.[10] Jesus Himself promoted volunteering and serving.

Another reason is found in Ephesians 4:11-13, where the apostle Paul writes, "And he gave the apostles, the prophets, the evangelists, the shepherds and teachers, to equip the saints for the work of ministry, for building up the body of Christ, until we all attain to the unity of the faith and of the knowledge of the Son of God, to mature manhood, to the measure of the stature of the fullness of Christ" (ESV)

Believers are given an exhortation from Paul to work to "equip the saints" and that the body of Christ would be built up and unified. Through being a volunteer in the local church, a Christian is fulfilling his or her obligation to heed this word from Paul that God would be glorified and His kingdom would be advanced on the earth. It is the responsibility of every believer, not just the pastor or minister or staff person.

Another reason found in Scripture is that it is better to serve than be served. The Bible records in Acts 20:35, "In all things I have shown you that by working hard in this way we must help the weak and remember the words of the Lord Jesus, how he himself said, 'It is more blessed to give than to receive." (ESV) It is better to serve and freely give than to receive service, as a Christian.

---

[10] Teena M. Stewart, "Training, Equipping, and Coaching." *Clergy Journal* 79, no. 8 (July 2003): 23-24. *Academic Search Complete*, EBSCO*host* (accessed April 19, 2012).

Yet another Biblical mandate to volunteer and serve others is in Galatians 6:9-10, which reads, "And let us not grow weary of doing good, for in due season we will reap, if we do not give up. So then, as we have opportunity, let us do good to everyone, and especially to those who are of the household of faith." (ESV) The clear command here written by Paul is to serve those who are fellow brothers and sisters in the faith as Christians. Also, do not get tired of volunteering or serving, but to continue even in tiresome times because those who continue in service will reap the rewards of being faithful in their serving.

The Bible also states in 1 Peter 4:10, "As each has received a gift, use it to serve one another, as good stewards of God's varied grace." (ESV) Once again the concept of volunteerism, serving, using one's abilities and gifts to serve the local church body is seen in Scripture. There is clearly a Scriptural mandate to be serving as a volunteer in the local church that the body of Christ might be edified and the one serving would be fulfilling that which God has equipped and called them to do.

A God-given passion, an area of intense interest, is buried inside each Christian. One of the goals of volunteering is to discover that passion. Connecting one's spiritual gift or gifts with an area of passion is the key to ultimate effectiveness and fulfillment in serving.[11] This is also one of the keys in maintaining the energy to volunteer, because when you serve in an area you are passionate about, you do not have to be fired up to stay involved or engaged, you cannot help but to show up and volunteer.[12]

---

[11] Hybels, *The Volunteer Revolution: Unleashing the Power of Everybody*, 81-82.

[12] Ibid.

The Recruiting of Volunteers

The goal of this project is to help pastors and ministers get volunteers in place that are effective in dealing with those in the church who suffer from ADD. With that in mind, the recruiting of volunteers is the same process, but intentionally recruiting and identifying those who can be effective in teaching and leading ADD members. For example, a pastor would not want someone who does not have patience or compassion or tolerance, or any of the other capabilities needed to minister to ADD sufferers, to be volunteering in areas where there are known members who do have the disease. Logic and common sense dictate this in the recruiting process.

The recruiting of volunteers needs to start with planning. The areas or ministries which need volunteers must be identified by the pastor or minister or a committee or staff.[13] There also may be ministries that the pastor or staff would like to start and need volunteers for. All of this can be hashed out in the planning phase of the recruiting process. In order to know the people that are needed, it is helpful to know what areas they are needed in, because they will help weed out volunteers who will not fit a particular ministry or area of the church.

The next step is to create a job description for the position that is to be filled. The job description should be specific and thorough, and should also provide the expectations for the position so that a volunteer understands what is required of them.[14] Volunteers will likely last

---

[13] Patricia Bays, "The Care and Nurture of Volunteers." *Clergy Journal* 82, no. 7 (May 2006): 8-10. *Academic Search Complete*, EBSCO*host* (accessed April 19, 2012).

[14] Ibid.

longer if they know up front what is expected of them, who they report to, what kind of commitment they are signing up for.

There should also be qualifications for a volunteer. Quite honestly, everyone who desires to be a volunteer should not necessarily be allowed to serve. First and foremost, each volunteer must have a personal, authentic relationship with Jesus Christ. Second, a volunteer must be willing to commit to serving for a specific amount of time, normally ranging from one to three years, depending on the role or position. Third, a volunteer should have a desire or passion to serve in the area they are placed. Fourth, a volunteer must be willing to submit to all authoritative figures, as well as attend scheduled meetings for their ministry area. Fifth, a volunteer must be willing to attend all training seminars or workshops that pertain to their area of service. There are other qualifications that a church may have, but these are the qualifications that are fairly basic and general across the board for many churches.

In the recruiting process, do not beg a volunteer for help. By doing this, what is being said to the volunteer is that they are being asked to jump on a sinking ship.[15] Some people will join out of guilt and respond to the plea for help. But when people end up serving in a ministry that isn't in line with their gifts and passions, they will likely become frustrated and burned out. Instead of telling people what you need, tell them how you can help them use their gifts and experiences.[16]

---

[15] Tony Morgan and Tim Stevens, *Simply Strategic Volunteers: Empowering People for Ministry* (Loveland, CO: Group, 2005), 17.

[16] Ibid.

One of the most effective tools in recruiting volunteers is to have a ministry fair.[17] There can be a ministry fair once or twice a year where people from each ministry or department set up tables with information about their ministries or departments and the specific roles or positions that are available to those who would like to serve.

The best thing about the fairs is they give a general overview of all the serving opportunities available in the church. People can stop at a few tables and learn which ministries or areas might fit their gifts and passions. The fairs can also attract people who could be helped by the ministries. It is a win-win situation for those who want to serve and for those who are served. The focus of ministry fairs is on those who are not connected or volunteering and looking for ways to serve, and not the specific needs of a ministry or department.[18]

The final stage in the recruiting process is to evaluate prospective volunteers and the ministries they fit into. After having a ministry fair or going to a person one-on-one and giving a personal invitation to volunteer, those involved in the planning process from the beginning need to evaluate each person and how they will fit into the role they are seeking to volunteer in.[19]

Be aware of requirements for screening volunteers. A police check may be required for volunteers working with children and youth. Hospitals have procedures for screening pastoral visitors. Find out about sexual misconduct guidelines in your jurisdiction, and make volunteers aware of these. If a police check is required, the congregation should pay the fee on behalf of the volunteer.[20]

---

[17] Ibid., 63.

[18] Ibid., 64.

[19] Patricia Bays, "The Care and Nurture of Volunteers." *Clergy Journal* 82, no. 7 (May 2006): 8-10. *Academic Search Complete*, EBSCO*host* (accessed April 19, 2012).

[20] Ibid.

The Equipping of Volunteers

Those in leadership positions often have access to resources and information that would be valuable to volunteers, yet it is not passed along to them. If a pastor or minister has not done so, he needs to create a resource library with any media, documents, reference materials, etc, that would be helpful to a volunteer and enable them to be as effective as they can be in the capacity in which they are serving.[21]

This is true in educating and equipping volunteers to be effective in their dealings and encounters with those with ADD. Whatever resources a pastor or minister has at his disposal should be made available to volunteers, so that they may be equipped to teach or minister to those church members with ADD or ADHD.

When equipping volunteers to serve ADD congregants, the volunteers must be as informed as possible as to what ADD or ADHD is, and what it isn't, and what the symptoms are. This information was discussed in chapter two, but it needs to be repeated in training or equipping volunteers who work with or serve ADD congregants. The whole chapter does not have to be repeated, but some of the more pertinent information is needed in training the volunteers.[22]

ADHD is one of the most common neurobehavioral disorders of childhood. It is usually first diagnosed in childhood and often lasts into adulthood.[23] There are three different types of

---

[21] Ibid.

[22] The information for training volunteers can be found in Appendix A and B.

[23] "CDC - ADHD, Facts - NCBDDD." Centers for Disease Control and Prevention. http://www.cdc.gov/ncbddd/adhd/facts.html (accessed April 3, 2012).

ADHD, and the type depends on the strength of the symptoms in each person.[24] The three types are:

4. **Predominantly Inattentive Type:** It is hard for the individual to organize or finish a task, to pay attention to details, or to follow instructions or conversations. The person is easily distracted or forgets details of daily routines.
5. **Predominantly Hyperactive-Impulsive Type:** The person fidgets and talks a lot. It is hard to sit still for long (e.g., for a meal or while doing homework). Smaller children may run, jump or climb constantly. The individual feels restless and has trouble with impulsivity. Someone who is impulsive may interrupt others a lot, grab things from people, or speak at inappropriate times. It is hard for the person to wait their turn or listen to directions. A person with impulsiveness may have more accidents and injuries than others.
6. **Combined Type:** Symptoms of the above two types are equally present in the person.

ADD is defined by the presence or absence of the symptoms set forth in the DSM-IV. The symptoms fall into three categories: lack of attention (inattentiveness), hyperactivity, and impulsive behavior (impulsivity).[25]

There are two clusters of symptoms, one describing symptoms of inattention and the other cluster describing symptoms of hyperactivity and impulsivity. To be even considered for a diagnosis, the criteria set forth in cluster one and cluster two must be met.[26]

---

[24] Ibid.

[25] "Attention deficit hyperactivity disorder (ADHD): MedlinePlus Medical Encyclopedia." National Library of Medicine - National Institutes of Health. http://www.nlm.nih.gov/medlineplus/ency/article/001551.htm (accessed April 1, 2012).

In cluster one, six or more of the following symptoms of inattention have to persist for at least six months to a degree that is maladaptive and inconsistent with a developmental level:

Inattention

10. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
11. Often has difficulty sustaining attention in tasks or play activities
12. Often does not seem to listen when spoken to directly
13. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional failure or failure to understand instructions)
14. Often has difficulty organizing tasks and activities
15. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
16. Often loses things necessary for tasks or activities
17. Is often easily distracted by extraneous stimuli
18. Is often forgetful in daily activities[27]

In cluster two, six or more of the following symptoms of hyper activity and impulsivity have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity

10. Often fidgets with hands or feet or squirms in seat
11. Often leaves seat in classroom or other situations in which remaining seated is expected
12. Often runs about or climbs excessively when it is inappropriate (in adolescents and adults, may be limited to subjective feelings of restlessness)
13. Often has difficulty playing or engaging in leisure activities quietly
14. Is often “on the go” or acts as if “driven by a motor”
15. Often talks excessively

Impulsivity

---

[26] Hallowell and Ratey, *Delivered from Distraction: Getting the Most Out of Life with Attention Deficit Disorder*, 118.

[27] Ibid.

16. Often blurts out answers before questions have been completed
17. Often has difficulty awaiting turn
18. Often interrupts or intrudes on others[28]

The following behaviors and problems may stem directly from ADHD or may be the result of related adjustment difficulties:

16. Chronic lateness and forgetfulness
17. Anxiety
18. Low self-esteem
19. Employment problems
20. Difficulty controlling anger
21. Impulsiveness
22. Substance abuse or addiction
23. Poor organization skills
24. Procrastination
25. Low frustration tolerance
26. Chronic boredom
27. Difficulty concentrating when reading
28. Mood swings
29. Depression
30. Relationship problems[29]

In understanding ADD, it is noteworthy to have knowledge of the numbers behind the disease. ADHD is more common than doctors may have previously believed, according to a new study from the Mayo Clinic.[30] Roughly five to eight percent of Americans have been diagnosed with ADD.[31] ADD or ADHD is one of the most well-documented developmental problems in

---

[28] Ibid., 119.

[29] "ADHD in Adults: Symptoms, Statistics, Causes, Types, Treatments, and More." WebMD - Better information. Better health. http://www.webmd.com/add-adhd/guide/adhd-adults (accessed April 1, 2012).

[30] "Statistics About ADD in Adults & Children ADDitude - Adults & Children with ADD ADHD." Attention Deficit Disorder ADHD Symptoms, Medication, Treatment, Diagnosis, Parenting ADD Children and More: Information from ADDitude. http://www.additudemag.com/adhd/article/688.html (accessed April 1, 2012).

[31] Hallowell and Ratey, *Delivered from Distraction: Getting the Most Out of Life with Attention Deficit Disorder*, 8.

children. The American Psychiatric Association states in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) that 3%-7% of school-aged children have ADHD[32] It is now known that these symptoms continue into adulthood for about 60% of children with ADHD. That translates into 4% of the US adult population, or 8 million adults.[33] However, most of the adults who have ADD or ADHD do not realize it because they have never been diagnosed with it. Few adults are identified or treated for the disease.[34]

The basis for ADD or ADHD is mostly biological, with heredity contributing about 75% of the casual factors.[35] The cause is not behavioral in the sense that someone with ADD chooses to act a certain way. Rather that person is compelled to respond a certain way in a given situation. It may appear on the outside as if they have a choice, but physiologically they do not, what goes on in their brain prompts them to a certain response.[36]

All of this information is important for volunteers to know. For example, if a volunteer has the information presented, he or she is much less likely to get frustrated or burned out if they understand they are trying to teach someone with ADD or ADHD than if they did not understand the disease and how it affects those who suffer from it. Just a fundamental understanding can

---

[32] "CDC - ADHD, Data and Statistics - NCBDDD." Centers for Disease Control and Prevention. http://www.cdc.gov/ncbddd/adhd/data.html (accessed April 1, 2012).

[33] "ADHD in Adults: Symptoms, Statistics, Causes, Types, Treatments, and More." WebMD - Better information. Better health. http://www.webmd.com/add-adhd/guide/adhd-adults (accessed April 1, 2012).

[34] Ibid.

[35] Adler and Florence, *Scattered Minds: Hope and Help for Adults with Attention Deficit Hyperactivity Disorder*, 75.

[36] Ibid.

prevent frustration, whereas if the volunteer did not know anything about ADD or ADHD, they may take it personally or just get tired of a situation or person.

A great way to equip volunteers is to let them observe the ministry or area they will serve in. This will give them a better feel for what they are committing to, and they it will answer a lot of the questions they may have inside before they ever get started.[37] This will give volunteers a first-hand look at what it will be like to potentially volunteer in an area or ministry where there are ADD church members.

Volunteers have to be equipped. As Bill Hybels said in his discussion about myths concerning volunteers, they do want training and development.[38] If volunteers are going to teach and lead and serve those with this disease, they are going to need the training on what ADD is, what the symptoms are, whom it affects, and how they as a volunteer can still minister to those congregants.

The Coaching of Volunteers

Coaching involves mentoring and building a relationship between a person who is more experienced and someone who is less experienced. The individual who trains the volunteer and

---

[37] Morgan and Stevens, *Simply Strategic Volunteers: Empowering People for Ministry*, 41.

[38] Bill Hybels, "The Seven Myths of Volunteerism," *BuildingChurchLeaders* (July 11, 2007): page nr., http://www.buildingchurchleaders.com/articles/2006/060403.html (accessed April 19, 2012).

is the point person to whom the volunteer reports, is the best option to be the volunteer's coach.[39] Coaches should establish credibility with the volunteers, and hold them accountable.

There are three key lessons that are important to note when coaching volunteers. The first lesson is that a new volunteer is a fragile volunteer.[40] A longtime volunteer can handle a mishap, but a new volunteer is much more likely to become discourage or disillusioned. A volunteer's first ministry experience may determine their attitude towards ministry for the rest of their life[41] The coach should ask the new volunteer probing questions to see how they are doing and help ease any burden or angst they may have as a new volunteer. This will alleviate some of the volunteer fall out.

The second lesson to be learned when coaching volunteers is the easiest way to defeat a volunteer is to waste his or her time.[42] Volunteers are people who are not paid, and therefore have other jobs, they have families, they have other obligations. The best way to get a volunteer to quit is to waste their time when there is a meeting taking place.

The third lesson is that volunteers needed to be reminded constantly that what they are doing is not being done in vain. Volunteers need to hear it again and again that what they are doing has significance and value and they are making a difference.[43] This is especially true if a volunteer is dealing with someone with ADD or ADHD, someone who may be inattentive or

---

[39] Teena M. Stewart, "Training, Equipping, and Coaching." *Clergy Journal* 79, no. 8 (July 2003): 23-24. *Academic Search Complete*, EBSCO*host* (accessed April 19, 2012).

[40] Hybels, *The Volunteer Revolution: Unleashing the Power of Everybody*, 113.

[41] Ibid.

[42] Ibid., 115.

[43] Ibid., 116.

hyperactive or impulsive. That volunteer needs to know how to get through to them, and that they are being effective in getting through to them.

Also the span of control is an aspect to be considered when leading volunteers. The span of control is the number of people that a leader can effectively be in control of at any one time. No one leader can effectively be in charge of every single volunteer in a ministry, but a leader can effectively have five to six people under him or her.[44] This number can fluctuate depending on several factors such as the organizational structure, organization size, the nature of the position, and the skills and abilities of the volunteers.[45] Each church has to look within their structure and each department to determine how the span of control needs to be outlined and implemented so that no leader has too many volunteers under them that they are not able to be effective in guiding and training them. If there is no span of control, it is detrimental to the volunteers as well as to those who lead them.

In conclusion, when a leader is equipped with the right amount of volunteers to manage and given the material and information to train them with for the job or position that the volunteer will fill, a healthy model will be in place. The end result of a healthy system is effective leaders and productive volunteers, which brings glory to God and edification to His church.

---

[44] "How Many Employees Should Your Supervisors Manage? | Where Great Workplaces Start." Where Great Workplaces Start | Information and conversation on everything HR, brought to you by ERC. http://greatworkplace.wordpress.com/2010/02/17/how-many-employees-should-your-supervisors-manage/ (accessed June 22, 2012).

[45] Ibid.

APPENDIX

A. Educating Volunteers About ADD Workshop

Teacher Outline

B. Educating Volunteers About ADD Workshop

Handout for Workers

Appendix A

Educating Volunteers About ADD Workshop

Teacher Outline

I. ADD Education for Volunteers

- A. What ADD Is and Is Not
- B. The Symptoms of ADD
- C. The Statistics on ADD and the Rise in Diagnoses
- D. Causes of ADD
- E. Common Myths About ADD

II. Creating An Environment as Volunteers

- A. The Importance
- B. The Planning
- C. The Multi-sensory Aspect

III. Teaching Methods for Volunteers

- A. Expository Teaching
- B. Multi-sensory Teaching
- C. One Point Teaching

IV. Connecting and Coaching as Volunteers

V. Limitations of Volunteers

APPENDIX B

Educating Volunteers About ADD Workshop

Handout for Workers

I. ADD Education for Volunteers

A. What ADD Is and Is Not

1. Attention deficit disorder (ADD) is a general term frequently used to describe individuals that have attention deficit hyperactivity disorder without the hyperactive and impulsive behaviors.
2. The terms ADD and ADHD are often used interchangeably for both those who do and those who do not have symptoms of hyperactivity and impulsiveness.
3. Attention deficit hyperactivity disorder (ADHD) is the official name used by the American Psychiatric Association, and it encompasses hyperactive, impulsive, and/or inattentive behaviors.
4. ADHD is a problem with inattentiveness, over-activity, impulsivity, or a combination. For these problems to be diagnosed as ADHD, they must be out of the normal range.
5. ADHD is one of the most common neurobehavioral disorders of childhood. It is usually first diagnosed in childhood and often lasts into adulthood.
6. There are three different types of ADHD, and the type depends on the strength of the symptoms in each person.
   i. **Predominantly Inattentive Type:** It is hard for the individual to organize or finish a task, to pay attention to details, or to follow instructions or conversations. The person is easily distracted or forgets details of daily routines.
   ii. **Predominantly Hyperactive-Impulsive Type:** The person fidgets and talks a lot. It is hard to sit still for long (e.g., for a meal or while doing homework). Smaller children may run, jump or climb constantly. The individual feels restless and has trouble with impulsivity. Someone who is impulsive may interrupt others a lot, grab things from people, or speak at inappropriate times. It is hard for the person to wait their turn or listen to directions. A person with impulsiveness may have more accidents and injuries than others.
   iii. **Combined Type:** Symptoms of the above two types are equally present in the person.
7. ADD is not simply having some of the symptoms associated with the disease.
8. What determines whether or not it is ADD is the total picture of a person's state and their actions, their intertwined existences, intensities of behavior and frequencies.

9. Many tendencies and behaviors exhibited in people with ADD also appear in people that do not have the disease. The manifestation of one or another of these traits is not unusual, but actually common.

B. The Symptoms of ADD

1. There are more symptoms listed that need to be understood that go beyond just the inability to pay attention or hyper-activity.
2. ADD is defined by the presence or absence of the symptoms set forth in the DSM-IV. The symptoms fall into three categories: lack of attention (inattentiveness), hyperactivity, and impulsive behavior (impulsivity).
3. There are two clusters of symptoms, one describing symptoms of inattention and the other cluster describing symptoms of hyperactivity and impulsivity. To be even considered for a diagnosis, the criteria set forth in cluster one and cluster two must be met.
4. In cluster one, six or more of the following symptoms of inattention have to persist for at least six months to a degree that is maladaptive and inconsistent with a developmental level.

Inattention

i. Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
ii. Often has difficulty sustaining attention in tasks or play activities
iii. Often does not seem to listen when spoken to directly
iv. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional failure or failure to understand instructions)
v. Often has difficulty organizing tasks and activities
vi. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
vii. Often loses things necessary for tasks or activities
viii. Is often easily distracted by extraneous stimuli
ix. Is often forgetful in daily activities

5. In cluster two, six or more of the following symptoms of hyper activity and impulsivity have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level.

Hyperactivity

i. Often fidgets with hands or feet or squirms in seat
ii. Often leaves seat in classroom or other situations in which remaining seated is expected
iii. Often runs about or climbs excessively when it is inappropriate (in adolescents and adults, may be limited to subjective feelings of restlessness)
iv. Often has difficulty playing or engaging in leisure activities quietly
v. Is often “on the go” or acts as if “driven by a motor”

vi. Often talks excessively

Impulsivity

i. Often blurts out answers before questions have been completed
ii. Often has difficulty awaiting turn
iii. Often interrupts or intrudes on others

6. The following behaviors and problems may stem directly from ADHD or may be the result of related adjustment difficulties:

    i. Chronic lateness and forgetfulness
    ii. Anxiety
    iii. Low self-esteem
    iv. Employment problems
    v. Difficulty controlling anger
    vi. Impulsiveness
    vii. Substance abuse or addiction
    viii. Poor organization skills
    ix. Procrastination
    x. Low frustration tolerance
    xi. Chronic boredom
    xii. Difficulty concentrating when reading
    xiii. Mood swings
    xiv. Depression
    xv. Relationship problems

7. A patient must have six out of nine symptoms in either cluster to be diagnosed with ADD or ADHD.
8. A positive diagnosis of ADD or ADHD is based on a doctor's ability to recognize the symptoms present, ascertain and determine the severity and frequency of the symptoms, to qualify the impact the symptoms are having on the person's life, and to verify that the onset of symptoms occurred during childhood through a series of interviews and evaluations.
9. The American Academy of Pediatrics (AAP) has issued guidelines to bring clarity to the issue of diagnosing children with ADD. The diagnosis is based on very specific symptoms, which must be present in more than one setting.
    i. Children should have at least 6 attention symptoms or 6 hyperactivity/impulsivity symptoms, with some symptoms present before age 7.
    ii. The symptoms must be present for at least 6 months, seen in two or more settings, and not caused by another problem.
    iii. The symptoms must be severe enough to cause significant difficulties in many settings, including home, school, and in relationships with peers.

10. Adults with ADD may have had a history of poorer educational performance and were underachievers.
11. They are more likely to belong to a lower income class.
12. They are more likely to end up in divorce.

C. The Statistics on ADD and the Rise in Diagnoses

1. ADHD is more common than doctors may have previously believed, according to a new study from the Mayo Clinic.
2. Roughly five to eight percent of Americans have been diagnosed with ADD.
3. The American Psychiatric Association states in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) that 3%-7% of school-aged children have ADHD.
4. It is now known that these symptoms continue into adulthood for about 60% of children with ADHD.
5. Translates into 4% of the US adult population, or 8 million adults.
6. Most of the adults who have ADD or ADHD do not realize it because they have never been diagnosed with it. Few adults are identified or treated for the disease.
7. ADHD afflicts approximately 3% to 10% of school-aged children and an estimated 60% of those will maintain the disorder into adulthood.
8. There has been a steady increase in the number of diagnoses since 2003.
9. Dr. Russell Barkley has compiled the following statistics concerning ADHD:

    i. A classroom with 30 students will have between 1 and 3 children with ADHD.
    ii. Boys are diagnosed with ADHD 3 times more often than girls.
    iii. Emotional development in children with ADHD is 30% slower than in their non-ADD peers. This means that a child that is 10 years old will have the emotional development of a 7 year old, a 20 year old will have the emotional maturity of a 14 year old.
    iv. One fourth of children with ADHD have serious learning disabilities such as: oral expression, listening skills, reading comprehension and/or math.
    v. 65% of children with ADHD exhibit problems in defiance or problems with authority figures. This can include verbal hostility and temper tantrums.
    vi. 75% of boys diagnosed with ADD/ADHD have hyperactivity.
    vii. 60% of girls diagnosed with ADD/ADHD have hyperactivity.
    viii. 50% of children with ADHD experience sleep problems.
    ix. Teenagers with ADHD have almost four times as many traffic citations as non-ADD/ADHD drivers. They have four times as many car accidents and are seven times more likely to have a second accident.
    x. 21% of teens with ADHD skip school on a regular basis, and 35% drop out of school before finishing high school.

xi. 45% of children with ADHD have been suspended from school at least once.
xii. 30% of children with ADHD have either repeated a year in school.

D. Causes of ADD

1. The basis for ADD or ADHD is mostly biological, with heredity contributing about 75% of the casual factors.
2. The cause is not behavioral in the sense that someone with ADD chooses to act a certain way. Rather that person is compelled to respond a certain way in a given situation.
3. It may appear on the outside as if they have a choice, but physiologically they do not, what goes on in their brain prompts them to a certain response.
4. ADD is a biological condition many times and is determined by the genes of the parents before birth. These genes are passed down from generation to generation.
5. If both parents have ADHD the child is more likely to have the genetic predisposition.
6. In addition to genetics, scientists are studying other possible causes and risk factors including, brain injury, environmental exposures (e.g., lead), premature delivery, and low birth weight.
7. Research does not support the popularly held views that ADHD is caused by eating too much sugar, watching too much television, parenting, or social and environmental factors such as poverty or family chaos.

E. Common Myths About ADD

1. Myth #1 is that everyone has the symptoms of ADD, and that anyone with average intelligence can overcome these symptoms. The truth is that ADD affects all levels of intelligence to the person suffering from it.
2. Myth #2 is that ADD is a simple problem of being hyperactive or not listening when someone is talking to you. The truth is ADD is a complex disorder that involves impairments in focus, organization, motivation, emotional modulation, memory, and other functions of the brain's management system
3. Myth #3 is the myth that ADD is just a lack of willpower. People with ADD focus on things that interest them, they could focus on other tasks if they really wanted to. The truth is that ADD has nothing to do with willpower, even though it may appear that way. ADD is a brain chemical problem

II. Creating An Environment as Volunteers

A. The Importance

1. If an environment is created and structured in a way to meet the needs of those with ADD, the rest of the group would also benefit from the structure and elements in place.

2. A proper environment will lead to spiritual growth in ADD congregants.
3. A proper environment will lead to church growth numerically.
4. If an environment is not created, those with ADD are likely to find a place that does meet their needs.
5. Five elements that should be present in the environment created by volunteers are that it is celebrative, friendly, expectant, relaxed, and positive.

B. The Planning

1. "If you fail to plan, you plan to fail"
2. It has to be intentional, it usually will not occur by accident.
3. The plan should be established and passed down to volunteers from church leadership.
4. All volunteers should be on the same page with the same vision and plan.
5. Volunteers should have the freedom to make suggestions for changes they feel are needed based on what they see occurring.

C. The Multi-sensory Aspect

1. There are other tools and resources that can be used in a group gathering to engage multiple senses at one time to create an environment that is effective for ADD people.
2. When what is going on in the environment engages more than just one sense, it helps to offset some of the tendencies and symptoms of ADD.
3. The first such resource is PowerPoint or visual media.
4. Using video clips is a great tool to grab the attention of those with ADD or ADHD.
5. Lighting is used to set the mood for an environment. Depending on what the objective mood is would determine what colors and types of lights are used.
6. All five senses must be engaged to experience God, according to Mark Driscoll
7. Engaging multiple senses at once will eliminate distractions.

III. Teaching Methods for Volunteers

A. Expository Teaching

1. Expository teaching is defined as the communication of a Biblical concept, derived from and transmitted through a historical, grammatical, and literary study of a passage in its context, which the Holy Spirit first applies to the personality and experience of the preacher, then through the preacher, applies to the hearers.
2. One reason expository preaching can be effective to those with ADD or ADHD is that it is applicable.
3. Expository teaching is effective because it is culturally relevant to where people live today.

4. It is meant to engage the listener with applications and relation to current culture so that the congregant remembers the lesson and as a result gleans something from it and grows from it.

B. Multi-sensory Teaching

1. Multi-sensory teaching is teaching or communicating that touches on more than just one sense.
2. Multisensory communication stimulates multiple senses, that is, the senses of hearing, seeing, touching, and sometimes even smell and taste.
3. Multi-sensory teaching or communication brings more of the whole person into the teaching process.
4. Learning begins with the senses. They are the gateway to the brain. This is why when it comes to Biblical teaching the senses cannot be ignored, because they are vital to learning.
5. Jesus was a multi-sensory teacher and communicator. Few teachers relied on the power of multisensory teaching more than Jesus.
6. There are three words to remember when presenting or delivering a multi-sensory lesson: attention, comprehension, and retention.
7. The Bible is paramount in multi-sensory teaching.

C. One Point Teaching

1. One point teaching strives to present one main idea or concept to the listener that they will take home with them.
2. One point teaching emphasizes one thing and what to do with that one thing.
3. Instead of having three, four, or five ideas to present in a lesson, just pick one main idea and build around it.
4. Instead of having to put together a nice three or four point outline with points and sub-points, the teacher or communicator just needs one point, one thought, one concept, and then build the entire lesson or talk around it, own it and present it.
5. Make it stick.

IV. Connecting and Coaching as Volunteers

1. Because of the disorder and the symptoms they go along with the disease, those with ADD or ADHD often struggle in relationships.
2. Connecting, or building a relationship is a powerful tool for engaging ADD congregants.
3. Ordinary people have the power to change other people’s lives.
4. The power to meaningfully change lives depends on connecting, on bringing two people into an experience of shared life.
5. Any volunteer can take time to make a connection.
6. Coaching is a new form of treatment of ADD that is growing in popularity.

7. The increase demand for ADHD coaching comes from the fact that most adults who struggle with ADD or ADHD would like nothing more than to make adjustments that will change their lives for the better.
8. The problem with that is the follow through, which is where coaches can help.
9. The way that coaching works is that there is a coach-patient relationship which is goal driven. The coach actively works with the ADD sufferer to create practical strategies to enhance their lives.
10. Coaching is highly individualized and for this reason there is no standard method used by all coaches.
11. Coaching is extremely hands on, and is about accountability, which is what those with ADD are showing a desire for.
12. Any volunteer can be a coach. It just takes effort, time, and compassion.

V. Limitations of Volunteers

1. Volunteers are not staff, and do not have the authority of paid staff.
2. Volunteers are not paid, so they must be handled differently.
3. Volunteers do not have the time to commit, as a general rule, as paid staff.
4. Volunteers are not as adequately trained as staff.
5. Volunteers are not as available as staff.
6. Volunteers should have expectations and job descriptions, but they must be realistic and not the same as paid staff.
7. Volunteers make a ministry function, and should not be taken for granted or overloaded.
8. Volunteers are not professional counselors.
9. Volunteers are usually not seminary trained.
10. Volunteers need constant encouragement and training.

BIBLIOGRAPHY

Adeyi, Sam. *Church Volunteers, "God's Workers": God'*. Gardners Books, 2007.

"ADD/ADHD Statistics - What is ADHD? - ADHD." HealthCentral.com - Trusted, Reliable and Up To Date Health Information. http://www.healthcentral.com/adhd/c/1443/13716/addadhd-statistics (accessed April 1, 2012).

"ADHD and Spiritual Development: Tying it All Together." Church4EveryChild. Building bridges between churches and families of kids with "issues". http://drgrcevich.wordpress.com/2010/10/24/adhd-and-spiritual-development-tying-it-all-together/ (accessed April 1, 2012).

"ADHD in Adults: Symptoms, Statistics, Causes, Types, Treatments, and More." WebMD - Better information. Better health. http://www.webmd.com/add-adhd/guide/adhd-adults (accessed April 1, 2012).

Adler, Lenard, and Mari Florence. *Scattered Minds: Hope and Help for Adults with Attention Deficit Hyperactivity Disorder*. New York: G. P. Putnam's Sons, 2006.

"Attention deficit hyperactivity disorder (ADHD): MedlinePlus Medical Encyclopedia." National Library of Medicine - National Institutes of Health. http://www.nlm.nih.gov/medlineplus/ency/article/001551.htm (accessed April 1, 2012).

Barclay, Aileen. "Does Peter Have Attention Deficit Hyperactivity Disorder (ADHD)?." *Journal Of Religion, Disability & Health* 12, no. 4 (December 2008): 330-346. *SocINDEX with Full Text*, EBSCO*host* (accessed April 2, 2012).

Bays, Patricia. "The Care and Nurture of Volunteers." *Clergy Journal* 82, no. 7 (May 2006): 8-10. *Academic Search Complete*, EBSCO*host* (accessed April 2, 2012).

Blackwood, Rick. *The Power of Multi-Sensory Preaching and Teaching: Increase Attention, Comprehension, and Retention*. Grand Rapids, MI: Zondervan, 2008.

Burley-Allen, Madelyn. *Listening: The Forgotten Skill*. New York: John Wiley & Sons, 1995.

Carbonell, Mels. *How to Solve the People Puzzle: Understanding Personality Patterns*. Blue Ridge, GA: Uniquely You Resources, 2008.

"CDC - ADHD, Data and Statistics - NCBDDD." Centers for Disease Control and Prevention. http://www.cdc.gov/ncbddd/adhd/data.html (accessed April 1, 2012).

"CDC - ADHD, Prevalence - NCBDDD." Centers for Disease Control and Prevention. http://www.cdc.gov/ncbddd/adhd/prevalence.html (accessed April 1, 2012).

Chapell, Bryan. *Christ-Centered Preaching: Redeeming the Expository Sermon*. Grand Rapids, MI: Baker Books, 1994.

Church, Karin, Charleen M. Gottschalk, and Jane N. Leddy. "20 Ways To . . . Enhance Social and Friendship Skills." *Intervention In School And Clinic* 38, no. 5 (May 2003): 307-310. *OmniFile Full Text Mega (H.W. Wilson)*, EBSCO*host* (accessed April 2, 2012).

Clancy, Marianne. "Inclusion Identifies the Meaning of Church for a Parent." *Journal Of Religion, Disability & Health* 13, no. 3/4 (July 2009): 334-338. *SocINDEX with Full Text*, EBSCO*host* (accessed April 2, 2012).

Coghill, David, and Sarah Seth. "Do the diagnostic criteria for ADHD need to change? Comments on the preliminary proposals of the DSM-5 ADHD and Disruptive Behavior Disorders Committee." *European Child & Adolescent Psychiatry* 20, no. 2 (February 2011): 75-81. *CINAHL*, EBSCO*host* (accessed April 2, 2012).

"Cognitive Behavioral Therapy for Attention Deficit Disorder - Coaching - ADHD." HealthCentral.com - Trusted, Reliable and Up To Date Health Information. http://www.healthcentral.com/adhd/c/8689/124413/cognitive-behavioral/?ic=1112 (accessed April 2, 2012).

"Counseling Services - ADD / ADHD Evaluation and Assessment - Champion Christian Counseling Center, Tomball Texas." Champion Christian Counseling Center, Tomball Texas. http://www.cccctomball.com/add.html (accessed April 2, 2012).

Crabb, Lawrence J. *Connecting: Healing Ourselves and Our Relationships*. Nashville, TN: W Publishing Group, 2005.

Cummins, Mark D. *Creative Preaching How Multi-Sensory Preaching Connects the Word of God to the Twenty-First Century Culture*. 2004. <http://digitalcommons.liberty.edu/doctoral/372/>.

Davis, Ken. *How to Speak to Youth-- and Keep Them Awake at the Same Time*. Grand Rapids, MI: Zondervan Pub. House, 1996.

Dober, Hans Martin. "What Can the Pastor Learn from Freud? A Historical Perspective on Psychological and Theological Dimensions of Soul Care." *Christian Bioethics: Non-Ecumenical Studies In Medical Morality* 16, no. 1 (January 2010): 61-78. *Academic Search Complete*, EBSCO*host* (accessed April 2, 2012).

"Emotional and behavioral difficulties and i... [Prev Chronic Dis. 2006] - PubMed - NCBI." National Center for Biotechnology Information. http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&Cmd=ShowDetailView&TermToSearch=16539793&log$=activity (accessed April 1, 2012).

Entwistle, David N. *Integrative Approaches to Psychology and Christianity: An Introduction to*

Worldview Issues, Philosophical Foundations, and Models of Integration. Eugene, OR: Wipf and Stock Publishers, 2004.

"FASTSTATS - Attention Deficit Hyperactivity Disorder." Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/fastats/adhd.htm (accessed April 1, 2012).

"Frequently Asked Questions About ADHD Medications - Medication - ADHD." HealthCentral.com - Trusted, Reliable and Up To Date Health Information. http://www.healthcentral.com/adhd/c/1443/62998/frequently-medications (accessed April 1, 2012).

Gartner, Stefan. "Staying a Pastor while Talking Like a Psychologist? A Proposal for an Integrative Model." *Christian Bioethics: Non-Ecumenical Studies In Medical Morality* 16, no. 1 (January 2010): 48-60. *Academic Search Complete*, EBSCO*host* (accessed April 2, 2012).

Geng, Gretchen. "Investigation of Teachers' Verbal and Non-Verbal Strategies for Managing Attention Deficit Hyperactivity Disorder (ADHD) Students' Behaviours within a Classroom Environment." *Australian Journal Of Teacher Education* 36, no. 7 (July 1, 2011): 17-30. *ERIC*, EBSCO*host* (accessed April 2, 2012).

Gerber, Leslie E. "What child is this? Christian parental virtues and Attention Deficit Hyperactivity Disorder." *Sewanee Theological Review* 50, no. 4 (January 1, 2007): 521-545. *ATLA Religion Database*, EBSCO*host* (accessed April 2, 2012).

Ghanizadeh, A, and N Zarei. "Are GPs adequately equipped with the knowledge for educating and counseling of families with ADHD children?." *BMC Family Practice* 11, (2010): *CINAHL Plus with Full Text*, EBSCO*host* (accessed April 2, 2012).

Group Publishing. *Special Needs, Special Ministry*. Loveland, CO: Group Pub, 2003.

Halverson, Delia Touchton. *Ready, Set, Teach!: Training and Supporting Volunteers in Christian Education*. Nashville, TN: Abingdon Press, 2010.

Halverstadt, Jonathan Scott, and Jerry Seiden. *ADD, Christianity & the Church: A Compassionate Healing Resource to Inform, Inspire, & Illuminate*. Irvine, CA: Spirit of Hope Pub, 2008.

"Harmony Hensley: Welcoming Ministry Environments for Kids With ADHD (Part One) Church4EveryChild." Church4EveryChild Building bridges between churches and families of kids with "issues". http://drgrcevich.wordpress.com/2010/10/20/harmony-hensley-welcoming-ministry-environments-for-kids-with-adhd-part-one/ (accessed April 1, 2012).

Hook, JN, and EL, Jr. Worthington. "Christian couple counseling by professional, pastoral, and lay counselors from a Protestant perspective: a nationwide survey." *American Journal Of*

Family Therapy 37, no. 2 (March 2009): 169-183. *CINAHL Plus with Full Text*, EBSCO*host* (accessed April 2, 2012).

"How Many Employees Should Your Supervisors Manage? Where Great Workplaces Start." Where Great Workplaces Start Information and conversation on everything HR, brought to you by ERC. http://greatworkplace.wordpress.com/2010/02/17/how-many-employees-should-your-supervisors-manage/ (accessed June 22, 2012).

"How Should a Christian View ADD and ADHD?." Bible Questions Answered. http://www.gotquestions.org/ADD-ADHD-Christian.html (accessed April 1, 2012).

"How to Teach Children with ADHD - ChurchLeaders.com - Christian Leadership Blogs, Articles, Videos, How To's, and Free Resources." ChurchLeaders.com - Christian Leadership Blogs, Articles, Videos, How To's, and Free Resources. http://www.churchleaders.com/children/childrens-ministry-how-tos/157672-how-to-teach-children-with-adhd.html (accessed April 1, 2012).

Humphrey, Neil. "Including students with attention-deficit/hyperactivity disorder in mainstream schools." *British Journal Of Special Education* 36, no. 1 (March 2009): 19-25. *Academic Search Complete*, EBSCO*host* (accessed April 2, 2012).

Hybels, Bill. *The Volunteer Revolution: Unleashing the Power of Everybody*. Grand Rapids, MI: Zondervan, 2004.

Johnson, Jacob J. "Attention-Deficit/Hyperactivity Disorders among Students in Christian Colleges and Universities." *Christian Higher Education* 10, no. 1 (January 1, 2011): 57-70. *ERIC*, EBSCO*host* (accessed April 2, 2012).

Kelley, Susan D. M., William English, and Pat Schwallie-Gaddis. "Exemplary Counseling Strategies for Developmental Transitions of Young Women With Attention Deficit/Hyperactivity Disorder." *Journal Of Counseling And Development* 85, no. 2 (April 15, 2007): 173-181. *OmniFile Full Text Mega (H.W. Wilson)*, EBSCO*host* (accessed April 2, 2012).

Kimball, Dan, and Lilly Lewin. *Sacred Space: A Hands-on Guide to Creating Multisensory Worship Experiences for Youth Ministry*. Grand Rapids, MI: Youth Specialties, 2008.

Kinnaman, David, and Aly Hawkins. *You Lost Me: Why Young Christians Are Leaving Church-- and Rethinking Faith*. Grand Rapids, MI: Baker Books, 2011.

Lovell, George, and Neil Richardson. *Sustaining Preachers and Preaching: A Practical Guide*. London: T & T Clark, 2011.

Miller, Kim. *Handbook for Multi-Sensory Worship*. Nashville, TN: Abingdon Press, 1999.

Morgan, Tony, and Tim Stevens. *Simply Strategic Volunteers: Empowering People for Ministry*.

Loveland, CO: Group, 2005.

"Multisensory Worship." Wikipedia. en.wikipedia.org/wiki/Multisensory_worship (accessed April 2, 2012).

"Myth: ADHD is a Childhood Disorder - ADHD in Adults - ADHD." HealthCentral.com - Trusted, Reliable and Up To Date Health Information. http://www.healthcentral.com/adhd/c/1443/11092/myth-adhd-disorder/?ic=1112 (accessed April 1, 2012).

"Myth: ADHD Cannot be Accurately Diagnosed - ADHD Tests - ADHD." HealthCentral.com - Trusted, Reliable and Up To Date Health Information. http://www.healthcentral.com/adhd/c/1443/14462/myth-adhd-diagnosed/?ic=1112 (accessed April 1, 2012).

Neff, Blake J.A. *Pastor's Guide to Interpersonal Communication: The Other Six Days*. New York: Haworth Pastoral Press, 2006.

Nelson, Paul. "Church aims to make service comfortable: Bridge Christian provides short sermons, theatrical worship and relaxing atmosphere." *Times Union (Albany, NY)* (February 21, 2007): *Newspaper Source Plus*, EBSCO*host* (accessed April 2, 2012).

"Parenting a Child With ADHD: Helping Your Child." WebMD - Better information. Better health.. http://www.webmd.com/add-adhd/features/6-parenting-tips-for-raising-kids-with-adhd (accessed April 1, 2012).

Petersen, Jim. *Why Don't We Listen Better? Communicating & Connecting in Relationships*. Tigard, OR: Petersen Publications, 2007.

Petri, Gary A. *The Proper Care and Feeding of Church Volunteers: A Practical Guide for Volunteer Leaders*. Kansas City: Sheed & Ward, 1996.

Powell, Kara Eckmann, and Chap Clark. *Sticky Faith: Everyday Ideas to Build Lasting Faith in Your Kids*. Grand Rapids, MI: Zondervan, 2011.

Rainer, Thom S., and Sam S. Rainer. *Essential Church?: Reclaiming a Generation of Dropouts*. Nashville, TN: B & H Books, 2008.

Rapada, Amy. *The Special Needs Ministry Handbook: A Church's Guide to Reaching Children with Disabilities and Their Families*. [S.l.]: CGR Publishing, 2007.

Richards, Larry. *Creative Bible Teaching*. Chicago: Moody Press, 1973.

Robinson, Haddon W. *Biblical Preaching: The Development and Delivery of Expository Messages*. Grand Rapids, MI: Baker Book House, 1980.

Schultz, Richard L. "For I did not shrink from declaring to you the whole purpose of God:" Biblical Theology's Role within Christian Counseling." *Edification: The Transdisciplinary Journal Of Christian Psychology* 4, no. 1 (May 2010): 47-55. *Academic Search Complete*, EBSCO*host* (accessed April 2, 2012).

Stanley, Andy. *The Next Generation Leader: 5 Essentials for Those Who Will Shape the Future*. Sisters, OR: Multnomah, 2003.

Stanley, Andy, and Ed Young. *Can We Do That?: 24 Innovative Practices That Will Change the Way You Do Church*. West Monroe, LA: Howard Pub, 2002.

Stanley, Andy, Reggie Joiner, and Lane Jones.*7 Practices of Effective Ministry*. Sisters, OR: Multnomah Publishers, 2004.

Stanley, Andy, and Lane Jones. *Communicating for a Change*. Sisters, OR: Multnomah Publishers, 2006.

_____. *Making Vision Stick*. Grand Rapids, MI: Zondervan, 2007.

"Statistics About ADD in Adults & Children | ADDitude - Adults & Children with ADD ADHD." Attention Deficit Disorder | ADHD Symptoms, Medication, Treatment, Diagnosis, Parenting ADD Children and More: Information from ADDitude. http://www.additudemag.com/adhd/article/688.html (accessed April 1, 2012).

Stevenson, Dwight E., guide to effective sermon delivery Dwight E. Stevenson, and Charles F. Diehl. *Reaching People from the Pulpit*. New York: Harper, 1958.

Stewart, John Robert. *Bridges Not Walls: A Book About Interpersonal Communication*. New York: McGraw-Hill, 1990.

Stewart, Teena M. "Training, Equipping, and Coaching." *Clergy Journal* 79, no. 8 (July 2003): 23-24. *Academic Search Complete*, EBSCO*host* (accessed April 2, 2012).

Scott Sullender, R. "Perspectives from the Second Generation of Pastoral Counselors." *Pastoral Psychology* 60, no. 5 (October 2011): 751-754. *Academic Search Complete*, EBSCO*host* (accessed April 2, 2012).

"The Internet, Short Attention Spans, and Preaching | Worship, Music, Culture, Aesthetics - Religious Affections Ministries." Worship, Music, Culture, and Aesthetics - Religious Affections Ministries. http://religiousaffections.org/articles/articles-on-church/the-internet-short-attention-spans-and-preaching/ (accessed April 1, 2012).

Towns, Elmer L., and Ed Stetzer. *Perimeters of Light: Biblical Boundaries for the Emerging Church*. Chicago: Moody Publishers, 2004.

"Treating Adult ADHD." WebMD - Better information. Better health.http://www.webmd.com/add-adhd/features/adult-adhd-treatment (accessed April 1, 2012).

Vaughan, Brigette S., Holly J. Roberts, and Howard Needelman. "Current Medications for the Treatment of Attention-Deficit/Hyperactivity Disorder." *Psychology In The Schools* 46, no. 9 (November 1, 2009): 846-856. *ERIC*, EBSCO*host* (accessed April 2, 2012).

Vernon, David, Ann Frick, and John Gruzelier. "Neurofeedback as a Treatment for ADHD: A Methodological Review with Implications for Future Research." *Journal Of Neurotherapy* 8, no. 2 (June 2004): 53-82. *Academic Search Complete*, EBSCO*host* (accessed April 2, 2012).

Wadsworth, John S., and Dennis C. Harper. "Adults With Attention-Deficit/Hyperactivity Disorder: Assessment and Treatment Strategies." *Journal Of Counseling And Development* 85, no. 1 (December 15, 2007): 101-109. *OmniFile Full Text Mega (H.W. Wilson)*, EBSCO*host* (accessed April 2, 2012).

Wallace, Sue. *Multi-Sensory Church: Over 30 Innovative Ready-to-Use Ideas*. Milton Keynes: Scripture Union, 2002.

Welch, Edward T.. "Understanding and Helping Those with Attention Deficit Disorder-FamilyLife.com." Help and Hope for Marriages and Families-FamilyLife.com. http://www.familylife.com/site/c.dnJHKLNnFoG/b.6175085/k.C834/Understanding_and_Helping_Those_with_Attention_Deficit_Disorder.htm (accessed April 1, 2012).

White, Joe, and Jim Weidmann. *Parents' Guide to the Spiritual Mentoring of Teens*. Wheaton IL: Tyndale House Publishers, 2001.

Wicks, Robert J., and Tina C. Buck. "Reframing for Change: The Use of Cognitive Behavioral Therapy and Native Psychology in Pastoral Ministry and Formation." *Human Development* 32, no. 3 (Fall2011 2011): 8-14. *Education Research Complete*, EBSCO*host* (accessed April 2, 2012).

Winfrey, David. "Biblical therapy." *Christian Century* 124, no. 2 (January 23, 2007): 24. *MasterFILE Premier*, EBSCO*host* (accessed April 2, 2012).

Yount, William R. *Created to Learn*. Nashville, TN: B & H Academic, 2010.