

Liberty University John W. Rawlings School of Divinity

Pastoral Care Training:
Equipping Pastoral Staff to Effectively Minister to the Local Community

A Thesis Project Submitted to
the Faculty of Liberty University School of Divinity
in Candidacy for the Degree of
Doctor of Ministry

By
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THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT

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This project is designed to train the inexperienced staff at Calvary Church in pastoral care ministry. The critical areas in pastoral care are represented in the acronym H.E.L.P. S., (H) Home and Hospital Visitation, (E) Eclectic and Effective Counseling, (L) Lessons in Marriage and Family, (P) Prayer in Caring Ministry, and (S) Support in Grief and Loss. Chapter one introduces Calvary Church's ministry and presents the research's problem, purpose statement, thesis statement, and limitations. Chapter two presents the literature review with the foundations of pastoral care, which supports the immediate need for training. Chapter three outlines the research conducted to determine the knowledge and confidence level of the staff in each aspect of pastoral care ministry. Various research tools were used, including survey questionnaires, personal interviews, and a focus group to design the training program. Chapter four contains the survey responses and data analysis illustrated with graphs and charts. The participants rated each topic before and after the training to determine the effectiveness and identify opportunities for further education. The conclusion in chapter five includes lessons learned on time management, location, and communications. Recommendations for future training are noted to address the staff's specific needs for development in pastoral care ministry.

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List of Abbreviations

CBT	<i>Cognitive Behavioral Therapy</i>
DMIN	<i>Doctor of Ministry</i>
LUSOD	<i>Liberty University School of Divinity</i>
NIV	<i>New International Version</i>
SFBT	<i>Solution-Focused Brief Therapy</i>
SYMBIS	<i>Save Your Marriage Before It Starts</i>

CHAPTER 1: INTRODUCTION

Introduction

Recently one of the youth pastors on staff at Calvary Church received an unexpected phone call from a parent. They shared the tragic news their son had committed suicide. He was a strong athlete and very popular among students. His untimely death stunned and deeply saddened all who knew him. This young pastor not only had to deal with his grief but was also faced with the enormous challenge to effectively minister to the youth, family, and friends in the most difficult circumstances. His experience was limited to attending a few funeral services, and he had no formal training to conduct one with such magnitude.

Sadly, in today's world, the scenario described above occurs in many congregations. The average size church in America has seventy regular attenders in church on a Sunday morning, according to the national congregation's study.¹ Dealing with one of the most painful and sensitive aspects of ministry, such as death and suicide, requires proper preparation and support resources.² While clergy are well educated, with 49% of solo or senior pastors holding graduate degrees, many do not have specialized pastoral care training. The numbers are even more concerning when highlighting the education and training for secondary staff, such as youth pastors. According to a National Congregations Study, 42% of full-time secondary ministerial staff and only 18% of part-time ministerial staff had a seminary degree.³

¹ Mark Chaves and Alison Eagle, "Religious Congregations in 21st Century America," *National Congregations Study*, (2015): 5, Accessed February 12, 2021, https://sites.duke.edu/ncsweb/files/2019/02/NCSIII_report_final.pdf.

² "The Role of Clergy in Preventing Suicide," *SPRC*, (2021). Accessed April 10, 2021. http://www.mentalhealthministries.net/resources/suicide/clergy_prevent_suicide/Clergy_and_suicide_prevention.

³ Mark Chaves and Alison Eagle, "Religious Congregations in 21st Century America," *National Congregations Study*, (2015): 5, Accessed February 12, 2021, https://sites.duke.edu/ncsweb/files/2019/02/NCSIII_report_final.pdf.

Marriage, family matters, grief, and assisting the sick and dying are challenging issues within any church's ministry. Many pastors are relatively inexperienced in the demanding congregational and community need for counseling. A pastoral care training program would provide young or inexperienced pastors with the ability to minister in all situations that require personal attention, especially when dealing with a crisis. This research paper will outline a training program in pastoral care to help Calvary Church staff anticipate and respond to the congregation and community's needs before a crisis happens.

Ministry Context

Background

Calvary Church is in St. Peters, Missouri, approximately 30 miles from St. Louis. The population has grown from 500 in 1970 to over 57,000 in 2020. It is a professional community with an average household income of \$91,000 and a poverty rate of less than 4%. The average age is 39 years old.⁴ *Money Magazine* named St. Peters to the Top 100 list of Best Places to Live in America in 2008, 2010, 2012, and 2017 (No. 15 overall and the No. 1 Place in Missouri).⁵

The rapid growth in the St. Peters' area has been significant over the past fifty years and equally so in the neighboring cities in St. Charles's surrounding county. This history of rapid community growth and development continues to duplicate itself further in Wentzville and St. Charles, where Calvary Church has added two more campuses. This is an essential factor in the church's growth with the abundance of individuals and young families moving into this region. Calvary Church capitalized on this golden opportunity because it had the vision and leadership to

⁴ "World Population Review", Accessed August 30, 2020, <https://worldpopulationreview.com/us-cities/st-peters-mo-population>.

⁵ "Best Places to Live 2017", *Money*, (2017), Accessed August 30, 2020, <https://money.com/collection/best-places-to-live-2017/>.

take some significant steps and, some would say, risks in relocating and reinventing itself in many vital areas. Some of these changes included a more contemporary worship style, developing a small group ministry, expanding community outreach, and a caring ministries program to target the needs of people dealing with crises by offering various support groups such as Celebrate Recovery.

John Baker, a recovering alcoholic and founder of Celebrate Recovery, developed this ministry not only to address addictions but a broader scope to include hurts, habits, and hang-ups. He recognized other issues that may harm any relationship and potentially lead to addiction.⁶ "For all have sinned and fallen short of the glory of God." (Rom. 3:23, NIV).⁷ The root issue is sin, and the answer to this sin is God's forgiveness through confession and profession of faith in Christ's atonement. As a result, healing can begin.

With a growing number of people recognizing the need for restoration and healing, there are nearly twenty-five Celebrate Recovery groups in a thirty-mile radius of Calvary Church. This is only one example of the need for practical ministry and validates the need for a comprehensive program of care with trained pastors who can lead in this effort.

History

Calvary Church is a part of the Evangelical Free Church of America, the fellowship of independent Christian churches in the United States organized in 1950 and a member of the National Association of Evangelicals (NAE). The NAE membership includes 45,000 churches from nearly 40 different denominations who all stand on the truth that redemption is

⁶ John Baker, *Life's Healing Choices*, (New York, NY: Howard Books, 2008), 2.

⁷ "Unless otherwise noted, all biblical passages referenced are New International Version."

found alone in Jesus Christ, God's Son, by grace through faith.⁸ This supports the mission of Calvary Church as "a community of Christ-followers who are loving God, changing lives, and transforming communities in our homes, city, and world."⁹

Calvary Church is currently one of the larger and more influential churches in the St. Charles County area. The church began on January 24, 1962, in a home in St. Charles with twenty-three in attendance. A year later, they bought their first property. The church steadily grew, and by the late 1980s, had four hundred fifty in attendance. On Memorial Day, 1989, they held their last service in the original church and began meeting in a high school. The congregation bought several acres of undeveloped farmland that held promise for the future as St. Peters and the county continued to grow. In August 1991, Dave Michelson came as the new senior pastor. Under his leadership, the church grew dramatically up to 1,700 over the next several years. Many people came to Christ and gave a testimony of their salvation through baptism.

In 2007, Calvary Church built a second campus near Wentzville, Missouri, to expand the ministry in a growing rural area. A third congregation temporarily met in a movie theater in Hazelwood, Missouri, and relocated to St. Charles in the heart of a diverse ethnic community. Calvary Church continues to seek opportunities to expand the ministry to the local community and beyond.

⁸ *National Association of Evangelicals* Accessed August 30, 2020, <https://www.nae.net/churches/>.

⁹ "Who We Are", *Calvary Church*, Accessed August 30, 2020, <https://calvary.church/who-we-are>.

Ministry Strengths

In 2009, Terry Sanderson began to serve as Senior Pastor. He is from Canada and brought with him a vision for outreach and community involvement. His ministry began with the vision of developing strategic partners in the community which led to a Community Care Ministry that has gained local and regional recognition for the outreach programs.

Calvary Church has many strengths, including vision and leadership, with the recent addition of two staff members dedicated to discipleship. This follows Christ's command to fulfill the great commission, "Therefore go and make disciples of all nations, baptizing them in the name of the Father, and of the Son, and of the Holy Spirit, and teaching them to obey all that I have commanded you." (Matt. 28:19-20). Scripture is the ultimate authority that guides all ministries and preaching God's Word is the key strength. For example, the church is studying Christ's life from the fulfilled prophecy to the promise of His return over the next nine months.

Another valuable strength is the various caring ministries. There are specialized support groups with professionally developed programming, including Celebrate Recovery, Financial Peace University, Grief Share, Divorce Care, and Marriage Mentors. Also, members of the CARE team provide hospital visitation and prayer support. The Caring Ministry of Calvary Church is a community of Christ-followers called to share one another's burdens through biblical counseling, reliance on the promises of God's Word, and dedicated prayer.

Problem Presented

The problem is many of the pastoral staff at Calvary Church lack training and practical experience in pastoral care to deal with the caring ministry needs they regularly face. Calvary Church conducts six services weekly with approximately 1,500 in attendance. Caring for a congregation this size requires multiple resources. Five of the twelve pastors are seminary

graduates, and the rest of the staff are trained in their specific areas of ministry. While they have significant experience, they are limited in their ability to serve in other areas such as counseling, conducting weddings and funerals, and hospital visitation. Their role in pastoral care has been as an observer rather than a participant. They are not involved in the process, preparation, or personal interaction of this challenging aspect of ministry and often defer to more experienced staff when pastoral care needs arise.

In today's world, there is an enormous need for pastors to possess professional skills to effectively minister to their church members and community, especially in a time of a crisis. A lot more is expected from pastors than in the past. Pastors are more than a "jack of all trades" and a "master of none." They are, in effect, expected to be a master of all trades.

Counseling skills are fundamental to helping individuals and couples deal with relationship issues that may damage or destroy a marriage and family. Funerals require the pastor to be both a grief counselor and officiant to deliver personalized service with a message that brings honor and healing. It also presents an opportunity to share the gospel and bring comfort amid the pain of loss. Often a pastor serves as an intake for mental health issues and has the responsibility of trying to assess the needs and whether they can help or refer to another professional for a therapeutic intervention.

Purpose Statement

The purpose of this DMIN action research thesis is to equip the Calvary Church staff for effective pastoral care through biblical training in pastoral presence, counseling skills, and officiating at special services. The pastoral staff at Calvary Church will be more effective in their ministry by enhancing their skills in pastoral care and counseling through additional training and application. Due to lack of training outside their areas of expertise, they are limited in their

ability to provide pastoral care and have expressed a sincere desire to expand their scope of ministry. This training will include four primary areas of pastoral care: 1) counseling, 2) marriage and family issues, 3) grief and loss and 4) caring for the sick. Practical application will be presented on officiating wedding and funerals, hospital visitation, and crisis care.

The counseling section will present several short-term models developed by experienced Christian therapists. Some of these models include Cognitive-Behavioral Therapy (CBT), pre-marital counseling, and coaching. The critically important factor of using these models is the underlying biblical truth that dispels current cultural myths and helps bring healing to damaged relationships. It will also address family dynamics, such as conflict resolution, and communications. This is essential for effective pastoral care counseling. One of the factors they have in common, besides the truth found in scripture, is assigning homework to their clients for the next session. This approach helps deal with one of the biggest obstacles in counseling for ministers: time constraints. Applicable for a pastor's busy schedule, filled with ministry duties and extracurricular activities, these are methods that are much needed.

Next, the staff will receive grief and loss training by a local authority with years of grief ministry experience. This will serve as an excellent resource for therapeutic interventions and methods to help individuals through the grieving process. This researcher will also provide practical skills training in the preparation and performance of funerals and memorial services.

Another essential expression of care by the pastor and the church is visiting the sick. Many pastors struggle with facing someone who is ill or dealing with a terminal disease. It can be uncomfortable and challenging. It can also be rewarding to overcome barriers to bring comfort and God's loving presence to someone who is ill or dying. Practical tools and self-reflection can be the first steps to help in this area.

As more staff members are trained, the church will be better equipped to reach out to those in need in the congregation and the local community. According to Ian Jones, Chair of Pastoral Counseling at New Orleans Baptist Theological Seminary, most pastors are not adequately trained to deal with their congregations' problems. He hits on an essential point that the reality is every pastor is a counselor, whether voluntary and prepared or not. Additional training helps build confidence in a pastor's ability to counsel effectively while the lack of training increases the likelihood of mistakes.¹⁰ Sometimes they are dangerous and deadly mistakes, as is the case in dealing with a potential suicide.

Basic Assumptions

This research on pastoral care training has several critical assumptions related to the Christian faith. First, and most importantly, the participants believe in the Bible as God's authoritative Word. Biblical principles will be the foundation for pastoral care training. "All Scripture is God-breathed and is useful for teaching, rebuking, correcting, and training in righteousness, so that the servant of God may be thoroughly equipped for every good work." (2 Tim. 3:16-17).

Secondly, the participants have made a personal profession of faith in Jesus Christ. Salvation involves repentance and accepting Christ's sacrificial atonement on the cross. His death, burial, and resurrection allow us to have a personal relationship with God. "Very truly I tell you, whoever hears my word and believes him who sent me has eternal life and will not be judged but has crossed over from death to life." (John 5:24).

¹⁰ Rayann Slaybaugh, "Counseling Training Options for Pastors," *Church Executive: Helping Leaders Become Better Stewards*, (2018), Accessed on August 30, 2020, <https://churchexecutive.com/archives/church-executive-remote-roundtable-14>.

Thirdly, the participants have experienced a personal calling by God and have chosen a life of service to others by following Christ's example. "Greater love has no one than this: to lay down one's life for his friends." (John 15:13). This assumption is that a person is led by God to find their purpose in the local congregation with a desire to grow in their ministry role.

Fourth, the training is for Calvary Church staff in a leadership position such as a children's, youth, or teaching pastor. These positions have ongoing contact with the congregation and opportunities to minister to the entire family. The staff desires to help meet their spiritual, physical, emotional, and psychological needs. Pastoral care training will expand their skills and broaden their ministry.

Finally, this researcher will apply action research methods which is a disciplined process of inquiry conducted by and for those taking the action.¹¹ The primary purpose is provide a systematic means for people to identify areas of growth within their own ministry as well as the church collectively. This approach will allow the researcher and the participants to collaborate to design training that addresses development needs. A follow-up assessment will give participants an opportunity to evaluate its effectiveness.

Definitions

Biblical Pastoral Care and Counseling: based on the primary belief in the Bible as the authoritative Word of God and resource for interpreting, diagnosing, and responding to human problems and crises.¹²

¹¹"What is Action Research?", *ASCD*, Accessed September 6, 2020, <http://www.ascd.org/publications/books/100047/chapters/What-Is-Action-Research%C2%A2.aspx>.

¹² Glenn Asquith, *The Concise Dictionary of Pastoral Care and Counseling* (Nashville, TN: Abingdon Press, 2010), 280, Kindle.

Cognitive Behavioral Therapy (CBT): a form of psychological treatment that applies proven principles to identify and change unhealthy thinking patterns that influence behavior. It has effectively treated a wide range of personal issues, including depression, anxiety, substance abuse, interpersonal conflict, and mental health.¹³

Crisis Ministry model: provides professionals with a comprehensive understanding of the emotional impact of crisis, loss, or trauma. Its primary and critical function is to present information for intervention.¹⁴

Eclectic: a variety of therapeutic methods, principles, and philosophies to create a unique treatment program for the patient.¹⁵

Hope-focused marriage counseling: enables couples to see that change is possible and gives them a new outlook on the future using a three-part theory; willpower, way power, and wait power.¹⁶

Mnemonics: a memory technique used to recall facts by associating a phrase or word related to the topic.¹⁷

¹³ “What is Cognitive Behavioral Therapy?”, *American Psychological Association*, Accessed September 13, 2020, <https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral>.

¹⁴ Scott Floyd, *Crisis Counseling: A Guide for Pastors and Professionals* (Grand Rapids, MI: Kregel Publications, 2008), 96, Kindle.

¹⁵ “What is the Eclectic Approach in Psychology?” Reference*, Accessed April 30, 2021, <https://www.reference.com/world-view/eclectic-approach-psychology-6cf459d8be06e899>.

¹⁶ Everett Worthington Jr., *Hope-Focused Marriage Counseling* (Downers Grove, IL: InterVarsity Press, 1999), 30.

¹⁷ “Using Mnemonics to Improve Your Memory,” *Psychologist World*, Accessed April 15, 2021, <https://www.psychologistworld.com/memory/mnemonics>.

Pre-counseling interview: evaluates a couple in a pre-counseling interview as opposed to waiting until beginning the regular sessions. The goals are to build positive expectations and commit to begin the journey towards change on a much more solid footing.¹⁸

Solution-focused brief therapy (SFBT): looks at finding solutions in the present to find a quicker resolution of one's problems. This method combines the appropriate coaching and questioning to lead the individual to find the best solutions.¹⁹

Therapeutic intervention: an effort made by individuals or groups to improve the well-being of someone in need of help who may be refusing it or is otherwise unable to initiate or accept help from others.²⁰

Limitations

The limitations of this research project begin with the COVID-19 outbreak. Due to the coronavirus, the first pandemic in the United States in over one hundred years, there is a great deal of uncertainty about the future. Even with the hope of a vaccine, the availability of this immunization is unpredictable. Church services are offered onsite and online, with most attending virtually. Research and training may be limited to a virtual setting versus in person, which is the preferred approach.

The key is to adapt to the current environment. Lessons learned at the beginning of the virus can be invaluable for dealing with the future. It may require additional work to create

¹⁸ H. Norman Wright, *How to Counsel in Six Sessions or Less* (Minneapolis, MN: Bethany House Publishers, 2002), 16, Kindle.

¹⁹ "Solution Focused Brief Therapy," *Psychology Today*, Accessed on February 12, 2021, <https://www.psychologytoday.com/us/therapy-types/solution-focused-brief-therapy>.

²⁰ "Therapeutic Intervention," *Psychology Today*, Accessed on September 5, 2020, <https://www.psychologytoday.com/us/therapy-types/therapeutic-intervention>.

online resources. Online training could be a positive factor because the activity could be viewed at different times by multiple participants and made available to future staff.

Time constraints may become an issue due to the accelerated classes in the Doctor of Ministry program and the demands of working full-time. An already challenging schedule combined with an unforeseen crisis can hinder the quality or the quantity of the research that is necessary to be effective. The solution is to plan and prepare in advance as much as possible and adjust priorities as needed to ensure adequate time is available to the research and training for a worthwhile project.

Another possible limitation is the budget of the church. The pandemic has hurt many businesses and churches financially. If giving to the church declines further, it could lead to a cancelation of scholarship funds for next year's classes when this research is underway. The best contingency plan would be to consider a loan to complete this project and, as a result, the Doctor of Ministry degree.

A final limitation is the geographic location of Calvary Church in St. Peters, Missouri. The church's proximity to this researcher and all three campuses allows easy access to the pastoral staff, making it a suitable environment to conduct onsite training. Also, arrangements can be made to conduct virtual research and training as the pastoral staff is accustomed to this approach if needed.

Delimitations

This researcher selected the four pastoral care topics presented in *Pastoral Care: An Essential Guide* by John Patton to develop the training program. They include counseling, marriage and family, grief, and visiting the sick. While there are other related topics, such as leadership, the primary focus is on practical application areas. Training is focused on the

younger, less experienced pastoral staff of Calvary Church. This audience is readily available and has expressed a sincere desire for further professional development to help meet the needs of those they care for in their specific ministry. The specific resources used for research and training are based on biblical references and come from an evangelical perspective that holds Christianity's traditional values and beliefs. This choice makes the training the most compatible with an evangelical denomination's beliefs and church staff that follows its theology.

This researcher selected established leaders in their respective fields of expertise. Dr. Les Parrott and his wife, Dr. Leslie Parrott, are both experts in marriage and family. He is a clinical psychologist, and she is a marriage and family therapist. Together they work as a team to provide marriage and parenting help through public speaking engagements and writing. The Parrotts are New York Times best-selling authors whose books have sold more than two million copies, including *The Good Fight*, *Love Like That*, *Real Relationships*, and the award-winning *Saving Your Marriage Before it Starts*.²¹

Dr. Everett L. Worthington Jr. is a licensed clinical psychologist and professor of psychology at Virginia Commonwealth University. He is a former executive director of the Templeton Foundation's A Campaign for Forgiveness Research. Dr. Worthington has studied the power of forgiveness for over thirty years and has more than two hundred publications on forgiveness, marriage and family, psychotherapy, and virtue in a wide variety of journals and magazines. He was the founding editor of *Marriage and Family: A Christian Journal* and has

²¹ “Drs. Les and Leslie Parrott,” *Focus on the Family*, (2021), Accessed on February 14, 2021, <https://www.focusonthefamily.com/contributors/drs-les-and-leslie-parrott/>.

authored seventeen books, including *Handbook of Forgiveness, Hope-Focused Marriage Counseling*, and *Forgiving and Reconciling*.²²

One of the leading therapists in crisis counseling is Dr. Scott Floyd. He serves as an associate professor of psychology and counseling at Southwestern Baptist Theological Seminary. He is a licensed counselor with twenty-five years of experience specializing in crisis, trauma, loss, and grief care in his private practice. His book, *Crisis Counseling: A Guide for Pastors and Professionals*, is written to help pastors and caregivers who struggle with helping people overwhelmed by traumatic events. It provides insight into understanding how the crisis impacts individuals and provides practical support during and afterward.²³

Dr. H. Norman Wright is a licensed marriage, family, and child therapist with over 30 years of private practice experience. His current role is Research Professor of Christian Education at Talbot School of Theology. His primary focus is grief and trauma counseling and critical incident debriefings. He offers training and curriculum in loss, crisis, and trauma to hospitals, health professionals, social work organizations, and community-wide grief recovery seminars. Dr. Wright has written more than 90 books, including *Experiencing Grief, The New Guide to Crisis and Trauma Counseling*, and *Recovering From the Losses of Life*.²⁴

Neville A. Kirkwood has spent over twenty years involved with and caring for people in Third World countries as a hospital chaplain. Honing his pastoral care and counseling skills has been imperative in his role. Caring for the sick and dying has given him an insight into the

²² “Everett L. Worthington Jr.,” *IVP Academic* (2021), Accessed February 14, 2021, <https://www.ivpress.com/everett-l-worthington-jr/>.

²³ “Crisis Counseling: A Guide for Pastors and Professionals,” *Kregel Publications* (2021), Accessed February 14, 2021, <https://www.kregel.com/ministry/crisis-counseling-7751/>.

²⁴ “Dr. H. Norman Wright,” *Focus on the Family*, (2021), Accessed on February 14, 2021, <https://www.focusonthefamily.com/contributors/h-norman-wright/>.

impact of grief and loss. In his book, *Pastoral Care in Hospitals*, he offers best practices for hospital and home visitation to make the encounters meaningful and purposeful.²⁵ Each of these individuals brings a unique perspective in their related expertise to pastoral care ministry.

Thesis Statement

Once the staff of Calvary Church is effectively trained in pastoral care, they will be able to demonstrate practical skills in four critical areas: caring for the sick, marriage and family issues, grief and loss, and counseling. As a result, they will be able to help meet more of the needs of the congregation and the local community.

Based on years of experience in pastoral ministry, it is essential to apply the wisdom of the Word of God and learn from the life experience of other Christian leaders. In 2 Tim. 2:2, Paul writes, “and the things you have heard me say in the presence of many witnesses entrust to reliable people who will also be qualified to teach others.” This passage presents the very essence of the research project, passing on the faith in practical ways to the next generation. It is more than sharing the gospel because Paul is speaking about the example he gave to Timothy. Already a believer, there was much more for Timothy to learn. In other words, it is about discipleship.

Providing pastoral care training to the Calvary Church staff follows the principle of Paul’s teaching. “What you heard from me, keep as the pattern of sound teaching, with faith and love in Christ Jesus. Guard the good deposit that was entrusted to you—guard it with the help of the Holy Spirit who lives in us.” (2 Tim. 1:13-14). It is the responsibility of those who have

²⁵ “Kirkwood, Neville A. 1927-,” *encyclopedia.com* (2021), Accessed on February 14, 2021, <https://www.encyclopedia.com/arts/educational-magazines/kirkwood-neville-1927>.

received sound teaching and been entrusted with it to pass it on. This will benefit the trained individuals and those to whom they minister.

CHAPTER 2: CONCEPTUAL FRAMEWORK

Conceptual Framework

Pastoral care training based on biblical principles, sound counseling techniques, and personal skill-building will equip the Calvary Church staff with resources to expand their ministry role.

Literature Review

Foundations of Pastoral Care

History of Pastoral Care

The Dictionary of Pastoral Care and Counseling defines pastoral care as a twentieth-century phenomenon. Most authors disagree with this because pastoral counseling has deep roots in Judeo-Christian history. Petersen confirms that pastoral care can be traced back to the New Testament but does so with a broader definition and scope. “Pastoral care consisted of mutual edification, discipline, and encouragement.” He continues to say that it “applied to all the people of God and the specific calling of pastors, elders, and bishops given the ministry of oversight and supervision.”²⁶

Pastoral Care Ministry

What is pastoral care? Is it merely a job or a duty that pastors perform? Seinkbeil says that the bigger picture, which he refers to as the vision for pastoral ministry, reveals what a pastor does daily.²⁷ Petersen succinctly describes the definition of pastoral care as “the care of

²⁶ Bruce Petersen, *Foundations of Pastoral Care* (Kansas City, KS: Beacon Hill Press, 2007), 134, Kindle.

²⁷ Harold Seinkbill, *The Care of Souls: Cultivating A Pastor's Heart* (Bellingham, WA: Lexham Press, 2019), 16.

persons by pastors.” This simple statement stands out for several reasons. First, it is in the job description and one of the primary roles of a pastor. Hopefully, demonstrating care and compassion is a compelling characteristic of the pastor and not just a job duty. While caring for the congregation is a pastoral responsibility, pastoral care refers to compassionate shepherding.²⁸ Secondly, this means walking alongside the hurting and providing love, comfort and, hope in facing life's challenges. Finally, it is essential to have God's equipping presence through the Holy Spirit. Otherwise, it would be an impossible task for any pastor to care for and help meet people's needs alone.

Self-Care

As impactful as pastoral care ministry is, a pastor must practice self-care. Oswald says pastors need to do a great deal to restore themselves to overcome stress and burnout, or the “twin destroyers” as he calls them.²⁹ He states the difference in an effective, healthy ministry and a stressed-out one is found in one word: balance. Balance is the key, and the scales must be filled equally to keep them from tipping to the side of burnout.³⁰ If scales are heavy on the stressful side, then they must be equally weighted in self-care. McDonald notes if the private world (things are done for renewal) is neglected, the pastor will not be able to counterbalance the weight of all that has to be addressed.³¹ The two authors’ agreement in keeping a balance is a fundamental truth in many areas.

²⁸ Bruce Petersen, *Foundations of Pastoral Care* (Kansas City, KS: Beacon Hill Press, 2007), 198, Kindle.

²⁹ Roy Oswald, *Clergy Self-Care: Finding A Balance for Effective Self-Care* (The Alban Institute, Inc., 1991), 16, Kindle.

³⁰ Ibid., 10.

³¹ Gordon McDonald, *Ordering Your Private World* (Nashville, TN: Thomas Nelson Publishers, 2003), 190, Kindle.

Taking time to share and reflect on the meaning of pastoral care with other ministers helps build wisdom and skill. This comes from practical engagements intended to produce a change in the person being ministered to and the one offering help. This results in a benefit to both.³² Even a car has a gas gauge on it to indicate its fuel supply level and a need to refuel before running out of gas and becoming stranded. For pastors who have no such indicator except their own stress signature, they often run out of fuel and are stranded before they realize what has happened. It is up to them to have the necessary refueling stations in place. It is up to them to set healthy boundaries. Even when plans for refueling are made, it only takes one crisis that can interrupt the refueling. This means that even a reserve of fuel is a great idea in case of their own emergency.

Pastoral Care Training

The Need for Pastoral Care Training

Formal theological education can provide valuable benefits for a pastor and contribute to the church's leadership development. However, there is a growing trend in seminaries to focus on academia rather than mission and ministry. As a result, there is often a lack of specialized pastoral care training, and it carries over to the local church. There is a need for a non-formal approach to address the growing numbers of those needing basic pastoral training when formal training is neither accessible nor appropriate.³³ Pastoral care training can relight the fire in ministry when transformational experiences are shared by those giving and receiving care.

³² John Patton, *Pastoral Care: An Essential Guide* (Nashville, TN: Abingdon Press, 2010), 11, Kindle.

³³ Ashish Chrispal, "Restoring Missional Vision in Theological Education: The Need for Transformative Pastoral Training in the Majority World," *Lausanne Movement*, Vol. 8, Issue 5, (2019), Accessed March 11, 2021, <https://www.lausanne.org/content/lga/2019-09/restoring-missional-vision-theological-education>.

Counseling Techniques

One of the most important roles in pastoral care is counseling. Much of the identity of a pastor is involved in giving counsel to the church body, whether it is a brief conversation after a service or a session in the pastor's office. The word "pastoral" in the job title of "pastoral counselor" has an immediate and revealing picture drawn from this counseling approach. Pastoral counselors have a religious perspective with the integration of spirituality in their therapy. At the core of their guidance is a theological DNA rooted in God and based on biblical principles.

Townsend observes that pastoral counselors blend two important areas for their ministry in counseling, behavioral science, and theology.³⁴ This approach integrates the practical application of psychological principles with spiritual truth. This is the basic distinction of pastoral counseling with an emphasis on the spiritual, or theology, and behavioral sciences joined together. This unique approach requires professional training beyond formal theological education to incorporate both in this specialized ministry.³⁵

Other recommended strategies are very different and contrast in theory and the tools used. This is often due to the type of counseling being done. Hays and Payne utilize a grounded theory approach. Clergy members' perspectives could be seen in a spectrum of belief regarding

³⁴ Loren Townsend, *Introduction to Pastoral Counseling* (Nashville, TN: Abingdon Press, 2009), 75, Kindle.

³⁵ C. Roy Woodruff, "Pastoral counselling: An American perspective," *British Journal of Guidance and Counseling*, Volume 30, 2002 – Issue 1, (2010), Accessed on February 19, 2021, <https://www.tandfonline.com/doi/abs/10.1080/030698880220106546?journalCode=cbjg20>.

the causes and best treatments for mental and emotional issues.³⁶ Floyd identifies a key intervention point in helping people deal with their stressors before a crisis occurs. It is like a vaccine given to prevent the flu. If individuals cope effectively in the present, they will be able to deal with crises or trauma in the future. It is an essential first step in dealing with a crisis or trauma.³⁷

Doehring notes the four areas of motivational interviewing as partnership, acceptance, compassion, and evocation, conveyed through words, tone of voice, facial expression, and body language.³⁸ When an individual or a couple deals with addiction, Waters prefers to use change theory and motivational interviewing. This tool can significantly assist the caregiver to identify ways to support and encourage a person to make long-term changes.³⁹ Regardless of the approach, the key is to help the individual or couple identify the issues and provide the resources and support to work towards a resolution.

Marriage and Family Issues

Waite and Gallagher surveyed fourteen thousand adults over a ten-year period and found that being married was one of the most important predictors of happiness. They also concluded after researching that marriage is an important pathway toward better emotional and mental

³⁶ Krystal Hays and Jennifer Payne, “Lived Experience, Transparency, Help, and Humility: Four Characteristics of Clergy Responding to Mental and Emotional Problems,” (2020), Accessed June 20, 2020, <https://pubmed.ncbi.nlm.nih.gov/32181719>.

³⁷ Scott Floyd, *Crisis Counseling: A Guide for Pastors and Professionals* (Grand Rapids, MI: Kregel Publications, 2008), 125.

³⁸ Carrie Doehring, *The Practice of Pastoral Care: A Post-Modern Approach* (Louisville, KY: Westminster John Knox Press, 2015), 1751, Kindle.

³⁹ Sonia Waters, *Addiction and Pastoral Care* (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2019), 284.

health.⁴⁰ The joining of a couple in marriage results in the supernatural transformation by God.⁴¹ This objective study on marriage confirms the pastor's role is necessary and justified for biblical and practical reasons as well. There is a wide range of views about a minister's role in weddings, even among pastors. It is essential to establish a well-defined philosophy for the preparation and performance of a wedding. Preparing for a wedding often requires months of planning and decision-making. Every detail for the wedding party, rehearsal, ceremony, and reception is vital to this special day. Giving practical guidelines and confirming expectations for conducting the rehearsal and wedding is essential for the pastor to review with the couple. The pastor serves as more than an officiant for this sacred ceremony. They play a crucial role in preparing the couple to build a solid foundation in their relationship "from this day forward."

Veech recommends conducting four pre-marital sessions with the couple. The first session focuses on getting to know the couple and learning about their background. Session two leads into issues of personal faith and integrating those values into the ceremony. Session three helps identify differences and similarities in the couple's personalities and how they handle their finances. Finally, session four deals with the dynamics of family relationships.⁴² This approach allows the couple to discuss some of the challenging issues that arise in marriage.

The first step in marital or family counseling is to gather background information to assess the need. While the goal is the same among various authors, the approach and type of information differs. Worthington begins the initial assessment of the couple by having them

⁴⁰ Linda Waite and Maggie Gallagher, *The Case for Marriage* (New York, NY: Random House, 2000), 67.

⁴¹ Les Parrott and Leslie Parrott, *Saving Your Marriage Before It Starts* (Grand Rapids, MI: Zondervan, 2015), 155.

⁴² Guthrie Veech, *Christian Ministers Manual Updated and Expanded Deluxe Edition* (Colorado Springs, CO: David C. Cook, 2012), 60.

complete an intake form even before their first face to face session. This builds the framework to help the couple set goals for changing their behavior and depending on God to heal and strengthen their relationship.⁴³ Wright recommends cognitive-behavioral and solution-focused counseling as two methods that work well for short-term marital counseling in six sessions or less.⁴⁴ Instead of gathering an assessment and history on the relationship in one or two sessions, he evaluates their need in a counseling interview.⁴⁵ This is another way of structuring an intake to begin couples counseling.

A key strategy in successful marriage counseling is removing the myths about marriage. This is a common theme among most authors. Parrott and Parrott identify four myths of the Post Marriage Culture: 1) We expect exactly the same things from marriage, 2) Everything good in our relationship will get better, 3) Everything bad in my life will disappear, and 4) My spouse will make me whole.⁴⁶ These distortions are very destructive, and when they are corrected with the truth are very valuable in helping to work with couples in their relationship. They created an assessment tool that provides a fifteen-page personalized report for couples working on healing or strengthening their relationship. The “Marriage Check-up” includes a questionnaire to help guide a couple in expressing the information needed about their relationship.⁴⁷ These are useful tools to help the couple identify their specific issues.

⁴³ Everett Worthington, *Hope-Focused Marriage Counseling. A Guide to Brief Therapy* (Downers Grove, IL: IVP, 1999), 86.

⁴⁴ *Ibid.*, 96.

⁴⁵ Norman Wright, *How to Counsel in Six Sessions or Less* (Minneapolis, MN: Bethany House Publishers, 2002), 16, Kindle.

⁴⁶ Les Parrott and Leslie Parrott, *Saving Your Marriage Before It Starts* (Grand Rapids, MI: Zondervan, 2015), 20.

⁴⁷ *Ibid.*, 15.

Caring For The Sick

Much like the bright colors of the rainbow, pastoral care is beautifully visible in many ways. For example, the colors of comfort and care found in the pastor's hospital or home visit. The person may be dealing with feelings of anxiety due to an upcoming surgery or the pending test results of a serious illness. Sharing scripture and prayer can bring comfort and relief in a time of stress and encourage the pastor at the same time.

Pastoral care identifies the spiritual and emotional needs of the sick. The pastor is committed to visiting and caring for patients who are ill, healing, recovering, and dying according to Meyerstein and Ruskin.⁴⁸ What is it like to be seriously ill or have major surgery that requires hospitalization? There is constant noise, discomfort, pain, boredom, anxiety, fear, and little sleep or rest due to frequent interruptions. In other words, it is not a place a person wants to stay. What is the benefit under these circumstances to see a caring and familiar face? A visit by the pastoral staff is like a flotation device thrown out to a swimmer going under for the third time. Having someone take time to meet the patient's needs: physically, emotionally, or spiritually, can be incredibly helpful and hopeful. The relief to know someone cares is as noticeable as taking pain medication to relieve their suffering.

As a patient in the hospital, there are many difficult and painful procedures to endure. It is recommended that the pastor keep the visit short, leave any personal issues at the door and give full attention to the patient's needs by carefully listening.⁴⁹ Barletta and Witteveen define

⁴⁸ Israella Meyerstein and Gila Ruskin, "Spiritual Tools for Enhancing the Pastoral Visit to Hospitalized Patients," *Journal of Religion and Health*, Vol. 46, No. 1 (2007): 110, Accessed June 28, 2020, https://www-jstor-org.ezproxy.liberty.edu/stable/27512988?pq-origsite=summon&seq=2#metadata_info_tab_contents.

⁴⁹ "Visiting the sick & the homebound," *Parish Nurse Perspectives*, vol. 9, no. 2, (2010): 4, Accessed June 28, 2020, https://link-gale-com.ezproxy.liberty.edu/apps/doc/A324396949/AONE?u=vic_liberty&sid=AONE&xid=9d2790bb.

pastoral care as a comforting presence with patients in their time of need and helping to strengthen their spiritual beliefs. Evidence suggests a relationship between religious/spiritual involvement and physical/mental health outcomes. This statement, based upon the research to accompany it, certainly makes a point that will be revolutionary to bringing about a more holistic model of care. Spirituality is a part of the whole equation when it comes to helping treat the sick.⁵⁰

The pastor provides professional care in the hospital when interacting with the patient, their family, and the medical staff.⁵¹ They hold a special place within the church and the community. One of the most vital professional expectations is maintaining confidentiality. The misuse of private information can cause the patient, pastor, and even the church irreparable damage.⁵² Kirkwood refers to a previous theme about stress, but in a different setting, the hospital. The context of caring for a very sick or terminal illness takes a significant toll on a caregiver that depends upon mental stability and spiritual maturity.⁵³

Pastoral care is not limited to the patient alone. The care demonstrated by the pastor can also be a testimony of God's love for the family and medical staff. Spiritual care is as crucial to family members as the patients themselves.⁵⁴ These individuals may need even more care and

⁵⁰ John Barletta and Kate Witteveen, "Pastoral Care in Hospital: An Overview of Issues," (2007), Accessed June 20, 2020, <https://www.researchgate.net/publication/263005622>.

⁵¹ Amanda L. Roze des Ordon, "Challenges and Enablers of Spiritual Care for Family Members of Patients in Intensive Care," *Sage Journals*, Volume 74, Issue 1, (2020): Accessed June 28, 2020, <https://journals.sagepub.com/doi/full/10.1177/1542305019890120>.

⁵² Neville Kirkwood, *Pastoral Care in Hospitals* (Harrisburg, NY: Church Publishing Inc., 2005), 2438, Kindle.

⁵³ *Ibid.*, 2529.

⁵⁴ Amanda L. Roze des Ordon, "Challenges and Enablers of Spiritual Care for Family Members of Patients in Intensive Care," *Sage Journals*, Volume 74, Issue 1, (2020), Accessed June 28, 2020, <https://journals.sagepub.com/doi/full/10.1177/1542305019890120>.

attention because they are not medicated or feel powerless to help the patient. In times of crisis, the family may be more receptive to receiving additional support from the pastor and congregation.

Grief and Loss

In the beautiful tapestry of pastoral care, there are many brilliant threads interwoven to form one of the most attractive creations. The pastoral care tapestry is woven from the yarns of the most precious materials known to man, love. The illustration of love is expressed through relationships when helping others in a time of need. Pastoral care demonstrates God's love as a personal testimony. The pastor's care and compassion become a living example of "God with us."

A sharing of pain happens when the pastor shows compassion to someone who is hurting. It is evident then that the pastor has a compassionate heart to do so.⁵⁵ Sharing in suffering through compassionate care is fully realized at the time of grief and loss. It is at those times of unexpected loss that pastoral care is needed most. Wright, who specializes in grief and loss, summarizes grief as an active process of confronting loss and taking the steps needed to move on with life.⁵⁶ Grief reveals itself in both subtle and dramatic behaviors, mainly when individuals are unwilling to feel what grief requires. Some behaviors, such as substance abuse, promiscuity, gambling, are manifestations of this dynamic. The pastor's role is critical to help the loved ones process their grief and move to the stage of healing.

⁵⁵ Carrie Doebling, *The Practice of Pastoral Care: A Post-Modern Approach* (Louisville, KY: Westminster John Knox Press, 2015), 249, Kindle.

⁵⁶ H. Norman Wright, *Recovering from the Loss of a Love*, (Torrance, CA: Aspire Press, 2014), 44.

Funerals are a pivotal time for the family. Emotional pain and grief are at their peak. When the pastor receives such a request, there should be a sense of urgency to connect with the family by offering their services and prayerful support.⁵⁷ The pastor should plan to meet with the family to gather their loved one's stories and notable traits. This allows the pastor to provide further support and deliver a personalized message. Scripture also serves as a source of strength and comfort amid this painful event and is an instrumental component of the funeral. Veech stresses the importance of presenting the comfort and hope found in Christ without trying to 'save the world.' He outlines an order of service to assist the family and identifies critical elements for the funeral. His manual also provides sample sermons to benefit those with little or no experience in delivering a funeral message.⁵⁸

Grief and loss are sometimes known as red-letter words like crisis and trauma, but ultimately, it is about the loss.⁵⁹ Wright provides a guide that incorporates biblical principles with current therapeutic techniques for counseling those who have suffered a loss. There are six types of loss that people experience, material, relationship, intrapsychic, functional, role, or systemic losses.⁶⁰ These categories help professionals and laity alike realize how someone may be grieving even when the loss is in another area besides a death. Worden states that there are some basic principles and procedures that make grief counseling effective. For example,

⁵⁷ Guthrie Veech, *Christian Ministers Manual Updated and Expanded Deluxe Edition* (Colorado Springs, CO: David C. Cook, 2012), 139.

⁵⁸ *Ibid.*, 146.

⁵⁹ H. Norman Wright, *The Complete Guide to Crisis and Trauma Counseling* (Minneapolis, MN: Bethany House Publishers, 2011), 59.

⁶⁰ Carrie Doehring, *The Practice of Pastoral Care: A Post-Modern Approach* (Louisville, KY: Westminster John Knox Press, 2015), 126.

principle one is to help the survivor actualize the loss.⁶¹ Actualizing the loss is defined by having the person talk about their loss. Talking about the loss is considered cathartic if handled by a trained counselor and is a universally accepted principle in grief counseling.

One of the newest trends in pastoral care and grief counseling is virtual care. In medicine, virtual visiting brings the world to the patient's bedside. Built-in computer cameras, text messaging, e-cards, social networking sites, and other high-tech methods allow hospital patients to stay connected to loved ones unable to visit in person. They connect patients with family and friends anywhere around the world, at any time, providing the next best thing to bedside visitors. Patients have driven this change by bringing connective technologies into hospital settings. Virtual care is one of the gaps identified in the books on grief and pastoral care in general. With the recent COVID-19 virus, technology has permeated many areas of society, from medicine to the church, and it will continue to do so. Pastoral care needs to join the ranks and utilize technology to be even more useful.⁶²

Theological Foundations

The word theology comes from the Greek word *Theos* (God) and *logos* (word, language, study). Theology is the study of God and all things related to God.⁶³ This simple definition clarifies the purpose of this section as it relates to pastoral care. The study of doctrine and

⁶¹ William Worden, *Grief counseling and grief therapy: A Handbook for the Mental Health Practitioner* (New York, NY: Springer Publishing Co), 93.

⁶² Linda Nusdorfer, "Virtual visiting: the next best thing to being there," *American Nurse Today*, *Healthcom Media*, Vol. 8, Issue 4, (2013), Accessed June 28, 2020, https://go-gale-com.ezproxy.liberty.edu/ps/i.do?p=HRCA&u=vic_liberty&id=GALE|A327727725&v=2.1&it=r&sid=summon.

⁶³ Don Thorsen, *Exploration of Christian Theology*, (Grand Rapids, MI: Baker Academic, 2010), 3.

teachings in the scriptures focuses on knowing who God is but not whether He exists. That is an accepted truth by Christians and the underlying principle of theology.⁶⁴

Biblical principles lay the foundation for the ministry of pastoral care. For Christians, the Bible is a special revelation of God's character and His will for humanity.⁶⁵ It is the ultimate authoritative source because of its divine origin. "Scripture is God-breathed and is useful for teaching, rebuking, correcting and training in righteousness, so that the servant of God may be thoroughly equipped for every good work." (2 Tim. 3:16-17). A person reading the Bible is listening to God speak. "For the word of God is alive. Sharper than any double-edged sword, it penetrates even to dividing soul and spirit, joints and marrow; it judges the thoughts and attitudes of the heart." (Heb. 4:12). No other book has been written with the power to inspire and change lives in such a transformational manner.

It is critical to know who God is and what He desires in a relationship to serve in the role of pastoral care. The Old Testament contains several references to the nature of God reflected in His name. A deeper understanding of His character is gained by studying the various titles. Two references that stand out as examples of pastoral care are Jehovah Roi and El Shaddai. Jehovah Roi represents God as a loving shepherd, and El Shaddai is "God, who supplies my needs."⁶⁶ God is both the compassionate one that nurtures and the strong one that delivers. "He heals the brokenhearted and binds up their wounds." (Ps. 147:3). Pastoral care would be ineffective if it were missing the demonstration of God's love, compassion, and comfort to help those in need.

⁶⁴ Mike Mazzalong, *Understanding Your Religion: 7 Major Doctrines that Define Christianity*, (Choctaw, OK: BibleTalk Books, 2016), 16.

⁶⁵ Don Thorsen, *Exploration of Christian Theology*, (Grand Rapids, MI: Baker Academic, 2010), 4.

⁶⁶ Elmer Towns, *The Ultimate Guide to the Names of God*, (Bloomington, MN: Bethany House, 2014), 3.

Models of Love

From Genesis to Revelation, the Bible is the story of God's love. The term love is mentioned over five hundred times in the Bible and serves as the foundation for pastoral care.⁶⁷ I Jn. 4:7-12 reveals what God says about Himself, His will, and His plan for a relationship with Him.

Dear friends, let us love one another, for love comes from God. Everyone who loves has been born of God and knows God. Whoever does not love does not know God, because God is love. This is how God showed his love among us: He sent his one and only Son into the world that we might live through him. This is love: not that we loved God, but that he loved us and sent his Son as an atoning sacrifice for our sins. Dear friends, since God so loved us, we also ought to love one another. No one has ever seen God; but if we love one another, God lives in us, and his love is made complete in us.

Love is not only identified with God, but God is identified as the origin of love.⁶⁸ God gave the most remarkable example of redemptive love by sending His Son Jesus Christ to die on the cross for the world's sins. His sacrifice not only demonstrates His love and forgiveness but also brings healing and comfort. Scripture not only confirms the certainty of God's love for the world but also gives a command to love one another. God's love is *agape* love, the Greek term for unconditional love. Jones notes there can be no boundaries in demonstrating God's love for others. Jesus did not hesitate to spend time with those considered sinful or unworthy by the religious community.⁶⁹ He reached out to those who were despised or rejected and in need of his

⁶⁷ Christina Daniels, *How Many Times Does the Bible Mention Love?*, 2020, Accessed March 1, 2021, <https://www.adornedheart.com/how-many-times-does-the-bible-mention-love/#:~:text=In%20the%20Old%20King%20James,love%20is%20mentioned%20538%20times.>

⁶⁸ John Thomas, I John, 2 John, 3 John, *A Pentecostal Commentary*, (Boston, MA: Deo Publishing, 2017), 218.

⁶⁹ Judith Jones, Fifth Sunday of Easter, *The Working Preacher*, 2015, Accessed February 28, 2021, <https://www.workingpreacher.org/commentaries/revised-common-lectionary/fifth-sunday-of-easter-2/commentary-on-1-John-47-21-4.>

healing touch. This is a love of the highest degree, to love and show compassion even in the face of rejection.

Love's role in pastoral care is stated tangibly in (Gal. 6:2), "Carry each other's burdens, and in this way, you will fulfill the law of Christ." This example fulfills the command to love one another and to help others in practical ways. Stott says that the best example may be that of friendship. Many of the traits in friendship are exhibited in pastoral care.⁷⁰ When a person is hurting, they need someone who is trustworthy to share their burden and offer encouragement and prayer.

Models of Compassion

The word compassion means "suffering with another," or "feeling of sorrow or deep tenderness for one who is suffering or experiencing misfortune."⁷¹ Demonstrating compassion moves beyond empathy and is prompted to alleviate the suffering of others. In the parable of the Good Samaritan found in (Luke 10:25-37), Jesus gives a powerful illustration of human nature and what it means "to suffer with." It could be called the parable of Pastoral Care.

On one occasion an expert in the law stood up to test Jesus. "Teacher," he asked, "what must I do to inherit eternal life?" "What is written in the Law?" he replied. "How do you read it?" He answered, "'Love the Lord your God with all your heart and with all your soul and with all your strength and with all your mind; and 'Love your neighbor as yourself.'" "You have answered correctly," Jesus replied. "Do this and you will live." But he wanted to justify himself, so he asked Jesus, "And who is my neighbor?" In reply Jesus said: "A man was going down from Jerusalem to Jericho, when he was attacked by robbers. They stripped him of his clothes, beat him and went away, leaving him half dead. A priest happened to be going down the same road, and when he saw the man, he passed by on the other side. So too, a Levite, when he came to the place and saw him, passed by on the other side. But a Samaritan, as he traveled, came where the man was; and when he saw him, he

⁷⁰ John Stott, *The Message of Galatians: Only One Way*, (Downers Grove, IL: Intervarsity Press, 2020), 2157, Kindle.

⁷¹ David Harper, "Compassion (n).", *Online Etymology Dictionary*, Accessed February 28, 2021, <https://www.etymonline.com/>.

took pity on him. He went to him and bandaged his wounds, pouring on oil and wine. Then he put the man on his own donkey, brought him to an inn and took care of him. The next day he took out two denarii and gave them to the innkeeper. 'Look after him,' he said, 'and when I return, I will reimburse you for any extra expense you may have.' "Which of these three do you think was a neighbor to the man who fell into the hands of robbers?" The expert in the law replied, "The one who had mercy on him." Jesus told him, "Go and do likewise.

There are three different responses to the man in Jesus' story. This poor man was robbed, beaten, and left half dead. The priest and the Levite not only ignored him but intentionally avoided him. Perhaps they were disgusted or frightened by his injuries, and the thought of taking time to care for him was overwhelming.

The Samaritan saw this man in need and chose to get involved. He set aside his agenda and showed compassion by taking care of the injured man, bandaging his wounds, and taking responsibility for him. He made several personal sacrifices because he pitied the wounded man. His care and compassion brought healing and restoration. Each of the three men saw the same thing, but they all reacted differently. Just as Jesus taught his disciples, those involved in pastoral care should follow the Good Samaritan's example not only to see the needs of others but take the time to offer comfort and practical care to meet their needs.

Compassion is the ability to feel someone else's pain and take action to help relieve the suffering. (Matt. 25:35-36) gives an example of ministering to individuals in need of spiritual truth and practical help.⁷² "For I was hungry, and you gave me something to eat, I was thirsty, and you gave me something to drink, I was a stranger, and you invited me in. I needed clothes, and you clothed me, I was sick, and you looked after me, I was in prison, and you came to visit me."

⁷² David Bast, "The Compassion of Jesus," *Word of Hope*, Accessed February 28, 2021, <https://www.woh.org/radio/the=compassion-of-Jesus>.

Models of Comfort

A time of sorrow and grief in an individual's life often opens the door for pastoral care as they seek comfort from the pain of loss. Jesus ministered to those suffering from emotional needs and understood the pain of losing a loved one. He was deeply moved with sorrow at his friend Lazarus's death and wept with those who were grieving. The Greek word for comfort is *paraklesis* which means "to call alongside."⁷³

When Mary reached the place where Jesus was and saw him, she fell at his feet and said, "Lord, if you had been here, my brother would not have died." When Jesus saw her weeping, and the Jews who had come along with her also weeping, he was deeply moved in spirit and troubled. "Where have you laid him?" he asked. "Come and see, Lord," they replied. Jesus wept. Then the Jews said, "See how he loved him! (Jn. 11: 32-36).

He could have arrived days earlier and healed Lazarus, but he had a greater purpose. Instead, he chose to come alongside those who loved him and share in their grief before miraculously bringing him back to life. Pastoral care ministry requires sharing another person's pain and offers the opportunity to bring them to Jesus for healing and a renewed life. "Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves receive from God." (2 Cor. 2:3-4).

The twenty-third Psalm is a familiar passage often used when ministering to the sick or the grieving. David relates his relationship to the Lord as the Good Shepherd that tenderly protects and comes alongside to provide for his sheep. This is a beautiful example of pastoral care. At the heart of Psalm 23 is an elegant and enduring statement of faith: "You are with me."⁷⁴

⁷³ Neville Kirkwood, *Pastoral Care in Hospitals* (Harrisburg, NY: Church Publishing Inc., 2005), 58, Kindle.

⁷⁴ Nancy de Claisse-Walford, *The Book of Psalms* (Grand Rapids, MI: Eerdmans Publishing Company, 2014), 203.

The Lord is my shepherd, I lack nothing. He makes me lie down in green pastures, He leads me beside the quiet waters, he refreshes my soul. He guides me along the right paths for his name's sake. Even though I walk through the darkest valley, I will fear no evil, for you are with me; your rod and your staff, they comfort me. You prepare a table before me in the presence of my enemies. You anoint my head with oil, my cup overflows. Surely your goodness and love will follow me all the days of my life, and I will dwell in the house of the Lord forever. (Ps. 23:1-6).

The assurance of God's guidance through a time of great distress and unknown peril is illustrated as passing through a dark valley. Life can feel overwhelming when dealing with the pain of illness, disability, financial stress, broken relationships, and an uncertain future. David had to deal with his dark valley of guilt and sin, resulting in the pain of losing his son. In the darkest times, he was comforted to know God's presence is with us.⁷⁵

Just as a shepherd is to be faithful in protecting the sheep, Christian leaders are called to watch over their flock, especially the vulnerable and those in need of crisis care. Broken relationships, financial pressures, addictions, illness, and unresolved grief are common issues that threaten people's lives and present ministry opportunities. Pastoral care training will equip leaders in the church to be better prepared to fill the shepherd's role in offering guidance and comfort.

Models of Training

The Old Testament gives an example for training future leaders in the church, especially in dealing with the challenging and demanding ministry responsibilities. Moses learned some valuable lessons that were critical to understand and put into practice to ensure Israel's nation's survival.

Moses' father-in-law replied, "What you are doing is not good. You and these people who come to you will only wear yourselves out. The work is too heavy for you; you cannot handle it alone. Listen now to me and I will give you some advice, and may God be with you. You must be the people's representative before God

⁷⁵ Tremper Longman III, *Psalms: An Introduction and Commentary* (Downers Grove, IL: Intervarsity Press, 2014) 136.

and bring their disputes to him. Teach them his decrees and instructions and show them the way they are to live and how they are to behave. But select capable men from all the people—men who fear God, trustworthy men who hate dishonest gain—and appoint them as officials over thousands, hundreds, fifties, and tens. Have them serve as judges for the people at all times but have them bring every difficult case to you; the simple cases they can decide themselves. That will make your load lighter because they will share it with you. If you do this and God so commands, you will be able to stand the strain, and all these people will go home satisfied. (Ex. 18:17-23).

Moses received instruction from his father-in-law Jethro at a critical time. In the many years of Jethro's life, he gained a great deal of wisdom from his experiences. He saw how the overwhelming tasks Moses was trying to handle by himself were pushing him to exhaustion and limiting the scope of his ability to give proper guidance to the people. Jethro outlined critical points on making a change for the better by delegating and involving those specifically qualified for leadership roles alongside Moses. This allowed Moses to carry on with his responsibilities while giving guidance to others. The benefits were many, including sparing Moses for the essential task of training leaders. As a result, when Moses died, many leaders were already trained to carry on during the difficult time of transition.

Two significant examples in scripture that convey foundational principles for training church leaders and pastors are found, understandably, in the ministry of Christ with his disciples and Paul and the early church leaders. Jesus taught the disciples spiritual truth and demonstrated how to care for the people's needs in practical ways. As they journeyed, he delegated them to find food and accommodations for the group and those who followed. Jesus also included them in baptizing new believers. Once they were ordained, he began to involve them more directly in the work so they could put into practice what they had observed.⁷⁶ So “he called unto him the twelve and began to send them forth.” (Mark 6:7). Jesus invested in his disciples to prepare them

⁷⁶ Robert Coleman, *Master Plan of Evangelism* (Grand Rapids, MI: Baker Publishing Company, 2010), 79.

to go into the world to duplicate his ministry. He was intentional in shepherding, guiding, teaching, and training.

So Christ himself gave the apostles, the prophets, the evangelists, the pastors, and teachers, to equip his people for works of service, so that the body of Christ may be built up until we all reach unity in the faith and in the knowledge of the Son of God and become mature, attaining to the whole measure of the fullness of Christ. (Eph. 4:11-13).

On four separate occasions following his resurrection, Jesus directed his disciples to go out and do his work. He first appeared in the upper room and assured them of the promise of the Holy Spirit. "Peace be unto you: as the Father has sent me, even so I send you." Jn. 20:21 (NIV). Later he met the disciples at the Sea of Tiberias and commanded Peter three times to feed his sheep to prove his love.⁷⁷ Jesus challenged his disciples to be faithful in following his example by teaching others and shared the Great Commission with over five hundred gathered on a mountain in Galilee.⁷⁸

Then Jesus came to them and said, "All authority in heaven and on earth has been given to me. Therefore go and make disciples of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything I have commanded you. And surely, I am with you always, to the very end of the age. (Mt. 28:18-20).

Peter carried on the role of equipping the church for ministry and gives guidance to the elders. The Greek word for elder is *prebuteroi* and describes a mature individual who exhibits wisdom and serves in a leadership role.⁷⁹ Peter describes them as a shepherd, watching over the flock to give oversight and to serve as an example of the Chief Shepherd.

To the elders among you, I appeal as a fellow elder and a witness of Christ's sufferings who also will share in the glory to be revealed: Be shepherds of God's flock that is under your care, watching over them—not because you must, but because you are willing, as God wants you to be; not pursuing dishonest gain, but

⁷⁷Robert Coleman, *Master Plan of Evangelism* (Grand Rapids, MI: Baker Publishing Company, 2010), 84.

⁷⁸ Ibid., 86.

⁷⁹ Thayers Greek Lexicon, 2011, Accessed March 2, 2021, <https://biblehub.com/greek/4245.htm>.

eager to serve; not lording it over those entrusted to you, but being examples to the flock. And when the Chief Shepherd appears, you will receive the crown of glory that will never fade away. (1 Pet. 5:1-4).

For leaders to impact future leaders, they must be able to train others. A skilled teacher uses scripture to present the Word of God and prayer to bring people's needs to Christ. This involves more than doctrine. It allows the leader to address the personal issues of parenting, marriage, illness, grief, and loss using a combined approach of scripture and one-on-one conversations for counsel and guidance.⁸⁰

Paul also recognized the need for pastoral training and wrote to Timothy from prison in Rome, shortly before his death. He modeled a life of faithful service amid suffering and wanted to ensure he left Timothy equipped to continue the ministry.

For this reason I remind you to fan into flame the gift of God, which is in you through the laying on of my hands. ⁷ For the Spirit God gave us does not make us timid, but gives us power, love, and self-discipline. ⁸ So do not be ashamed of the testimony about our Lord or of me his prisoner. Rather, join with me in suffering for the gospel, by the power of God. ⁹ He has saved us and called us to a holy life—not because of anything we have done but because of his own purpose and grace. This grace was given us in Christ Jesus before the beginning of time, ¹⁰ but it has now been revealed through the appearing of our Savior, Christ Jesus, who has destroyed death and has brought life and immortality to light through the gospel. ¹¹ And of this gospel I was appointed a herald and an apostle and a teacher. ¹² That is why I am suffering as I am. Yet this is no cause for shame because I know whom I have believed and am convinced that he is able to guard what I have entrusted to him until that day. What you heard from me, keep as the pattern of sound teaching, with faith and love in Christ Jesus. ¹⁴ Guard the good deposit that was entrusted to you—guard it with the help of the Holy Spirit who lives in us. (2 Tim. 1:6-14).

Paul wanted to instill the boldness he knew Timothy would need to continue to lead and protect those in his care. Fear of the unknown can be crippling and prevent ministry from occurring due to lack of training or preparation. Paul instructs churches “to train future pastors in conviction, character, and competency that they might grow in pastoral maturity.”

⁸⁰ Tim Lane, “A Biblical Approach to Pastoral Care,” *Care Leader: Strategic, Real-World Approach to Pastoral Care*, 2016, Accessed March 2, 2021, <https://www.careleader.org/biblical-approach-pastoral-care/>.

You then, my son, be strong in the grace that is in Christ Jesus. And the things you have heard me say in the presence of many witnesses entrust to reliable people who will also be qualified to teach others. Join with me in suffering, like a good soldier of Christ Jesus. No one serving as a soldier gets entangled in civilian affairs, but rather tries to please his commanding officer. Similarly, anyone who competes as an athlete does not receive the victor's crown except by competing according to the rules. The hardworking farmer should be the first to receive a share of the crops. (2 Tim. 2:1-6).

Paul instructed Timothy to entrust those who could be depended on to teach others with the same conviction he had. "The New Testament is clear that pastors are to be models of Christian maturity and possess a sufficient capability of teaching the truths of the faith within the congregation." "The transmission of the teaching from one generation of the church to the next would have failed unless those future pastors had not become competent transmitters."⁸¹

Summary

Training the staff at Calvary Church in pastoral care will equip them to model the Godly character of love, compassion, and comfort to the congregation and the local community. It will enable them to develop a specialized role in their ministry with expanded opportunities to bring hope and healing to a broken world.

Theoretical Foundations

Pastoral care training is critical for clergy to perform the fundamental skills and services in caring for the congregation's needs. It is especially true for those that have not had an extensive education or training in this area. Training is essential to their effectiveness in addressing some of the most important and pressing issues in ministry, such as crisis

⁸¹ Kaleb Tiliman Wimberly, "Developing a Pastoral Training Program at First Baptist Church of Enterprise, Alabama", *The Southern Baptist Theological Seminary* (2019), Accessed March 1, 2021. .
<https://repository.sbts.edu/handle/10392/6014>.

intervention, death and dying, and family counseling. The impact of their response could potentially save a marriage, a life, or a soul. These are serious issues deserving focused attention on the pivotal times in a person's life that can become a significant turning point.

A well-prepared guide is needed to give instruction that is tested and proven for accuracy and trustworthiness. This approach provides an opportunity to utilize resources from experts to capitalize on their knowledge and experience for reliability and validity. This researcher seeks to glean the best resources and build upon the strong foundation established by leading Christian teachers and counselors. These individuals have climbed the highest peaks of pastoral care in dealing with the most challenging life issues and navigated through the darkest ordeals.

Counseling

Individuals seeking help have various problems to address, and pastors like most counselors do not work in specialized treatment programs. Pastors need to use more of a broad-brush approach that covers an extensive scope of issues. Cognitive-Behavioral Therapy (CBT) has broad evidence as a powerful intervention for adults' mental health problems, and interest in this approach to psychotherapy has grown dramatically. CBT works well because it treats a wide range of issues. This is one of the significant benefits for pastors to use CBT.⁸² According to the National Institute of Health study, the following problems were identified that benefit from CBT including substance use disorder, psychotic disorders, depression, anxiety disorders, eating disorders, insomnia, personality disorders, anger, general stress, chronic pain,

⁸² Deborah Dodson and Keith Dodson, *Evidence-Based Practice of Cognitive-Behavioral Therapy*, 2nd edition (New York, NY: Guilford Publications, 2016), 4.

and fatigue.⁸³ CBT is most effective when the counselor can help the individual work towards becoming their own therapist. The pastor does not have to be the expert.⁸⁴

Motivational interviewing helps individuals become motivated to change the behaviors that stand in the way and keep them from making healthier choices.⁸⁵ Years ago, the term "breaking the horse" implied the trainer's force and aggression. In today's equine training, the term "joining up" indicates that the trainer uses a round pen to allow the horse to feel freedom while being led. In motivational interviewing, the approach is relational, and solutions are explored together instead of controlled by the counselor. The therapist works with the client to "join up" and work in unison towards their recovery. This is a useful approach in counseling both individuals and couples. Teaching the pastoral staff how to use motivational interviewing will enable them to help others identify the solution to their problems instead of becoming the subject matter expert.

Marriage and Family

Preparing a couple for marriage and performing weddings is an essential role for the pastor. It is a time of celebration filled with hope for the future and presents an opportunity for laying the groundwork to build a lasting relationship. Veech outlines the pastor's role and provides practical guidelines for premarital counseling and setting expectations for the service.⁸⁶

⁸³ Stephan Hofman, "The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-analyses," *National Institute of Health* (2012), Accessed September 13, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3584580>.

⁸⁴ Glenn Waller, *Cognitive Behavioral Therapy for Eating Disorders*, (Cambridge, UK: Cambridge University Press, 2013), 3, Kindle.

⁸⁵ J. Hettema, J. Steel, and W.R. Miller, "Motivational interviewing," *Psychology Today*, (2005), Accessed on September 13, 2020, <https://www.psychologytoday.com/us/therapy-types/motivational-interviewing>.

⁸⁶ Guthrie Veech, *Christian Ministers Manual Updated and Expanded Deluxe Edition* (Colorado Springs, CO: David C. Cook, 2012), 71.

With today's diverse culture, many couples choose to exclude religion or referencing God at all. A pastor must determine their philosophy for performing weddings vs. officiating a civil ceremony. It will determine who they may be able to provide services to if they are limited in sharing scripture and providing godly counsel.⁸⁷

Marriage and family counseling will utilize brief therapy training to help individuals resolve issues in a shorter timeframe as recommended by Wright and Worthington. Wright has more than 40 years of classroom and clinical experience as a licensed therapist and authored more than 80 books. His area of expertise includes marriage and family counseling, as well as grief and trauma therapy. Wright uses cognitive-behavioral and solution-focused approaches as two methods that work well for short-term marital counseling in six sessions or less.⁸⁸

Through his many years of experience, Wright also found that short-term counseling is just as effective as long-term counseling. A twelve-year study by a well-known psychiatric institute concluded that short-term counseling was as beneficial as long-term counseling.⁸⁹ The word "brief" in solution-focused brief therapy (SFBT) is critical. The critical goal of SFBT is to find a solution to the problem as soon as possible. SFBT will then reduce the time getting counseling and, more importantly, less time spent hurting.⁹⁰

Both Wright and Worthington recommend brief therapy. Solution-focused therapy is more concise than traditional counseling of the past and fits well due to time limits for the pastor

⁸⁷ Guthrie Veech, *Christian Ministers Manual Updated and Expanded Deluxe Edition* (Colorado Springs, CO: David C. Cook, 2012), 63.

⁸⁸ H. Norman Wright, *How to Counsel in Six Sessions or Less* (Minneapolis, MN: Bethany House Publishers, 2002), 46, Kindle.

⁸⁹ Ibid., 4.

⁹⁰ Courtney Ackerman, "What is Solution-Focused Therapy: 3 Essential Techniques," *Positive Psychology*, (2020), Accessed September 11, 2020, <https://positivepsychology.com/solution-focused-therapy/>.

and the client. The critical belief in brief therapy is that change can happen suddenly. Those using brief therapy utilize a client's strengths, creativity, and expertise. This approach stands in contrast to taking the role of telling them how to solve their problems.⁹¹

Worthington explains how to use a three-part strategy to build hope through fostering motivation (will power), showing couples tangible ways to change (way power), and strengthening their resolve to wait on God's work in their marriage (wait power).⁹² This framework guides the couple with goals to help correct their relationship problems. It helps the couple rediscover their essential feelings of love and hope, which provides the necessary qualities for a successful marriage with additional skills for conflict resolution and communications.

Guiding couples to discover the truth about their relationship is essential for building a solid foundation in marriage and restoring a broken relationship. The Parrots have identified myths that couples believe, which sets up a series of problems due to unrealistic expectations. They designed SYMBIS (Save Your Marriage Before It Starts), a self-inventory tool that provides a personalized report to help identify a couples' unique strengths and build a lasting relationship.⁹³ Utilizing the Parrott's self-evaluation inventory will help couples identify key relationship issues. This approach will be beneficial for both pre-marital and marital counseling and is easy to apply.

⁹¹ Stacy Notaras Murphy, "Keeping it Brief," *Counseling Today* (2013), Accessed on September 11, 2020, <https://ct.counseling.org/2013/07/keeping-it-brief/>

⁹² Everett Worthington, *Hope-Focused Marriage Counseling. A Guide to Brief Therapy* (Downers Grove, IL: IVP, 1999), 18.

⁹³ Les Parrott and Leslie Parrott, *Saving Your Marriage Before It Starts* (Grand Rapids, MI: Zondervan, 2015), 17.

Caring for the Sick

Caring for the sick is a priority in the church's ministry, and pastors must be aware of their verbal and non-verbal communication with the patient and the family. Pastors need to prepare for the visit and pray before initiating contact with the sick to extend comfort and consolation.⁹⁴ It requires preparation of the heart and mind focused on the care receiver and their family. Listening carefully and showing genuine empathy for the pain and struggles they are experiencing demonstrates genuine caring for the patient. Sharing scriptures and taking time to pray brings comfort and reassurance of God's presence with them.⁹⁵

Grief and Loss

Often, a special bond develops between a pastor and the patient's family due to the care given for their loved one in the hospital or home. Time spent together allows the pastor to get to know the patient and family on a personal level. As a result, the family turns to the pastor for comfort when losing a loved one. The pastor is called into immediate action to respond to this crisis or the 9-1-1 of ministry. An essential component for pastoral care training will be officiating funerals. A pastor's theology, knowledge, people skills, pulpit presence, and spiritual gifts are on full display in the public eye. Expressions of grief are evident in varying degrees among those in attendance. The pastor must be sensitive and well-trained to navigate this journey with care and dignity.

⁹⁴ Perry Biddle, Jr., *A Hospital Visitation Manual* (Grand Rapids, MI: Eerdmans Publishing, 1994), 342, Kindle.

⁹⁵ Calvary Church, "Care Team Training Manual," (St. Peters, MO, 2009), 7.

”A crisis is an opportunity for the person to gain new strengths, new perspectives on life, new appreciation, new values and a new way to approach life.”⁹⁶ Most pastors have had minimal training, if any, in clinical methods of grief and trauma counseling. *The Complete Guide to Crisis and Trauma Counseling* provides a clinically proved, biblical guide with real-life situations to demonstrate a healthy, healing counseling session.⁹⁷ Wright identifies the phases of a crisis and gives practical guidelines to help move a person from grief and trauma to a place of healing.⁹⁸

Summary

Pastors serve as the ER and the general practitioner of the church, and they must handle a multitude of issues. This makes it essential for a pastor to receive training to manage the wide variety of cases they will have to deal with while juggling other responsibilities. Pastoral care training is a helpful solution because it significantly increases the inexperienced pastors' knowledge and skills by building upon these critically acclaimed professionals' already existing knowledge.

⁹⁶ H. Norman Wright, *The Complete Guide to Crisis and Trauma Counseling* (Minneapolis, MN: Bethany House Publishers, 2011), 155.

⁹⁷ *Ibid.*, 10.

⁹⁸ *Ibid.*, 143.

CHAPTER 3: METHODOLOGY

Methodology

There is a lack of experienced pastors who have received pastoral care training at Calvary Church. If the staff are seminary-trained, pastoral care education is typically minimal and inadequate for what a pastor encounters in their ministry role. Several staff members have received "on-the-job" training and expressed a sincere desire for a formalized approach. This intervention presented opportunities for the staff to develop their pastoral care ministry and further address the congregation's needs. As the staff learns to apply the training principles, they will gain more confidence to provide these specialized services. This researcher plans to provide pastoral care training to new staff members in the future as well.

After several decades of ministry, this researcher has learned that each day presents a new opportunity for professional and personal growth. Pastoral care ministry presents new challenges with each person's need and requires continued dependence on the Holy Spirit for wisdom, strength, and guidance.

Intervention Design

Approval and Recruitment Process

This researcher sought the approval of the Calvary Church executive leadership team to conduct the research project since it involved a time commitment by the staff. The leadership team recognized the need for additional training to expand the ministry and welcomed the opportunity for further development. As a demonstration of their support, they made a significant financial contribution to tuition costs and permitted time off as needed to focus on the research.

This researcher is a Licensed Clinical Social Worker (L.C.S.W.), with more than thirty years of experience as a pastor, counselor, and Employee Assistance Professional (E.A.P.), previously serving Fortune 500 companies and major league baseball teams. The licensed credentialing, along with specialized training, translates into both professional counseling and pastoral care ministry. This researcher serves as a mentor and resource for Calvary staff when faced with requests for critical care and crisis intervention. The desire for additional training among staff and ministry leaders was a key factor in conducting the research. With over fifteen years of ministry at Calvary Church, this researcher has had the opportunity to meet individually with new staff members as a part of their orientation. This allows them to share their ministry experience and learn about the various aspects of pastoral care ministry.

Twelve Calvary Church staff, two interns, and three volunteers in leadership roles were invited to participate in this research. Collectively, they represented Administration, Children, Youth, Adult, Women's, Community and Worship ministries. Many had expressed an interest in further training and development in pastoral care but lacked the opportunity to do so. They recognized the need to be better prepared to provide pastoral care and respond to immediate needs. One staff member grew up in the church and served as an intern in college before being hired as the full-time youth pastor. He has grown in his ministry role but was not prepared to handle one of the more challenging and emotionally laden responsibilities of a pastor, officiating a memorial service for a sixteen-year-old. With one-on-one mentoring, he managed the difficult role of addressing an auditorium full of high school friends and family. This is one example of younger staff who have the heart and spiritual gifts to minister in pastoral care and desire more in-depth training.

The first step in the intervention process was to schedule a personal meeting to explain the purpose, review the time commitment, and expected outcome. The training was theologically sound and professionally suitable for working with the church and community. The topic of pastoral care is all about relationships and caring. A written invitation would have turned this into a task devoid of a personal touch. A face-to-face invitation was an essential piece of the process that provided a personal connection.

The purpose of this research project was to design biblical training for Calvary Church staff in pastoral care ministry through counseling, caring for the sick, and officiating at weddings and funerals. This training enabled them to expand their ministry role and presented new opportunities for sharing the gospel. This researcher used a longitudinal approach to conduct the research. Information was collected before and after the intervention to determine the effectiveness of the training. A purposive survey and individual interviews followed by a focus group assisted in designing the training. Four modules on the primary areas of pastoral care, including caring for the sick, grief and loss, counseling, and marriage and family issues, were conducted to address the needs identified through the research. Participants were advised to anticipate an overall time commitment of up to fifteen hours over ten to twelve weeks. This timeframe entailed the initial meeting, surveys, individual interviews, focus groups, and training.

The initial meeting, follow-up interviews, and focus group were conducted in person at Calvary Church's Mid Rivers campus. Due to COVID-19, masks are required at all campuses, and social distancing measures were in place.

Initial Survey on Pastoral Care Experience

Once the research dates were finalized, the identified candidates were invited to participate in the research project via email and voice mail. To confirm their participation, they

were required to sign a consent form and complete an initial survey. The consent form is noted in Appendix A.⁹⁹ The complete set of survey questions written by this researcher are listed in Appendix B.¹⁰⁰ The purpose of the initial survey was to investigate the comfort level, depth of knowledge, and years of experience in the four primary areas of pastoral care:

- 1) Home and hospital visitation
- 2) Grief and loss
- 3) Counseling and crisis intervention
- 4) Marriage and family issues

The survey contained open-ended questions which allowed participants to share their specific training needs related to each aspect. Participants were given the option to complete the survey via online or hard copy. Each staff member received a printed version in their mailbox located in the Mid Rivers campus church office. The completed consent form and survey questionnaire were due within one week. After five days, an email was sent to the candidates to remind them to return both documents by the deadline. The church administrative assistant maintained a secured container in the church office to allow participants to return the hard copy of their results privately, according to their preference. Data collected from the printed surveys were entered into the online version to create the complete analysis. After shared insights were clearly understood, the data assisted this researcher in developing the intervention plan to ensure the individual training needs were met.

While this researcher anticipated that all identified candidates would participate, circumstances prevented some individuals from participating in the research and training. This

⁹⁹ Appendix A.

¹⁰⁰ Appendix B.

researcher personally followed up with them to address concerns or obstacles. Primarily it was related to their current role in ministry. This researcher respectfully accepted their decision and offered alternate training opportunities in the future to help meet their development goals in pastoral care as needed.

Interviews and Focus Group

The premise of action research analyzes the information from responses to questions to determine which "intervention" actions may be needed to remedy the situation.¹⁰¹ This researcher's intervention (plan) included individual interviews lasting an hour at each participant's office. Virtual meetings were scheduled as needed due to COVID-19. This researcher used the initial survey and an interview template with open-ended questions to encourage dialogue which allowed participants to describe their views, explain their needs, and present possible solutions in their terms. Following are the interview questions:

- 1) Why should pastoral care ministry be important to Calvary Church?
- 2) How is pastoral care ministry provided at Calvary Church today?
- 3) How could pastoral care training impact your ministry role?
- 4) What type of training would be the most beneficial to you?
- 5) Was there anything else you wanted to discuss related to pastoral care?

All participants were invited to attend a focus group following the interviews. This researcher shared a summary of the initial survey and interviews to gain a group consensus on the structure and strategy for the training modules. An open discussion encouraged the group to set the direction for the training objectives. Participant observation enabled this researcher to

¹⁰¹Ernest Stringer, *Action Research*, (Los Angeles, CA: Sage Publications, 2014), 102.

record essential details for formulating and prioritizing the training modules according to their needs.

Pastoral Care Training Modules

The results of the research became the foundation for designing and implementing a pastoral care training program. It addressed the issues presented by the participants as well as practical guidelines for a helpful resource. This researcher reviewed available training resources from Christian clinicians and other related professionals to deliver the most optimal experience for the participants. The pastoral care training sessions were conducted in the Wedding Chapel at the Calvary Church Mid Rivers campus in St. Peters, Missouri. Two training sessions were conducted to accommodate scheduling needs, allowing participants to review and clarify information in-between each session. The sequence of the training was determined by the group's greatest area of need and focused on each of the four main aspects of pastoral care: 1) counseling and crisis intervention, 2) marriage and family issues, 3) caring for the sick, and 4) dealing with grief and loss.

A variety of training tools were used, taking into consideration the preference of the participants. Chunking is a strategy of breaking down content into bite-sized pieces so the learner can absorb the information. This approach was helpful due to the broad scope of pastoral care ministry. *Mnemonics* is a memory technique commonly used in training. The first letter is used to form a phrase or keyword to recall key facts on the related topic.¹⁰² This researcher developed the acronym H.E.L.P.S. to describe the purpose of pastoral care and help the learner recall each topic.

¹⁰²James Stephenson, "Remember More: Your Complete Guide to Remember Names, Increasing Memory Retention, and Focusing Better," (Independently published, 2019), 67.

- 1) (H) Home and Hospital Visits
- 2) (E) Eclectic and Effective Counseling
- 3) (L) Lessons in Marriage and Family Issues
- 4) (P) Prayer in Caring Ministry
- 5) (S) Support in Grief and Loss

A Pastoral Care training manual designed to equip pastors and ministry leaders was provided to each participant. An online version has been posted on a shared drive for Calvary Church staff as a future reference for other staff or ministry leaders. Each section includes detailed materials on the specific topic and a listing of Calvary Church pastoral care ministries and community resources. Real-life case studies were presented to illustrate counseling techniques and encourage interactive discussions. This researcher arranged for additional training for participants seeking individualized attention specific to their needs.

Final Pastoral Care Training Survey and Assessment

This researcher allowed six to eight weeks to assess and re-evaluate the intervention. This timeframe allowed participants to begin to apply practical skills and identify specific needs for additional training. A survey conducted immediately following the training allowed this researcher to gain first impressions and identify recommendations for continued learning. A final assessment was emailed to all participants within one week to measure the learning impact before and after the pastoral care training on each topic presented. An overall rating was included in the questionnaire. The data was collected and analyzed using excel tools to create charts for illustration purposes. The impact on the primary stakeholders helped determine the effectiveness of the intervention and identify areas for improvement. The expected outcome is that the participants are better equipped with additional resources to respond to pastoral care needs in the

church and the local community. This researcher will continue to look for opportunities to encourage their growth in specific areas of pastoral care ministry.

Implementation of the Intervention Design

The Liberty University Institutional Review Board (IRB) reviewed the research application. It determined that the study does not meet classification as human subjects research.¹⁰³ IRB approval to begin the research project was received on February 15, 2021. Executive approval to conduct the research and provide on-site training was received from Calvary Church's Senior Pastor, Terry Sanderson, on April 13, 2021. A key element for staff buy-in was the recruitment among staff and ministry leaders. Each area of ministry at Calvary Church was represented in the pastoral care training, including Adult Ministry, Campus Pastor, Children's Ministry, Communications, Community Ministries, Women's Ministry, Worship, and Youth Ministry. Invitations were emailed on April 13, 2021, to twelve Calvary staff, two interns, and three volunteers in leadership roles for a total of seventeen. The invitation outlined the purpose of the research and time commitment along with the consent form¹⁰⁴ and initial survey questionnaire.¹⁰⁵ The signed consent and completed survey were due by April 18. Fourteen returned the consent form and survey questionnaire by the deadline to confirm their participation. Three individuals declined to participate due to their current ministry role.

The initial survey contained twenty-three questions regarding their background in ministry and level of expertise in specific areas of pastoral care. The format allowed participants to share their ministry experience and identify key areas of interest or concern for the training.

¹⁰³ Appendix E.

¹⁰⁴ Appendix A.

¹⁰⁵ Appendix B.

The questionnaire was divided into six categories: Demographics, Ministry Experience, Counseling and Crisis Intervention, Marriage and Family, Hospital Visitation, and Grief and Loss. Their responses provided a baseline understanding of their training needs. Responses are as follows:

Responses to Initial Survey on Pastoral Care Experience

Demographics (questions 1 – 3)

1) *What is your age (18-29, 30-39, 40-49, 50+)?*

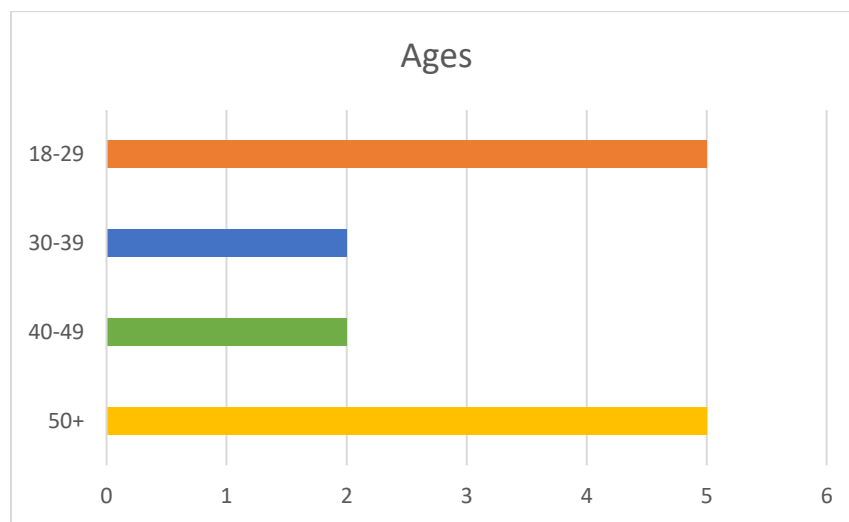


Figure 1. Age of Respondents

2) *What is your gender (male/female)?*

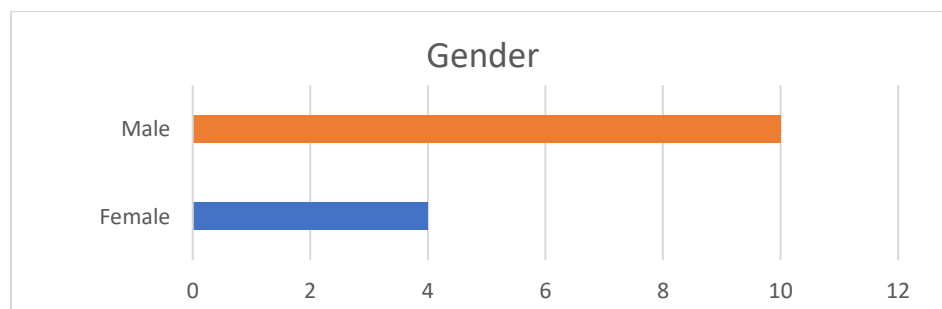


Figure 2. Gender of Respondents

3) *What is your marital status (single/married)?*

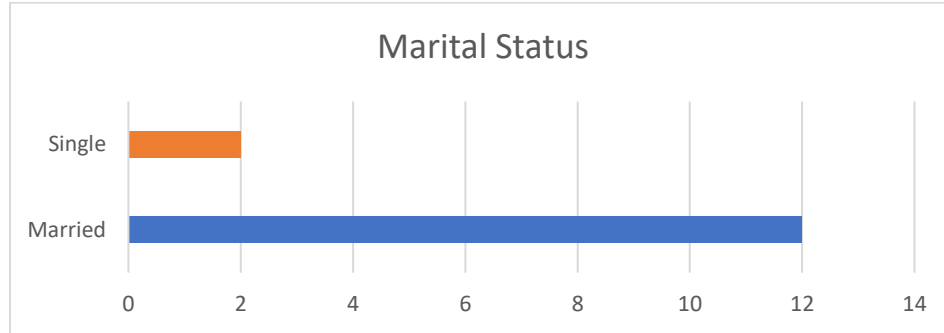


Figure 3. Marital Status of Respondents

There was an interesting spectrum of ages among the participants. Five were age 29 or younger; two were age 30 to 49 and seven were 50 or older. There were ten men and three women. Twelve participants were married and two were single.

Ministry Experience (questions 4 – 6)

4) *How many years have you been a Christian?*

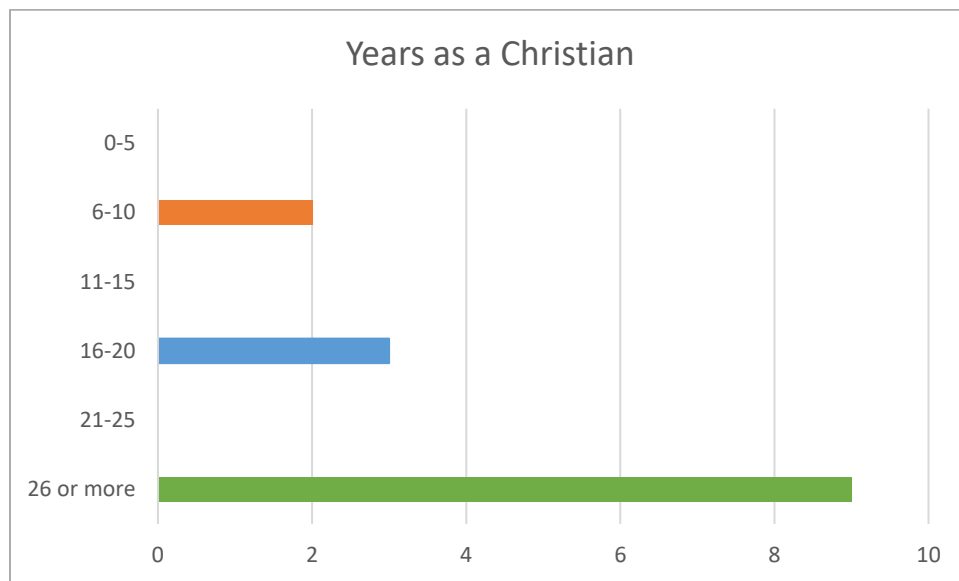


Figure 4. Number of Years as a Christian

Two of the critical factors for participation were a personal relationship with Jesus Christ and some full-time Christian ministry experience. All participants met these criteria.

5) *How many years have you been in full-time Christian ministry?*

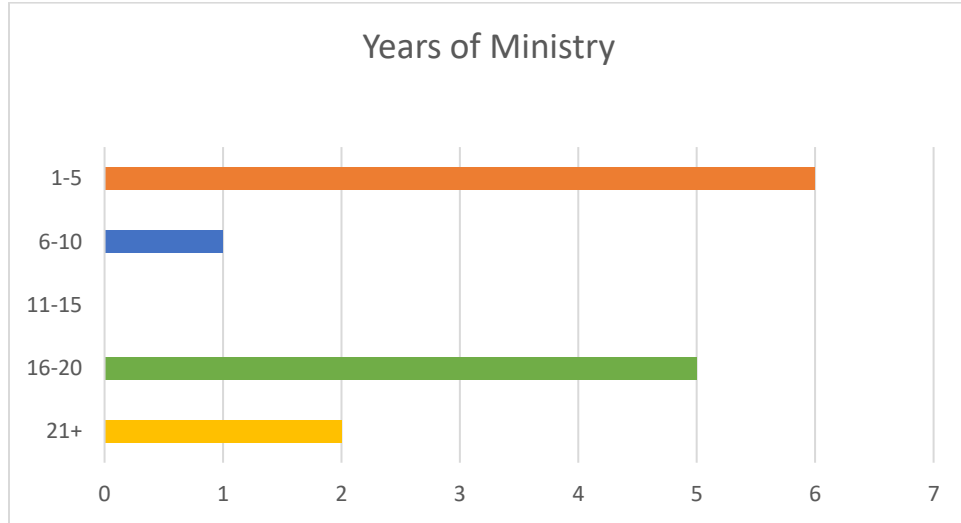


Figure 5. Number of Years in Christian Ministry

All participants have been a Christian at least six years, and 64% have been a Christian for twenty-six years or more. While they have been a Christian for many years, 43% have five years or less of full-time ministry, and 15% have twenty-one years or more. This presents an opportunity for the less experienced staff to be mentored by the more experienced.

6) *What type of ministry role have you had experience in?*

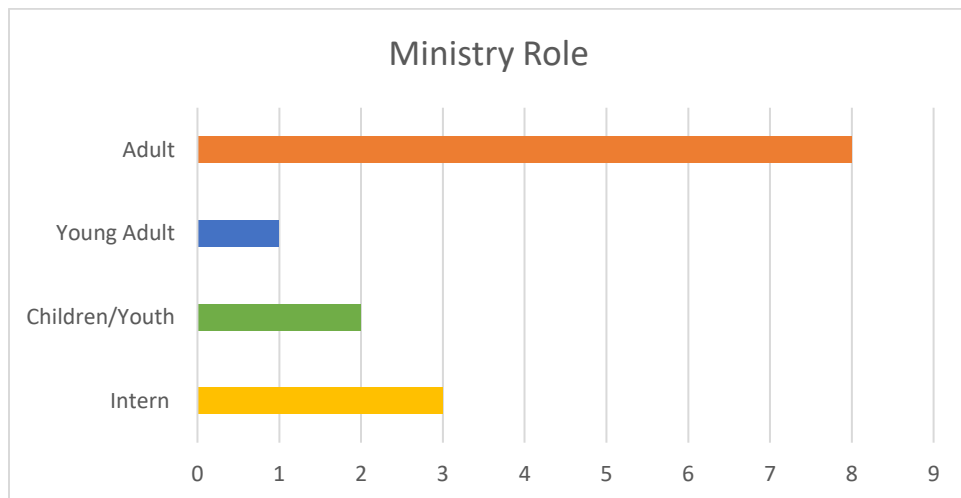


Figure 6. Type of Experience in a Ministry Role

The participants had a variety of experience and represented each area of ministry at Calvary Church.

Counseling and Crisis Intervention (questions 7 – 11)

7) How often do you receive a request for counseling?

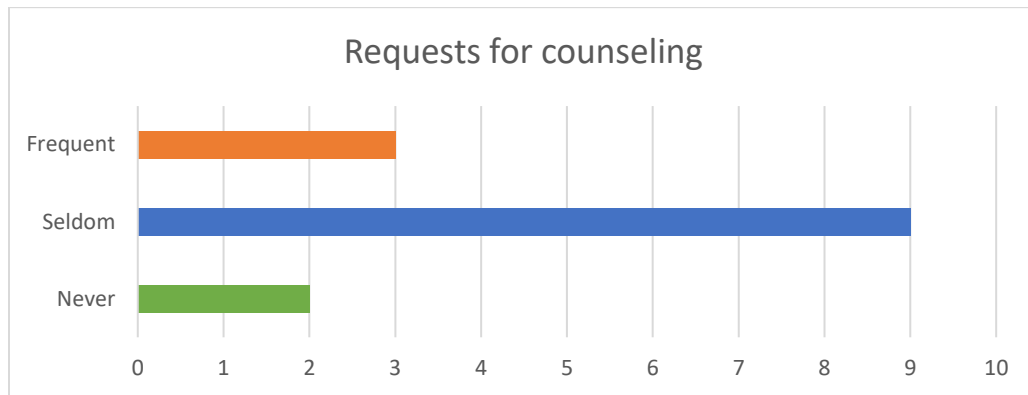


Figure 7. Frequency for Counseling Requests

All but two of the participants receive requests for counseling, with 21% receiving frequent requests.

8) *What are the three top counseling issues?*

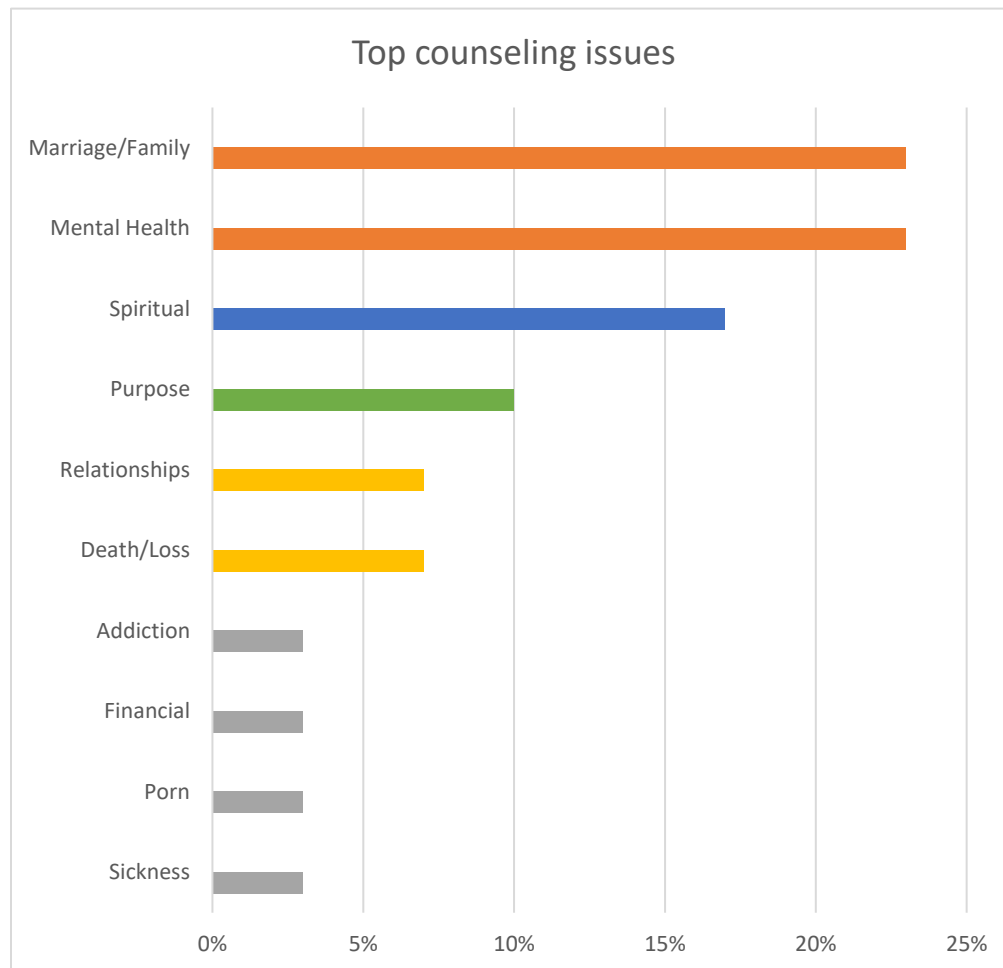


Figure 8. Three Top Counseling Issues Requested

The three top counseling issues are marriage and family, mental health, and spiritual needs followed by purpose in life, relationships, and dealing with death or loss.

9) *Do you provide counseling or refer to another resource?*

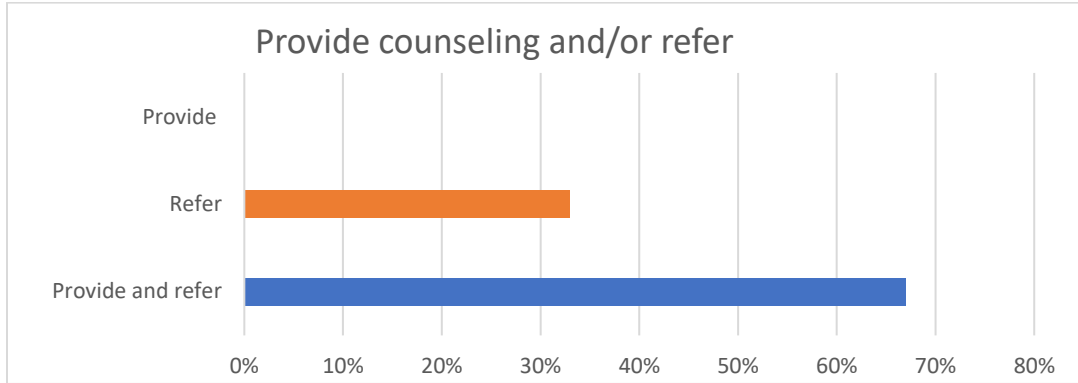


Figure 9. Provide Counseling and/or Refer to Other Resources

Counseling requests are primarily referred to the Pastoral Care pastor or other professional counselors in the area versus provided by Calvary staff.

10) *How would you rate your knowledge and experience to provide crisis counseling?*

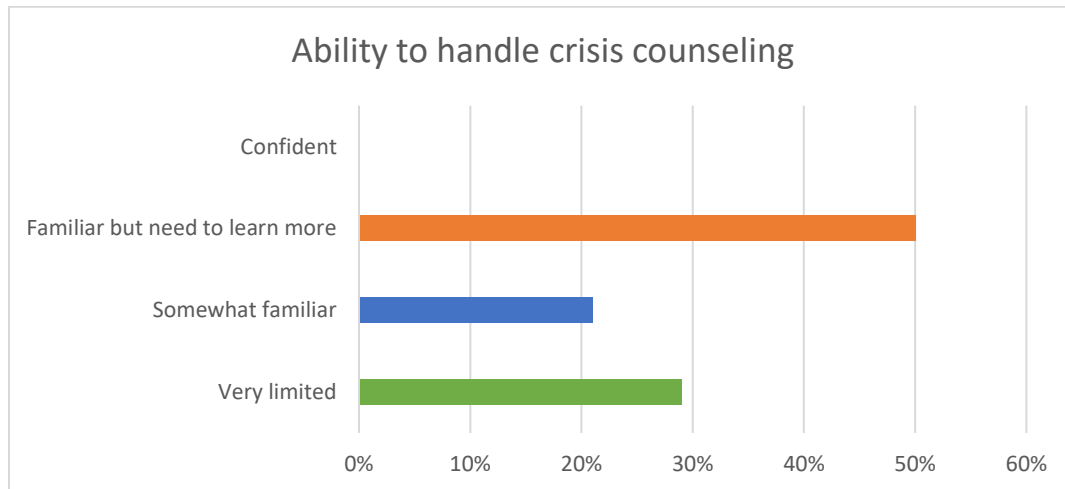


Figure 10. Confidence Level in Handling Crisis Counseling

There is an evident need for further development of counseling skills among the staff.

11) *What training would you like to have regarding counseling and crisis intervention?*

- A. How to know when to refer to a professional
- B. Family crisis, wisdom, suicide, conversations, divorce counseling
- C. Some sort of anchor to feel like I have a reference point on whatever could arise

- D. Suicide prevention and death
- E. Best current practices
- F. Base level
- G. Appropriate response to emergency situations
- H. Open to whatever is available
- I. How to empathize in more situations you have never had to experience
- J. How to speak into situations that clients may have with encouragement and wisdom
- K. How to move beyond just praying with people and pointing to scripture. I want to make a greater impact long-term for helping people
- L. Family relationships, transgenderism, LGBTQ

The feedback on the various aspects of counseling strongly indicated a need to provide direction and education for dealing with crisis intervention and challenging life issues.

Marriage and Family (questions 12 – 16)

12) How often do you receive a request to perform a wedding?

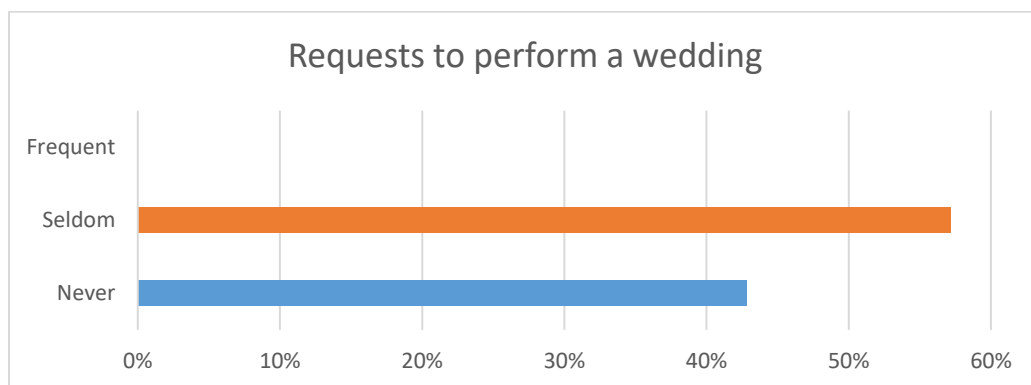


Figure 11. Frequency of Requests to Perform a Wedding Ceremony

The recent pandemic has impacted requests to perform weddings and created a delay or decline in providing these services.

13) Have you ever performed a wedding?

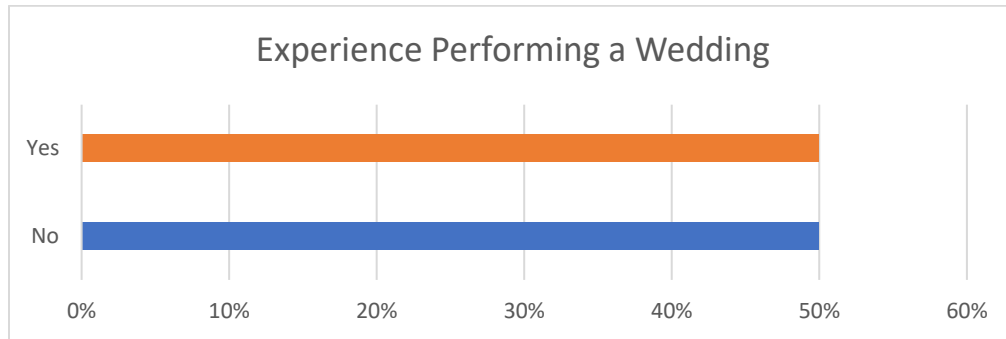


Figure 12. Experience Performing a Wedding Ceremony

13a) If yes, how many?

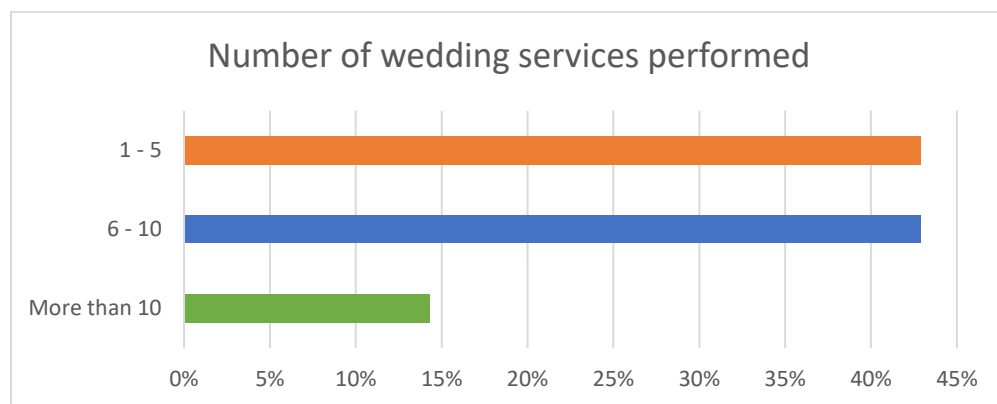


Figure 13. Number of Wedding Services Performed

50% of the participants have performed a wedding, with 15% conducting more than ten.

14) Have you ever provided premarital counseling?

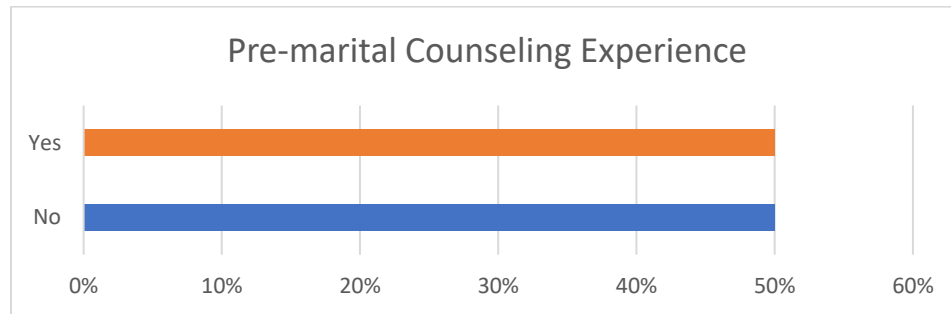


Figure 14. Experience Providing Pre-marital Counseling

50% of the staff have provided pre-marital counseling, and 50% have no experience.

14a) What topics were covered during the counseling?

- A. Finance, sex, conflict, family
- B. Work, boundaries, budget, emotions
- C. Tying the knot
- D. Relationship dynamics
- E. Clarifying your vision and value in marriage, learning to value your marriage partner, communications in times of conflict and stress, navigating change for long-term success in marriage
- F. Communication, conflict, family, sex
- G. Personality assessments, conflict resolution, spiritual counseling, financial

A common theme among the counseling experience is relationship issues and communications, which go hand in hand in building a strong foundation for marriage.

15) *How would you describe your knowledge and ability to provide marriage and family counseling?*

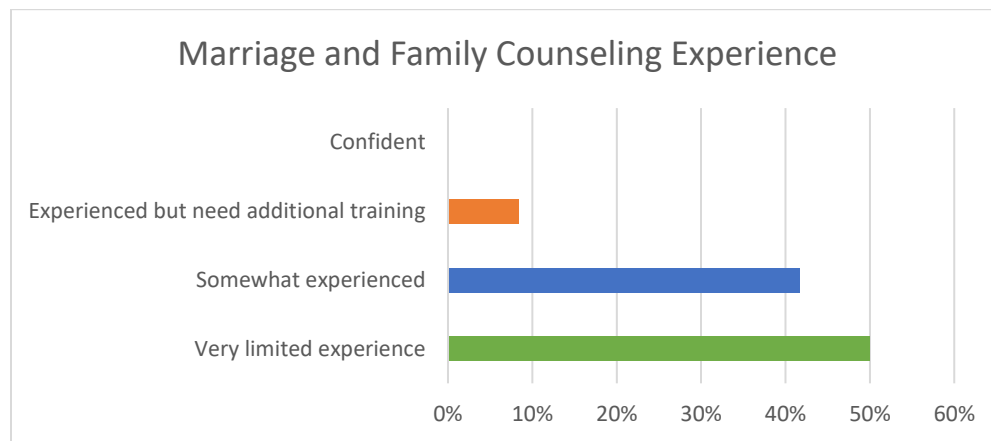


Figure 15. Level of Knowledge and Ability to Provide Marriage/Family Counseling

While marriage and family issues are among the top three counseling requests received, less than 10% of the staff feel experienced or confident in their skills.

16) *What training would you like to have regarding pre-marital counseling, weddings, and marriage and family issues?*

- A. How to do one session pre-marital for couples
- B. Blended families, pre-marital counseling tools
- C. Pre-marital counseling outline
- D. Resources available, studies, marriage mentors
- E. Not interested at this point
- F. Help with couples in crisis
- G. Open
- H. What topics should be discussed during counseling
- I. What does a counseling conversation look like?

- J. Step-by-step process of pre-marital counseling, best practices on wedding services, basic marriage, and family counseling
- K. Training on all the topics mentioned
- L. Resources for counseling
- M. Best counseling practices

Resources for counseling and practical guidelines was the primary request to address marriage and family issues.

Hospital Visitation (Questions 17 through 20)

17) Have you ever made a hospital visit?

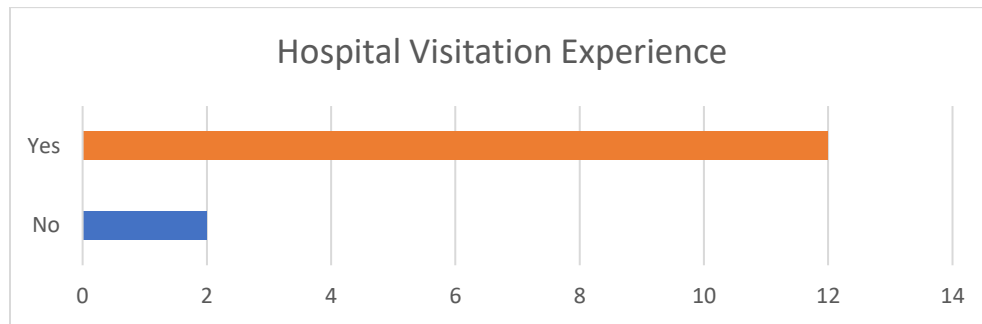


Figure 16. Experience with Hospital Visitation

86% of the participants have some experience with hospital visits.

18) *How often do you receive requests to make a hospital visit?*

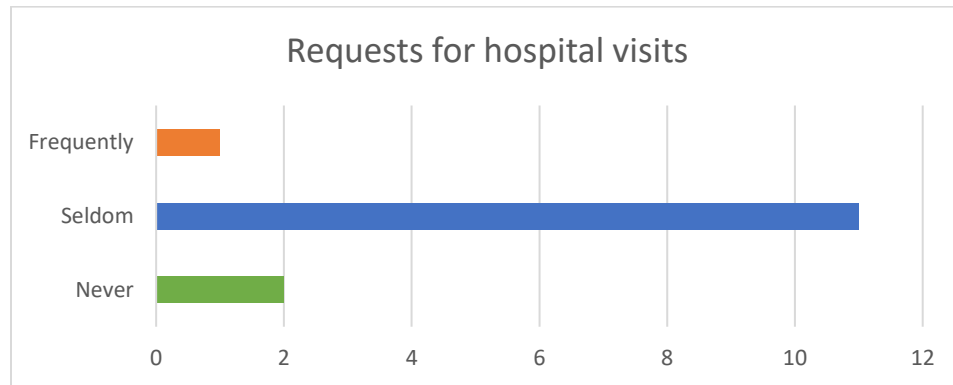


Figure 17. Frequency of Requests for Hospital Visitation

Only 7% of the participants receive a request to make a hospital visit frequently, while 78% seldom do. The recent pandemic has also impacted this area of ministry as hospital visitors are limited due to health reasons.

19) *How would you describe your comfort level in conducting hospital visits?*

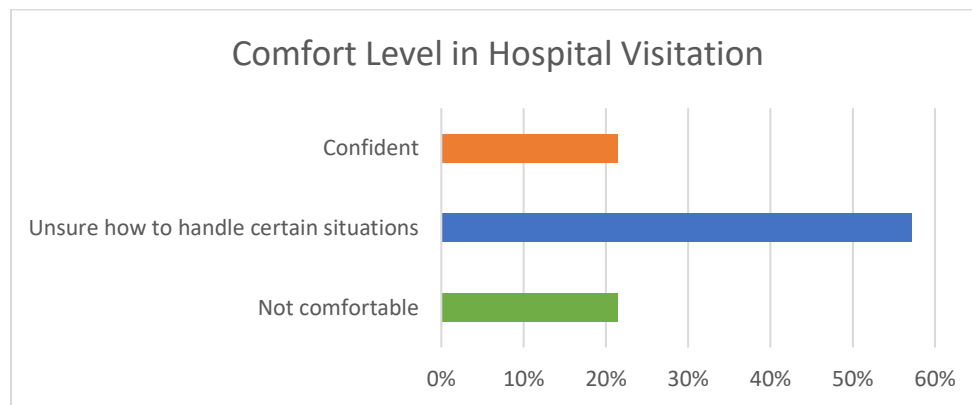


Figure 18. Comfort Level in Conducting Hospital Visits

Twenty-one percent are confident in their ability to make hospital visits, while 79% are unsure or uncomfortable.

20) *What training would you like to have regarding hospital visitation?*

- A. How to learn when to leave
- B. What never to say, how long, counseling the terminally ill

- C. Examples and stories
- D. How not to pass out while dealing with patients in recovery from surgery
- E. Whatever you want to share
- F. Basic level
- G. What to do about end-of-life issues
- H. Enough to be efficient
- I. I'd like to learn the expectation on me for the visit and the main goal of the visit.
- J. I would like to have many role-playing sessions covering various situations I could be put in on a hospital visit. I would like very practical "what to say" and "what not to say" skill building in how to provide comfort in difficult situations.
- K. What follow-up process is best
- L. Scriptures to use

Basic training is needed to equip most of the participants with skills to increase their comfort level in the hospital setting. Roleplay or a case study will be utilized to demonstrate appropriate steps to take.

Grief and Loss (Questions 21 through 23)

21) Have you participated in a funeral service?

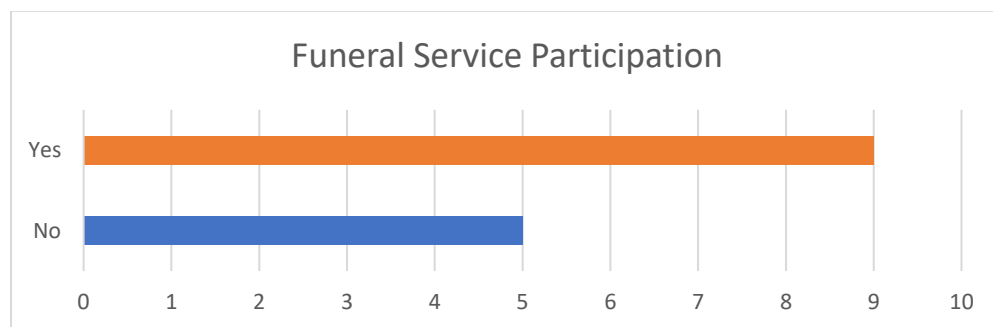


Figure 19. Experience Participating in a Funeral Service

21a) *If yes, how many services?*

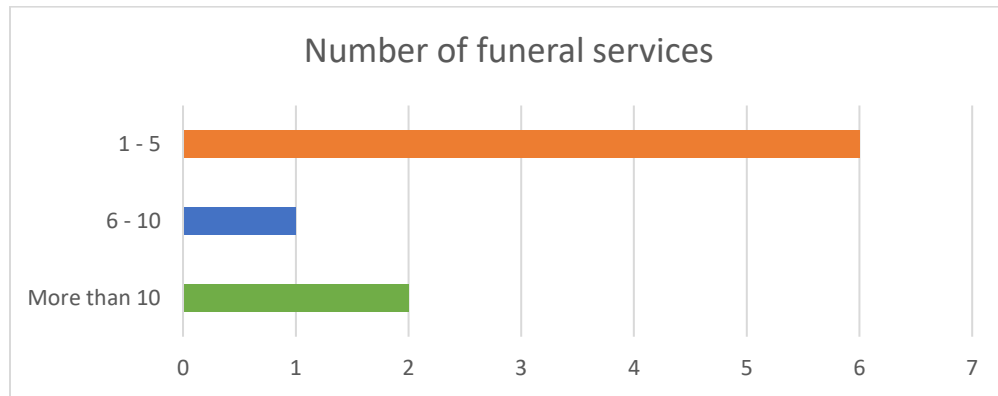


Figure 20. Number of Funeral Services Conducted

21b) *If yes, in what capacity?*

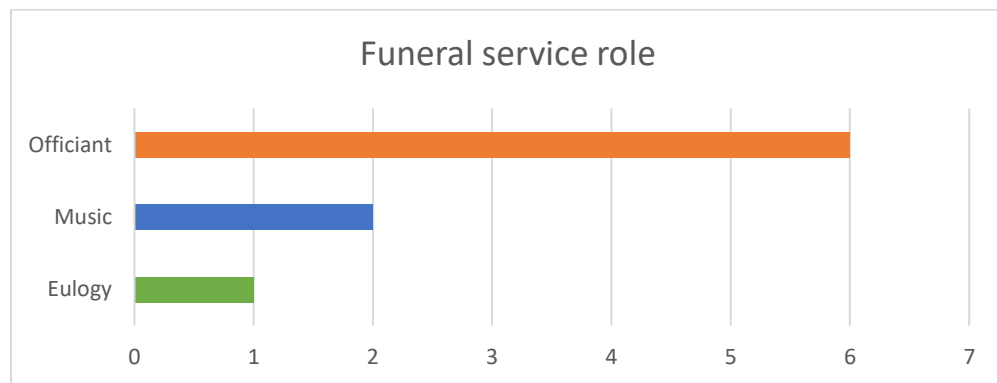


Figure 21. Role Performed in Funeral Service

Nine participants have participated in a funeral, with six serving at five or less and two serving more than ten. Six of the participants have served as the officiant and three have served in other roles.

22) *How would you rate your knowledge and experience to conduct a funeral service?*

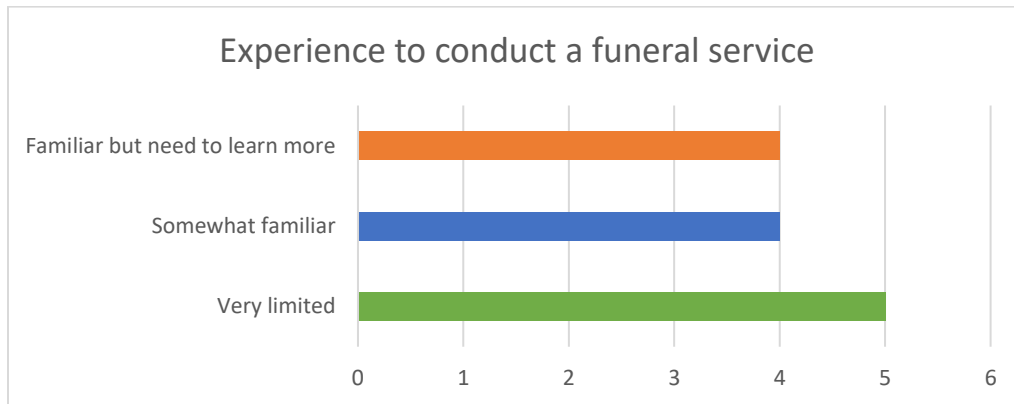


Figure 22. Knowledge and Experience in Conducting a Funeral Service

Eight participants were familiar or somewhat familiar with performing a funeral service, while five were very limited in their ability to conduct a funeral and minister to the family.

23) *What training would you like to have regarding grief and loss ministry?*

- A. General grief training
- B. Funeral preparation, family conversations, continued counseling, an outline or two
- C. Anything you would like to share/resources available
- D. Basics from meeting to seating
- E. Base level, any you can give
- F. Guidance to walk alongside people dealing with loss to provide truth, hope and encouragement.
- G. Enough to be able to assist in that ministry
- H. What things can be said to comfort an individual that aren't overused and cliché?
- I. How to give room for the person to grieve while also encouraging and helping them continue to advance in the grieving process
- J. Understanding how to not take the grief on yourself as you guide others through it

K. I would like to have role-playing sessions covering various situations I could be put in when meeting the family. I would like to learn the various options that I can offer a family. How to best provide emotional support. How to read the family's inner workings to bring them together. How to deal with family conflicts that arise while ministering to them.

L. Steps of grief process, breaking strongholds that will keep people from processing the grief.

Basic training in support for grief and loss issues is needed to expand the ministry role for the less experienced staff. Guidance on dealing with the family and how to provide comfort in an appropriate manner will be helpful. A case study will be used to walk the participants through the stages of preparing for a funeral to the delivery of the message.

The cumulative responses in each category confirmed the need for training in every area of pastoral care. While two-thirds have been a Christian for twenty-six years or more, almost half have five years or less of full-time ministry. This presents an opportunity for the less experienced staff to be mentored by the more experienced. Depending on their role, they may have some specific pastoral care experience. However, the responses confirmed the need to introduce the basics of pastoral care with a focus on each area.

A small number of participants regularly receive a request for counseling, but the responses indicated a high interest in every category. Two-thirds of the participants provide and refer individuals to other resources, and one-third strictly refer. Half of the participants are familiar but need to learn more about counseling and crisis intervention, a small number are somewhat familiar, and one-third are very limited. The top topics for training in this area were basic techniques, marriage and family issues, and crisis intervention, such as suicide.

Due to COVID, the number of weddings performed, and hospital visits have greatly diminished compared to recent years. Half of the participants confirmed they had conducted a wedding in the marriage and family category, and half had not received a request. Of those who provided counseling, the top issues are relationships and communications. Regardless of their counseling experience, eight out of thirteen requested training for pre-marital/marital counseling techniques. Most of the staff have made a home or hospital visit, but only three participants feel comfortable in that setting. The top request for building their skills in caring for the sick was to receive basic training with practical guidelines with scenarios. Two-thirds have participated in a funeral service, but less than half had officiated. They described their experience as limited, with a strong interest in conducting a funeral and grief counseling.

Overall, these responses were consistent in every survey category and gave much-needed insight into their experience with their most significant needs identified. This confirms the problem identified for this research project. Many of the pastoral staff at Calvary Church lack training and practical experience in pastoral care to deal with the caring ministry needs they regularly face. They have a strong desire to expand their knowledge and build their skills in these areas.

Interviews

Seven participants agreed to an individual interview. Four interviews were conducted in person, and three were held virtually the week of April 19 – 23, 2021. This action research provided insight and allowed the researcher to analyze their responses to formulate the most effective approach for the training sessions. The interview questions and their responses are noted below.

Interview Question One:

What is the purpose of pastoral care?

- A. To provide a presence of care during tough moments of hurt, unknown, and loss.
- B. Shepherding, helping in physical, spiritual, and mental. Walking them into deeper health following growth and maturity.
- C. Internally, to encourage the Body; Externally, to encourage the community as well.
- D. Take care of the sheep. You are the shepherd. Feed the sheep. Be proactive in meeting trends, get ahead on how to address the issue.
- E. To walk alongside people who are hurting and caring for the “least of these.”
- F. Leading people through loss or other life or spirituality.
- G. To be a tool in God’s hands. To be Jesus to people who are hurting, a messenger from Christ. To feel the power of the Holy Spirit and His presence.

The descriptions of pastoral care had a common theme: the importance of a comforting presence to walk alongside those who need care. The reference to a shepherd taking care of the sheep and leading people through their loss are vivid images of pastoral care ministry. A closer examination of the participants comments below highlights the care receiver's condition, needing a guiding hand through a tough time. The caregiver's role is shepherding, encouraging, leading, comforting, and helping to bring healing through a closer walk with God. The participants clearly understand the role and purpose of pastoral care.

Interview Questions Two:

Why should pastoral care ministry be important to Calvary Church?

- A. People matter! It is a great privilege to walk through moments with others. Also, evangelism, showing care.
- B. People are broken inside and out. They need someone to love and help them to produce spiritual health. It helps to avoid their unhealthiness inflicted on others.
- C. Big need! Not just talking from the pulpit.
- D. Sheep need a shepherd. They are prone to wander. A cow in a ditch will die there.
- E. Life is hard. We should care!
- F. Addictions, emotional issues, family dysfunction.
- G. We are the Representatives of the Lord. Huge component of caring for volunteers.

Their responses described both the problem and the solution for why pastoral care ministry should be important to Calvary Church. The problem, in their words, is the human condition of brokenness, and the need for help and healing. The sin of humanity leads to pain, sorrow, suffering, and eventually death. As a result, there are significant needs such as addiction and emotional problems. The solution is "They need someone to love and help them to produce spiritual health." They need to know the healing power of God's love through His son, Jesus, and the presence of His Holy Spirit. They need to see His love demonstrated through pastoral care. In closing, one participant stated it this way, "Life is hard. We should care."

Interview Question Three:

How is pastoral care ministry provided at Calvary Church today?

- A. Hospital visits, pastoral care counseling, resources, funerals, and follow-up.
- B. Primarily staff provide it. Practitioners primarily. Small group church leaders.

- C. Mark Mehlig, Caring Ministries Pastor. I have provided when asked but not looking to give it.
- D. Mark, Mark, Mark. Celebrate Recovery, Grief Share, Divorce Care, formal and informal triage.
- E. Through the leadership of Mark Mehlig.
- F. Staff ministering to the Church and community. Mission teams and small groups.
- G. Primarily through Pastoral Care pastor

Pastoral care ministry is primarily handled by one staff member, as noted in the comments. It confirms the current status of pastoral care at Calvary Church, with one leader occasionally supplemented by other experienced staff. The younger, less experienced staff need to learn to apply pastoral care to their various ministry roles.

Interview Question Four:

How could pastoral care training impact your ministry role?

- A) In an ever-changing world and increasingly digital one, pastoral care will begin to look different.
- B) Feel more confident and take it on.
- C) Prepare for abnormal/difficult occasions that arise.
- D) Equip me to equip others. Sharpen tools. The fact of disciple-making.
- E) Lots of volunteers – lots of life issues!
- F) Add tools to my toolbox for ministry. Increased ability to be used by God.
- G) Better understanding of resources

The responses in this section emphasized the expectation that the training would help them be more effective in meeting the challenges of caregiving. They recognized the need to be

more confident in handling difficult situations and a desire to be used by God in equipping others. They were very close to a consensus that training would help them improve their ministry skills.

Interview Question Five:

What type of training would be the most beneficial to your ministry role?

- A. How to provide care via video/phone.
- B. I have done two or three funerals but it's pretty basic. Elderly. Not provided on-going care.
- C. More in-depth training on how to conduct funerals. Understanding mental health issues.
- D. Helpful to see a list. We may not have an idea.
- E. Understanding what people really mean when they present a thought or ask a question.
- F. Being comfortable with people. Introvert, making connections and adding more volunteers.
- G. Hands-on, real-life scenarios. Biblically, where do we go? Not my words but God's Word.

Most of the responses had to do with the request for more in-depth information on different approaches for counseling in various settings, such as funerals. As a result of one of the comments in an interview, this researcher incorporated a case study into three training sections to present real-life situations with practical applications.

Interview Question Six:

Was there anything else you would like to discuss related to pastoral care?

- A. How to process the emotions of helping others.
- B. How to navigate different relationships off the street vs. long-term members.
- C. When to refer/How to seek out those who need it.
- D. The current status of Caring Ministries.
- E. Pre-marital counseling and weddings based in Christian theology and mental health issues.

Several of the requests noted above were added to the training, including referrals, premarital counseling, and a listing of available support services offered by Calvary Church and the local community. Knowing when and where to refer to a professional is an essential role of pastoral care. The time spent in the interviews was very helpful in gaining additional insight into their specific training needs.

Focus Group

A focus group was conducted on April 27, 2021, with four participants following the completion of the interviews. The results of the initial survey and interviews were collectively shared to identify the focus and priorities for the training sessions. The participants came to a consensus on the format and structure. Initially, the training was scheduled for four sessions to cover the following topics:

- 1) Introduction to pastoral care
- 2) Home and hospital visitation
- 3) Counseling
- 4) Marriage and family issues
- 5) Grief and loss issues

The training modules remained the same, but the sequence and timing were rearranged to meet their needs and accommodate busy schedules. The group reached a consensus to incorporate the training into two sessions instead of four. The first session was scheduled for four hours, focusing on pastoral care ministry, caring for the sick, and dealing with grief and loss. The second session was scheduled for eight hours, focusing on counseling and crisis intervention along with marriage and family issues. These aspects of pastoral care naturally support each other and allowed more participants to attend both sessions vs. multiple sessions over a longer timeframe. This researcher added a case study to both training sessions to provide real-life scenarios with practical application.

Pastoral Care Training Sessions

Conducting the initial survey, individual interviews and the focus group gave insight into the participants needs, fears, frustrations, and characteristics. This became the primary focus for designing and implementing the training. Frequently trainers get caught up in dumping a truckload of information. The more content presented, the better. It is about transformation. A successful training program does not just cover the content but instead helps the participant do something better, faster, and more efficiently.¹⁰⁶ The first training session was held on May 26, 2021, from 12:30 – 5:00 p.m. in the Wedding Chapel of Calvary Church, located in St. Peters, Missouri. Nine of the fourteen registrants were able to attend, including seven staff members and two interns.

¹⁰⁶ Elaine Biecheln, *The Art and Science of Training*, (Alexandria, VA: ATD Press, 2017), 246.

The training room was set up in a U formation to allow the participants to interact easily, which created a better learning environment.¹⁰⁷ The first session included an introduction to pastoral care ministry, home and hospital visits, and support in grief and loss as these aspects of pastoral care naturally support each other. Due to the responses from the initial survey and interviews, the second session was scheduled for eight hours focusing on counseling techniques for marriage and family issues, mental health, and the importance of prayer. Fourteen registered for the training, with twelve in attendance due to scheduling conflicts. It was held on June 30, 2021, from 9:00 a.m. – 4:00 p.m. in the same location as the first session.

Open dialogue was encouraged throughout the training to allow the participants to learn from each other's experience. Each of the participants received a training manual containing the resources used for each module. The list of contents and a summary of the training sessions are noted in the following pages.

Introduction to Pastoral Care Ministry

The topics covered in the introduction training module included:

- Vision and Purpose of Pastoral Care Ministry
- Caring Ministries of Calvary Church
- Self-Care: How to Practice Self-Care and Avoid Ministry Burnout
- Pastoral Self-Care in a Pandemic

The vision of pastoral care ministry at Calvary Church is to be an extension of the Lord's hands, actively working in people's lives by contributing to their spiritual discipleship and emotional health. The pastoral care ministries at Calvary Church encompass Prayer Ministry,

¹⁰⁷ Skills Converged, *Train the Trainer: The Art of Training Delivery*, (North Charleston, SC: CreateSpace Independent Publishing Platform, 2016), 79.

Care Team, Divorce Care, Marriage Mentors, Financial Peace University, Celebrate Recovery, Freedom from Depression, and Grief Share. Key scriptures and biblical illustrations for models of love, compassion, and comfort were included as the theological foundation for pastoral care. While meeting the needs of others is the primary focus of pastoral care ministry, it is essential that the pastor practices self-care to avoid burnout by spending deliberate time in prayer and worship. Connecting with other staff members, friends and family can bring much-needed encouragement and support to carry on the ministry.

(H) Home and Hospital Visits: Caring for the Sick

The topics covered in the home and hospital visitation training module included:

- Care Team Training Manual
- Hospital Visitation Record
- Pastoral Care Support Services
 - Calvary Church Care Team
 - Hospital Care Nursing Home Team
 - Homebound Ministry

Due to the size and location of the Calvary Church congregation, it is not feasible for the staff to attend to all members in need of a home or hospital visit. The Calvary Church Care Team is led by the Pastoral Care Ministry pastor and staffed primarily by volunteers. Calvary offers support through the Care Team, Hospital and Nursing Home Visitation, and Homebound Ministry. Many members of the staff have limited experience or exposure to this aspect of pastoral care. Calvary Church partnered with Saddleback Church to develop the Care Team Training Manual to equip and prepare for a home or hospital visit. It contains the scriptural basis

for the caring ministry with practical guidelines for “Do’s and Don’ts” of home and hospital visitation.

(E) Eclectic and Effective Counseling

The topics covered in the counseling module included:

- The Johari Window
- What is Cognitive Behavioral Therapy?
- The Coach Model (Roleplay)
- A Pastor’s Guide to Navigating Mental Health
- The Role of Clergy in Preventing Suicide
- Pastoral Care Support Services
 - o Celebrate Recovery/Veterans Recovery, “Welcome Home!”
 - o Freedom from Depression
 - o Generations Counseling
 - o Restoration Counseling
 - o Susan James, LPC

Eclectic counseling draws from multiple resources and techniques. It allows the therapist to adapt and be flexible in their approach according to their client's needs. Three types of effective counseling techniques were presented. The Johari Window is a visual aid used to display how individuals perceive themselves and others. It is a widely popular psychological tool that has proven to be effective because of its simplicity and practicality in identifying blind spots that may interfere with resolving relationship issues.¹⁰⁸

¹⁰⁸ eln: the e-learning network, “The Johari Window,” (2021), Accessed April 25, 2021, <https://www.eln.co.uk/blog/the-johari-window>

Cognitive Behavioral Therapy (CBT) is the framework for treating various issues including depression and anxiety disorders, marital problems, and substance abuse. A basic introduction to CBT was illustrated using the Cognitive Triangle¹⁰⁹ which shows how thoughts, emotions and behaviors affect one another. Biblical counseling, when combined with CBT, has proven to be an effective counseling approach. A popular counseling technique known as the Coach Model¹¹⁰ was demonstrated through role-playing using a real-life scenario to present the five steps of a coaching session.

Mental health issues are a prevalent topic for counseling among couples and individuals. This discussion included a case study for a well-known pastor who struggled with depression and tragically committed suicide.¹¹¹ His unexpected death was devastating to his family and community. This module gave special attention to reviewing the role of clergy in identifying and preventing suicide with helpful community resources. Calvary Church's sponsored ministries were also reviewed, including Celebrate Recovery/Veterans Welcome Home, and Freedom from Depression. In addition, local resources for professional counseling were provided for referral purposes.

(L) Lessons in Marriage and Family Issues

The topics covered in the marriage and family training module included:

- Three Types of Premarital Assessments for Counseling

¹⁰⁹ Therapist Aid LLC, "The Cognitive Triangle," (2012), Accessed May 12, 2021, <https://www.therapistaid.com/worksheets/cbt-triangle.pdf>

¹¹⁰ Keith Webb, *The Coach Model* (Columbia, SC: Active Results LLC, 2017), 43.

¹¹¹ "Another young pastor advocating for mental health dies by suicide," *Los Angeles Times*, (2019), Accessed May 13, 2021. <https://www.latimes.com/california/story/2019-09-12/california-megachurch-pastor-mental-health-suicide>.

- Sample Wedding Ceremony
- Communication Issues
- Pastoral Care Support Services
 - o Divorce Care
 - o Financial Peace University
 - o Marriage Mentors
 - o Premarital and marital counseling

This section began with reviewing three different premarital assessments with proven success for the participant's consideration. The pros and cons of each approach were presented, along with the cost and training requirements. *Prepare/Enrich* is the number one online assessment for pre-marital and marital counseling in the past thirty-five years and requires a trained facilitator.¹¹² *Dare to Be Different* is used by Calvary Church's Marriage Mentors ministry and allows trained mentor couples to facilitate the counseling.¹¹³ *SYMBIS* is the most widely used pre-marriage system in existence. It requires a trained facilitator and provides individual workbooks with self-tests and exercises to initiate meaningful discussions for the counseling sessions.¹¹⁴ A sample counseling session on the harmful impact of criticism, defensiveness, contempt, and stonewalling was also presented in this module.¹¹⁵ Preparation for

¹¹² Prepare/Enrich, "Premarital Assessment," (2021), Accessed June 20, 2021, <https://www.prepare-enrich.com/the-assessment/premarital/>.

¹¹³ Matt and Pam Loehr, "Dare to Be Different," 2021. Accessed June 20, 2021, <https://www.daretobedifferent.com/>.

¹¹⁴ Les Parrott and Leslie Parrott, *Saving Your Marriage Before It Starts* (Grand Rapids, MI: Zondervan, 2015), 15.

¹¹⁵ John M. Gottman and Julie Schwartz Gottman, "Avoid the Four Horsemen for Better Relationships," 2017, Accessed on May 15, 2021, <https://www.gottman.com/blog/the-four-horsemen-the-antidotes/>

each component of the wedding ceremony, along with a sample message, was included. Marriage and family ministries offered by Calvary Church were reviewed to ensure the participants were aware of all available resources.

(P) Prayer in Caring Ministry

The topics for the Prayer in Caring Ministry module included:

- The Power of a Praying Pastor
- Four Key Areas of Prayer
- PrayerMate App
- Pastoral Care Support Services
 - o Calvary Church Prayer Ministry

Prayer is the cornerstone for all aspects of pastoral care ministry. Whether leading a wedding or funeral service, providing counseling, or making a home or hospital visit, it is essential to seek God's presence and depend upon Him for wisdom and guidance. The use of formal prayer in specific settings such as hospital visits, weddings, and funerals were discussed.¹¹⁶ This session included time spent in prayer throughout the day. Caring for others requires lifting their burdens in prayer. Attending to the constant demand of meeting others' needs can distract from taking the time to pray. "PrayerMate" is a free app introduced as a unique way to track prayer requests or join prayer groups and had a favorable response from the younger staff.¹¹⁷

¹¹⁶ Guthrie Veech, *Christian Minister's Manual* (Colorado Springs, CO: David C. Cook, 2012), 164.

¹¹⁷ Discipleship Tech, "PrayerMate", 2017, Accessed on May 12, 2021, <https://www.prayermate.net/app>.

(S) Support in Grief and Loss

The topics for the grief and loss module included:

- The Five Stages of Grief
- The Losses of Life: How to Prepare for a Funeral and Lead the Committal Service
- Grief Case Study: Bill and Maggie's Story
- Sample Order of Service for Celebration of Life and Funeral Message
- Pastoral Care Support Services
 - o Baue: Grief Support Groups
 - o Baue: Healing After a Substance Abuse Loss
 - o Grief Share
 - o Widows Ministry

One of the most challenging and impactful aspects of pastoral care ministry is walking alongside someone dealing with grief. It may come from a medical diagnosis, loss of a loved one, broken relationship, unemployment, failed expectations, or substance abuse. A case study was presented based on a recent experience ministering to a church member with a terminal illness. This author received a call a year ago on Memorial Day from one of the church's care group leaders. One of their members was recently diagnosed with cancer and received the terrible news that it was spreading. The family requested an immediate home visit for prayer and support. Several home and hospital visits followed, eventually leading to hospice care. Practical guidelines were presented for ministering to the family throughout a long-term illness.

Sadly, the member passed away a year after his diagnosis. Discussing funeral arrangements with the family, preparing the message, and conducting the funeral and committal service were presented. The resources in the training manual included a sample outline of the

service and a copy of the funeral message. Support services offered in the local community along with Calvary Church's Widows Ministry were also highlighted.

CHAPTER 4: RESULTS

Results

Final Training Survey

All participants were given a hard copy of the final training survey at the end of the second session. They were instructed to return it anonymously to the church office by July 2, 2021. The survey contained five open-ended questions to allow participants to share their impressions and provide feedback for areas of improvement. Nine of the fourteen participants completed and returned the final survey. Following are the questions and their responses:

Final Training Survey Question One:

What did you learn about pastoral care that you didn't know before the training?

- A. How wide the scope of pastoral care is and the role we can play as support. Life coaching as a resource and counseling tool.
- B. The session on suicide was meaningful for me. The counseling section was so good.
- C. Cognitive Behavioral Therapy, good resources to refer to. Coaching foundational for discipleship!
- D. Ongoing training is the key. Could be several different staff positions.
- E. I did not know about counseling care in a pastoral aspect. This was all new information when applying it to a pastoral role.
- F. How important boundaries are within ministry relationships. Understanding the importance of saying “No” and being Ok with it. Understanding that Pastoral Care has the ability to be extremely emotionally tasking and can lead to burn-out and pastoral isolation IF boundaries are not established.

G. CBT and Coaching strategies.

H. The H.E.L.P.S. acronym was very helpful.

Several participants gained a better understanding of pastoral care ministry and appreciation for its role in helping people in different ways. Introducing them to basic counseling techniques such as Coaching and Cognitive Behavioral Therapy (CBT) generated interest to apply these principles and learn more. Addressing the painful topic of suicide allowed participants to openly discuss this critical issue and learn how to recognize the warning signs. Noting the importance of setting boundaries and recognizing that pastoral care can be emotionally taxing, leading to burn-out and isolation, indicates they will apply practical measures to care for themselves as they care for others.

Final Training Survey Question Two:

How will you apply pastoral care to your ministry role?

- A. It is all part of discipling-coming alongside others to understand, share, give hope, and point to the truth to help others grow.
- B. I will continue forward now with the new tools you've provided.
- C. Using these resources! COACH!! Discipleship.
- D. Discipleship makers are continually involved in pastoral care/shepherding. Explore the PrayerMate app-sounds helpful.
- E. When applying pastoral care to the "Embrace" ministry, this skill will come into action when children in the ministry cannot express how they feel. Using techniques such as coloring and observing what they make actually means.
- F. Having the ministry role of getting to walk alongside students and in discipleship, will be helpful in the way I relate to and care. For my friends and peers-being both

believers and unbelievers. This training ultimately helps me to minister to my peers and bring them closer to the Lord while being in step with the Holy Spirit.

G. Ask more questions. Coaching. Leading people to the truth.

H. “Coaching” in conversations will be utilized quite a bit.

One of the measurements for the effectiveness of the training is to understand how the participants envision applying it in practical ways. While the responses were as varied as the ministries they represent, each one had a takeaway they could apply to develop their ministry role further. The Coaching module piqued much interest as this aspect of the counseling session included a demonstration through roleplay. Participants witnessed the application of the fundamental principles and the impact of asking purposeful, open-ended questions to help people discover the truth through counseling and prayer. They realized the potential to apply it across different age groups ranging from children to adults and expressed a strong desire to participate in further training on this topic.

Final Training Survey Question Three:

What topics covered were the most beneficial to you?

- A. “Life Coaching.” Book resources and tools to utilize with care counseling and discipleship.
- B. Explanation of CBT principles.
- C. Discussion on how to have a spiritually healthy staff. Discussion about discipleship on staff and in ministries. Mental illness. COACH info/modeling. Cognitive Distortions. Prayer.
- D. Coaching training offered-I would like to make coaching training available to any of our disciple-makers who want that training.

- E. Eclectic and Effective counseling. Having several ways to help others including CBT, applies to what I may use after graduation.
- F. The topics surrounding the importance and parts of coaching. I found it helpful to learn the goals and expectations within a coaching session. The importance of asking the right questions and being reliant on the Holy Spirit.
- G. Suicide.
- H. Additional local resources would be helpful. How to hear/receive difficult statements. (Mark, you do this so well; it's a skill I'd like to develop.)
- I. Coach

The counseling techniques presented in the second training session proved to be very beneficial based on the feedback. This response supports the strong interest indicated in the initial survey regarding how to deal with marriage and family issues and issues. Both coaching and CBT are practical approaches with simple principles that are easy to learn and apply. The ability to guide others with a methodology such as CBT combined with biblical truth and prayer allows godly counsel to bring healing through the Holy Spirit.

Final Training Survey Question Four:

What additional training in pastoral care would you like to receive?

- A. Grief counseling. Possible life coaching for future training.
- B. How does pastoral care principles impact other ministries (Discipleship, etc.)
- C. Discipleship of staff, discipleship by staff, how do we implement discipleship into ministries? So that lay leaders are experiencing a form of discipleship and they, in turn, are discipling others. Spiritual warfare prayers.
- D. Mental Health assessment

E. Pastoral Care in terms of helping youth. Youth are struggling with friends and family, are there different methods of assisting them?

F. I would suggest that there be greater organization in the way you taught the material. A PowerPoint could've been helpful in order for me to best process the material.

G. PTSD and Spiritual Warfare.

H. When to refer.

I. Not sure at this point.

There were a variety of topics requested for additional training. Ministry leaders for discipleship and youth were interested in incorporating pastoral care into their specific role. Grief counseling, mental health issues, and PTSD assessment were requested as well. While these areas often require the assistance of a professional, the staff are interested in learning more to be better equipped to make the proper referral beyond pastoral counseling. Accurate assessments can help a pastor make an important decision that may be lifesaving. Deepening their spiritual training through discipleship and spiritual warfare is also important to the participants and provides opportunities for experienced staff to mentor younger, less-experienced team members.

Final Training Survey Question Five:

What areas of improvement for further training would you like to recommend?

A. Importance of discipling starting at the top from staff and through all programs to equip people to go and make disciples-Mt. 28 To be able to have disciples available across the board in all programs ministries so others are available instead of every issue pointing to a pastor that is already overworked.

- B. I'm hungry for more content and enjoy a more linear approach. Thanks for bringing so much of YOU into the course and the HUGE effort to put the resources together.
- C. Maybe a few PowerPoint slides to identify some of the pages to look at in the resource book and to delineate the next topic. I like your idea of a communication section Four Horseman in that and maybe COACH and modeling with it.
- D. Ongoing "apprentice" style training. Propose: every time someone needs pastoral care-especially, end of life, you meet the family with another staff person.
- E. Possibly having multiple sessions instead of two big sessions.
- F. I would suggest that there be greater organization in the way you taught the material. A PowerPoint could've been helpful in order for me to best process the material. Overall, I loved the training! I loved seeing and learning the perspective of someone entrenched in caring for God's people.
- G. Shorter more in-depth training.
- H. The pace needs to attend to the sections. Great tone but I'd like to have explored all sections in a training context.
- I. How to place feelings a little better.

It was helpful to receive feedback from the participants for opportunities for improvement in future training. Most notable was the request to include PowerPoint slides in the presentation to help the participants process the information on each subject. The development of the resource manual was designed for this purpose. Incorporating PowerPoint slides into the presentation would have enhanced the learning experience, especially since the second session was a full day of training. Ideally, this researcher preferred to conduct four three-hour sessions

focused on each aspect of pastoral care ministry. It became necessary to conduct one four-hour session and one eight-hour session based on the overall availability of the staff. It was encouraging to confirm interest in further development, and the staff is open to learning more about pastoral care ministry through apprenticeship and additional training.

Pastoral Care Training Assessment

A final assessment was sent to all fourteen participants to measure the effectiveness on a rating scale from one to ten, with one being the lowest and ten the highest. Thirteen participants completed the final assessment which contained five questions. Following are their responses.

Pastoral Care Training Assessment Question One:

How much time did you participate in the training?

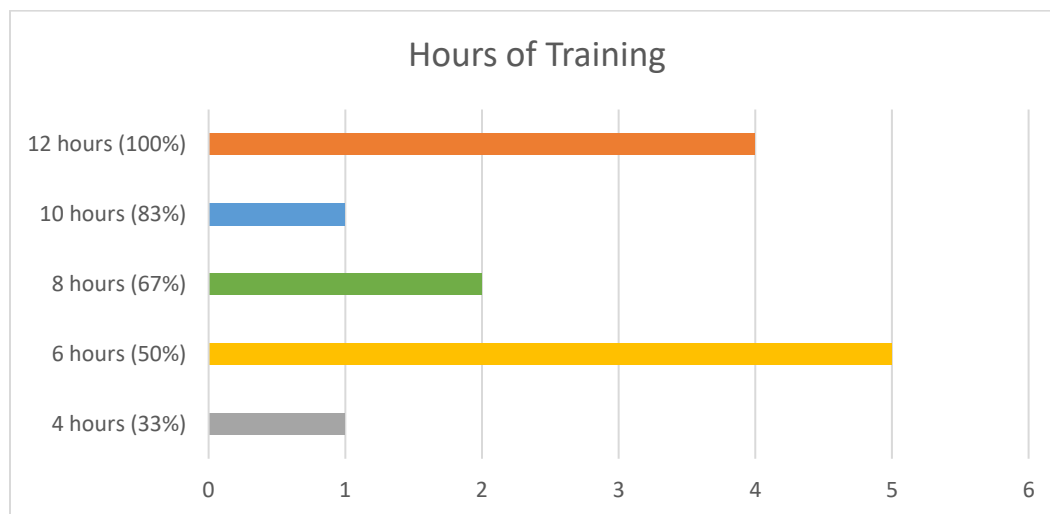


Figure 23. Number of Hours Participated in Pastoral Care Training

In summary, the total number of hours spent in training was 108. This averages 8.30 hours per participant or slightly higher than 75% participation overall. Thirteen participated in six or more hours of training, with four individuals attending all twelve hours. Eight participants attended the first session for four hours, and twelve participants attended the second session for eight hours. This represents a 50% increase in attendance. Considering this is the first-time

formal pastoral care training has been offered, the increased participation indicates a desire for additional training in this area of ministry.

The next two questions measured the effectiveness of using the acronym H.E.L.P.S. to identify each area of pastoral care ministry, and the value of the resource manual as a reference for their future use. Ratings were measured on a scale from one to ten.

Pastoral Care Training Assessment Question Two:

How helpful was the use of the acronym H.E.L.P.S. (one being the lowest and ten being the highest)?

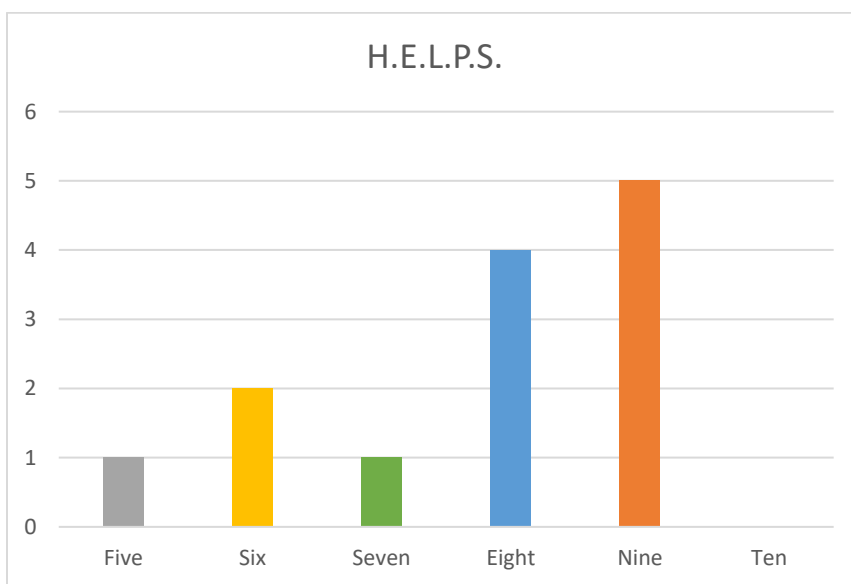


Figure 24. Effectiveness of the Acronym H.E.L.P.S.

Ten participants found the H.E.L.P.S. outline helpful with a rating of seven or above. Five found it very helpful with a rating of nine. This researcher created the acronym to assist with ease of reference and memory recall. The responses indicate this was a beneficial approach.

Pastoral Care Training Assessment Question Three:

How helpful were the resources provided to you in the Pastoral Care training manual

(one being the lowest and ten being the highest)?

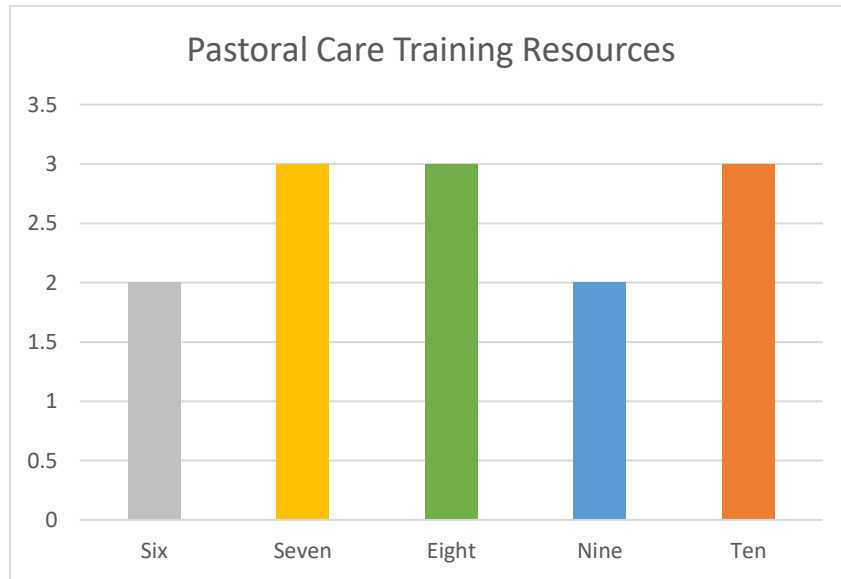


Figure 25. Helpfulness of the Pastoral Care Training Resources

Eleven participants gave the Pastoral Care training resources a rating of seven or above, including five participants who gave it a ten out of ten. Overall, the participants rated it an eight, indicating that the resource manual was valuable for their training and future reference.

The final assessment asked the participants to rate their knowledge and confidence level on each topic before and after the training to measure effectiveness and identify opportunities for improvement. The variance in the number of responses by topic reflects the number of participants attending the specific module. Each topic is listed below followed by the participant's responses and a summary of their ratings.

Pastoral Care Training Assessment Question Four:

How would you rate your knowledge and level of confidence in the following areas of pastoral care BEFORE and AFTER the training? (one being the lowest and ten being the highest).

1) Introduction to Pastoral Care Ministry

Caring Ministries at Calvary Church

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Self-Care for Caregivers

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

2) (H) Home and Hospital Visits: Caring for the Sick

Home and Hospital Visitation

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Case Study in Home and Hospital Visitation

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

3) (E) Eclectic and Effective Counseling

The Johari Window

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Cognitive Behavioral Therapy/CBT

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Coaching Model

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Mental Health Issues

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Suicide and The Role of the Pastor

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

4) (L) Lessons in Marriage and Family Issues

Premarital Assessments and Counseling Methods

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Wedding Ceremony/Message

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Communication Issues

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

5) (P) Prayer in Caring Ministry

Prayer and Technology

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

6) (S) Support in Grief and Loss

Grief Stages and Grief Counseling

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Case Study How to Conduct a Funeral

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Introduction to Pastoral Care Ministry Training Results

Caring Ministries at Calvary Church

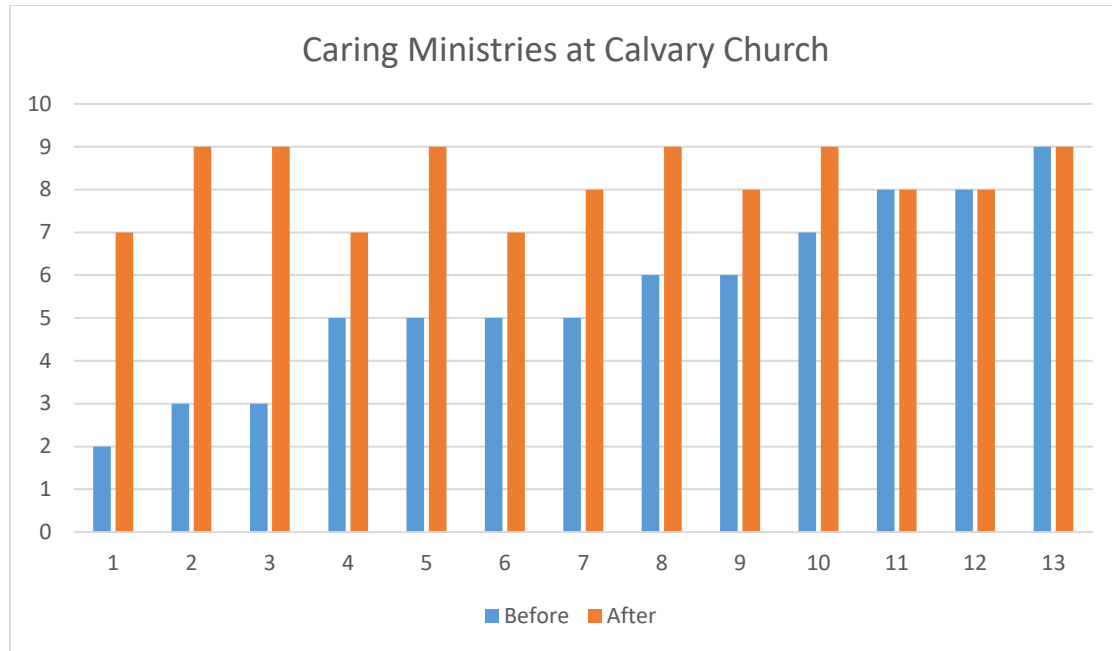


Figure 26. Knowledge and Confidence Level of Caring Ministries

Calvary has specific support groups for helping those needing specialized care, such as Celebrate Recovery, Marriage Mentors, Divorce Care, Grief Share, Prayer Team, Care Team, and Freedom from Depression. Although the thirteen participants were familiar with these ministries, most only had a fundamental understanding before the training. The cumulative score among the participants before the training was 72. It increased to 107 after the training for an overall improvement of 49%. The increased awareness improved their ability to make referrals to these helpful resources.

Self-Care for Caregivers

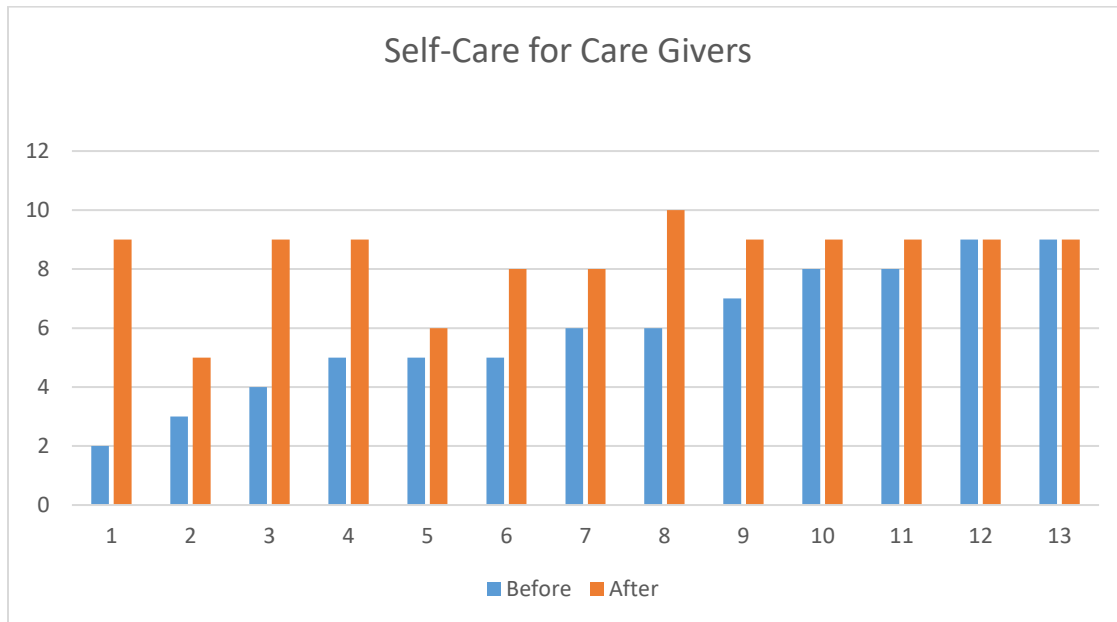


Figure 27. Knowledge and Confidence Level of Self-Care for Care Givers

While most participants understood the importance of self-care, they gained a deeper appreciation with a 42% improvement in their knowledge and confidence level. Their cumulative score increased from 77 before the training to 109 afterward. Learning how to recognize the signs of ministry burnout and avoid it allows the pastor to practice self-care healthy. Practicing self-care during the pandemic became even more critical with the ongoing threat to physical health and emotional/mental well-being. Jesus gave an example as He sought time alone to meditate and rest to meet the ongoing demands of the people.

(H) Home and Hospital Visitation Training Results

Home and Hospital Visitation

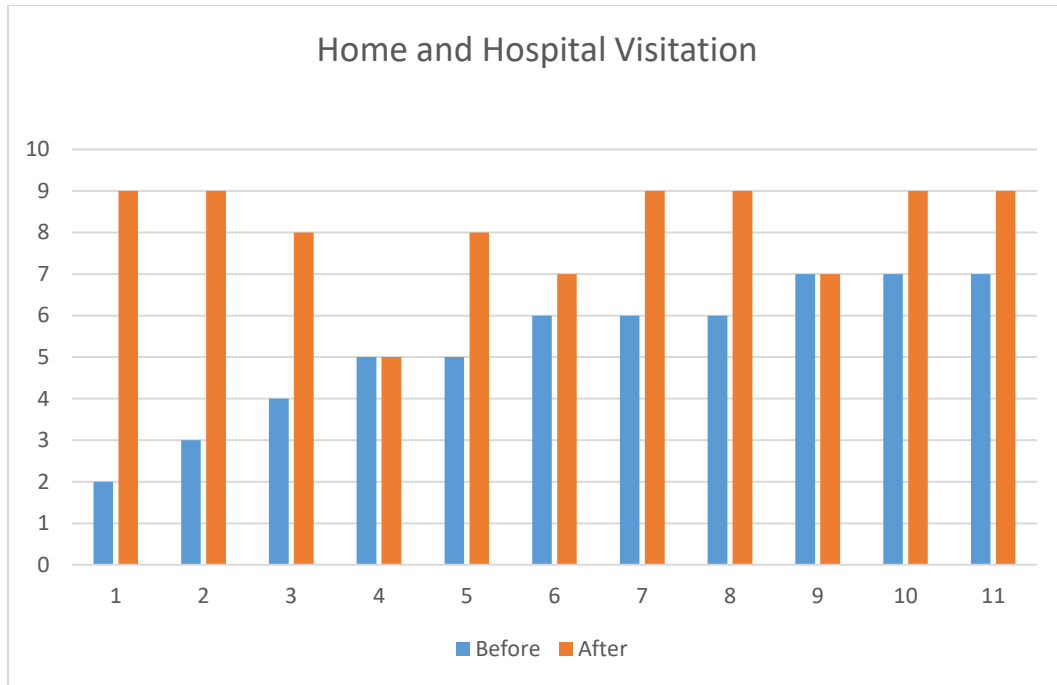


Figure 28. Knowledge and Confidence Level of Home and Hospital Visitation

Home and hospital visits have been affected by the pandemic. The church staff has been limited in conducting hospital visits since the epidemic started in March 2020. This researcher was concerned that the portion on home and hospital visits might not be deemed relevant due to the current circumstances. However, an overview of this ministry and practical resources were provided to help prepare for future visits. The cumulative score before the training was 58 and increased to 89 following the training. Nine out of the eleven respondents indicated an increased awareness or 53% improvement overall with two individuals increasing over 200%.

Home and Hospital Case Study

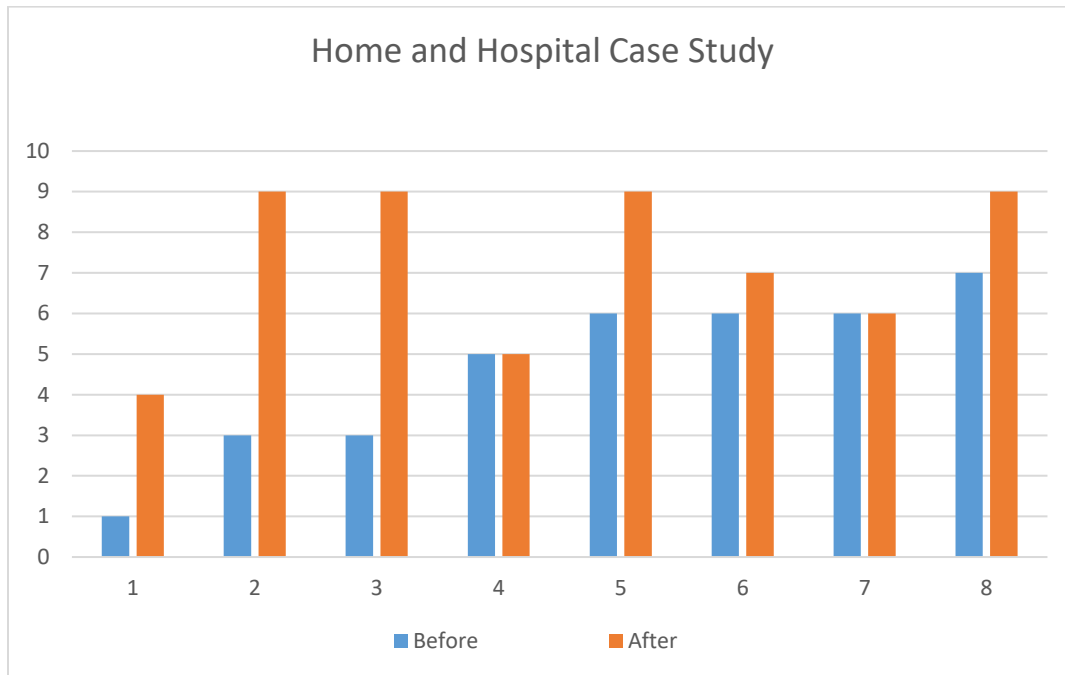


Figure 29. Knowledge and Confidence Level of Home and Hospital Case Study

A case study was presented about a church member who required home and hospital visits for a year, followed by hospice. Three out of the eight respondents significantly increased their understanding, while four out of the eight received some benefit. The cumulative score before the training was 37 and increased to 58 resulting in a 57% improvement. This reflects on the level of prior experience with home and hospital visits and the discussion on the case study.

(E) Eclectic and Effective Counseling Training Results

The Johari Window

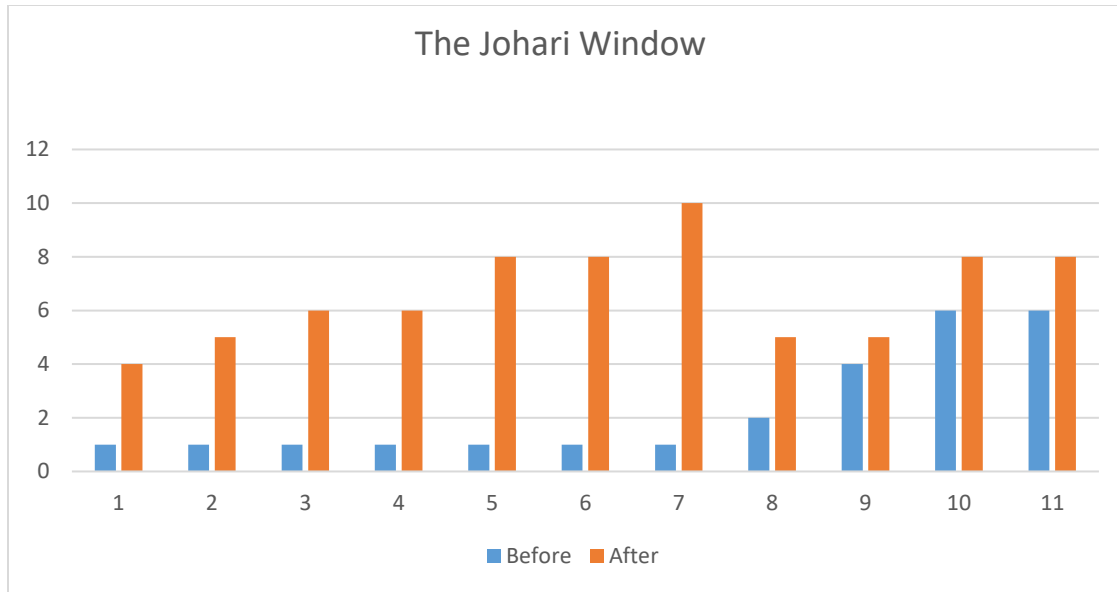


Figure 30. Knowledge and Confidence Level of The Johari Window

The Johari Window was a new concept for most participants, with only three out of eleven indicating familiarity. It is a primary tool used by psychologists and counselors to help individuals identify blind spots in themselves and their relationships. This method of counseling teaches how to give and accept feedback, represented as a four-pane window. Two panes reflect the self-view and the other two reflect the "blind spots," or the view only known to others. The technique builds upon the trust achieved through interactions and feedback given by other group members.¹¹⁸ It is like "blind spots" on an automobile. Just as a car has side-view mirrors, another mirror can more easily capture on-coming traffic and magnify the images. Their cumulative score rating their knowledge and confidence level for this topic before the training was 25 and

¹¹⁸ eln: the e-learning network, "The Johari Window," (2021), Accessed April 25, 2021, <https://www.eln.co.uk/blog/the-johari-window>

increased to 73 afterward. Seven out of the thirteen participants drastically improved their understanding of this counseling technique, resulting in a dramatic rating of 192%.

Cognitive Behavioral Therapy (CBT)

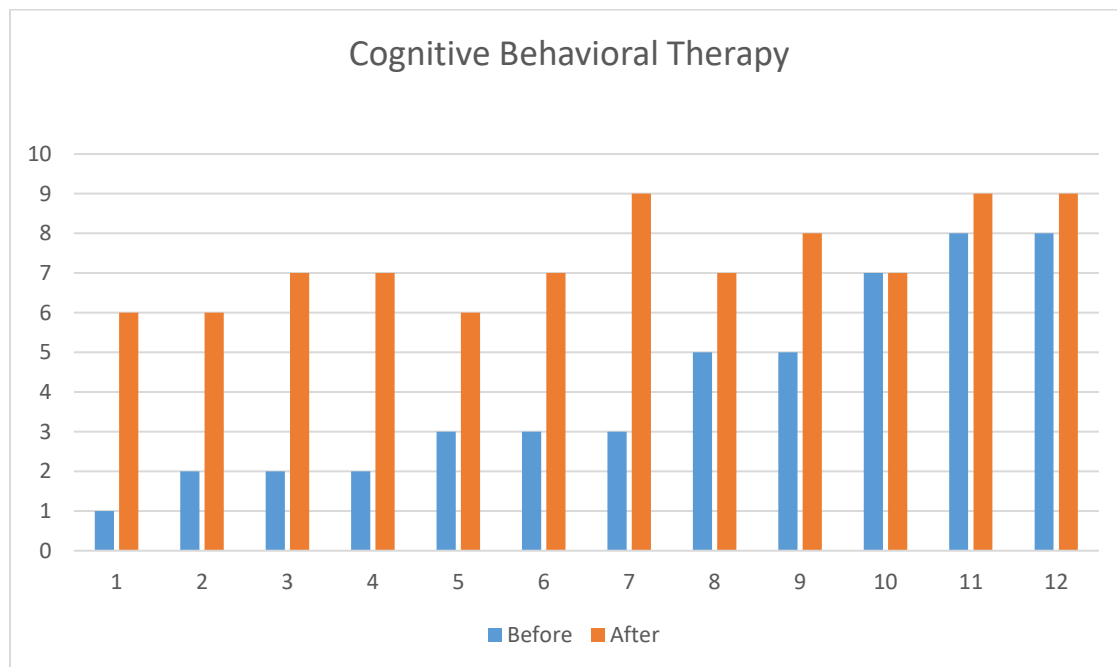


Figure 31. Knowledge and Confidence Level of Cognitive Behavioral Therapy

CBT is one of the most effective treatment methods for various mental health issues such as depression and anxiety. It can be learned relatively quickly and applied to a multitude of problems. This makes it attractive to pastors looking for an effective treatment method to address their many counseling issues. The cumulative score before the training was 49 and improved to 88 afterward. 75% of the participants responded favorably to this treatment method with a rating of seven or above. The simplicity of this counseling approach, such as the ten common cognitive distortions, generated interest in additional training.¹¹⁹ When combined with biblical principles, CBT is beneficial in bringing healing to damaged emotions.

¹¹⁹ Therapist Aid LLC, “Cognitive Distortions,” (2012), Accessed June 2, 2021, <https://www.therapistaid.com/worksheets/cognitive-distortions>.

The Coach Model

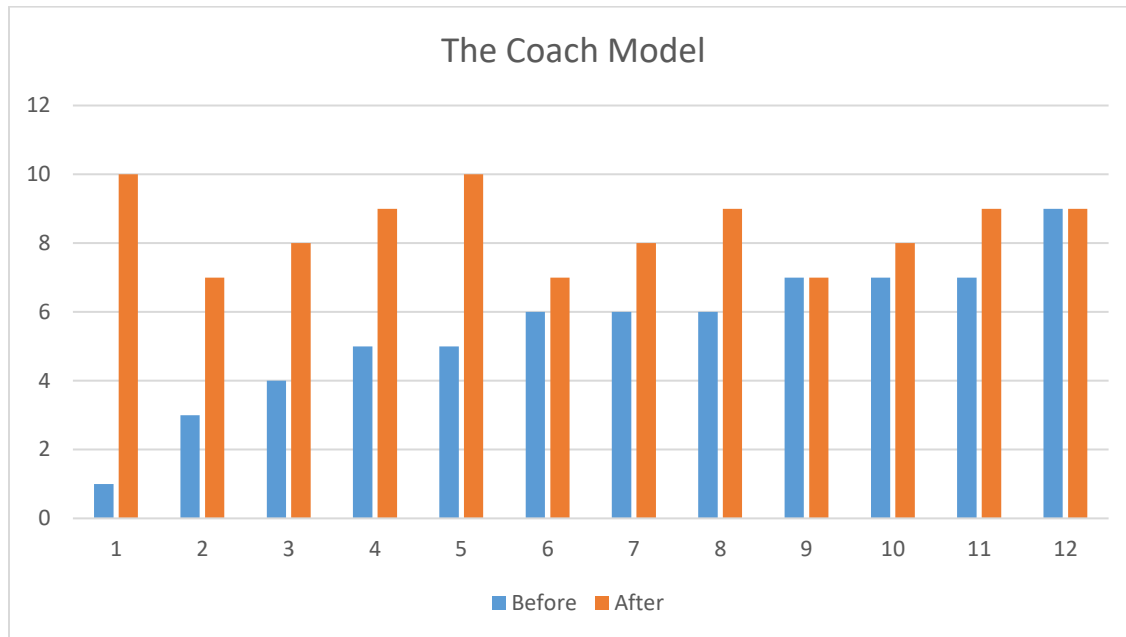


Figure 32. Knowledge and Confidence Level of The Coach Model

Roleplay was used to demonstrate the Coach Model¹²⁰ counseling approach. Five out of the twelve respondents indicated a significant increase in their knowledge, with one individual going from one to ten following the training. Their cumulative score was 66 before the training and 101 afterward. Nine participants gave a rating of eight or above with an improvement of 53% overall. The participants were impressed with the coaching experience and identified other team members to include in future training.

¹²⁰ Keith Webb, *The Coach Model* (Columbia, SC: Active Results LLC, 2017), 43-44.

Mental Health Issues

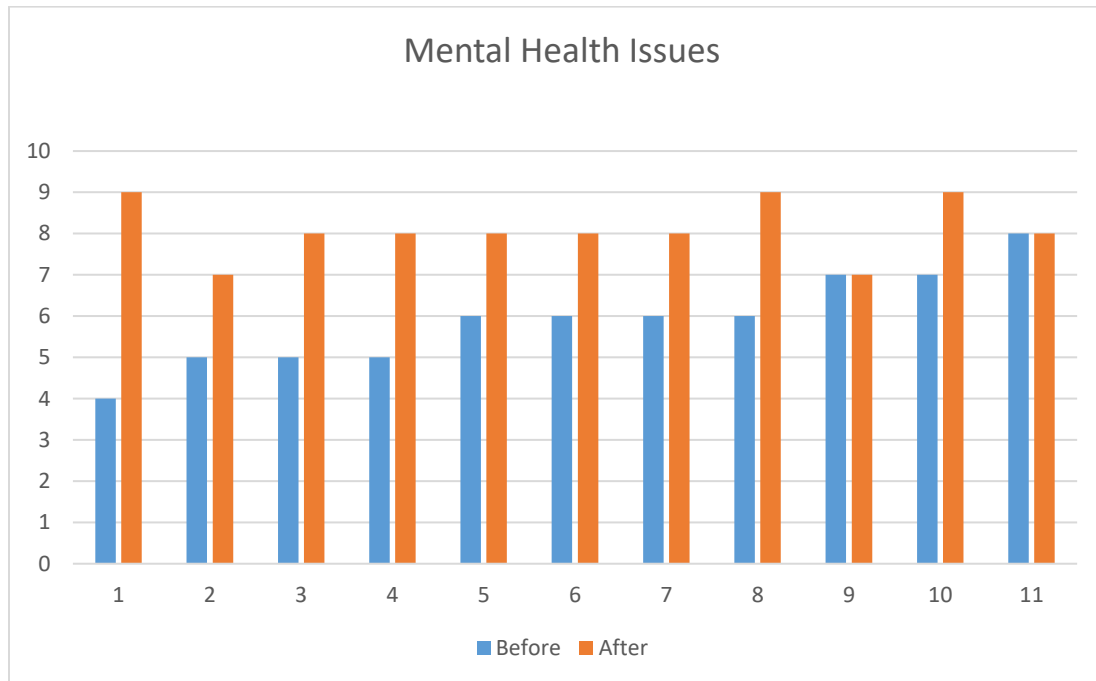


Figure 33. Knowledge and Confidence Level of Mental Health Issues

Mental health is a broad topic that requires dedicated time and attention to address specific aspects and challenges the pastor or ministry leader faces. The training for this module was designed to be introductory with opportunities for follow-up on an individual basis. In the past, mental health carried a stigma with limited information available to the public. Recently, with media attention and access to online resources, dealing with depression and anxiety has been brought to the forefront. The cumulative score before the training was 65 and increased to 89 afterward. The overall response of 37% indicates additional training would be helpful to provide a more tailored approach to the specific needs in this area.

The Role of the Pastor in Preventing Suicide

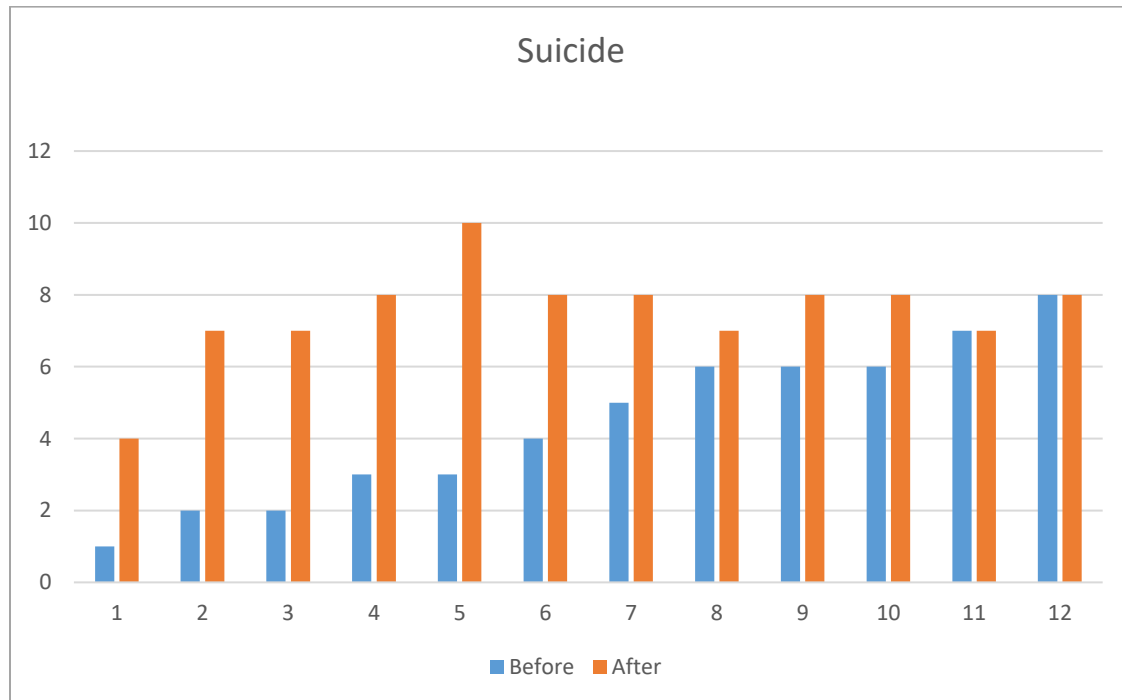


Figure 34. Knowledge and Confidence Level of Suicide

Sadly, this is a topic that is becoming more common in our society with frequent news of a celebrity, family member, or co-worker ending their life. What is uncommon is how to intervene in this situation and help prevent a loss of life. It was surprising that half of the participants rated their knowledge and skills as four out of ten before the training. It became necessary to focus on this subject as a result of their limited experience. Harmful myths, such as talking about it will increase the likelihood to commit suicide, can prevent the critical intervention of asking questions and assessing risk factors. A case study was shared highlighting a successful pastor who struggled with depression and anxiety but made the sad decision to end his life early.¹²¹ Understanding the role of the pastor in preventing suicide and learning how to

¹²¹ “Another young pastor advocating for mental health dies by suicide,” *Los Angeles Times*, (2019), Accessed May 13, 2021. <https://www.latimes.com/california/story/2019-09-12/california-megachurch-pastor-mental-health-suicide>.

recognize and respond to the warning signs increased their ability to assess and intervene.¹²² This resulted in a cumulative score of 53 before the training and increased to 90 for a 70% improvement in their knowledge and confidence level.

(L) Lessons in Marriage and Family Issues Training Results

Premarital/Marital Counseling

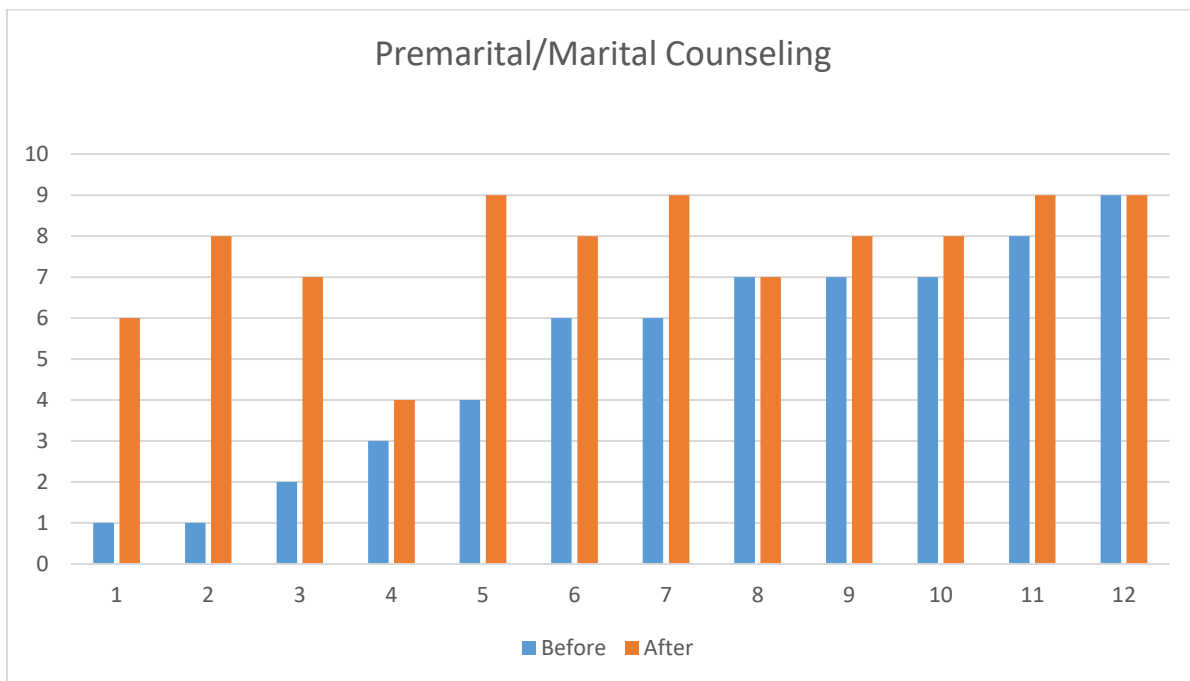


Figure 35. Knowledge and Confidence Level of Premarital/Marital Counseling

There have been significant improvements in premarital/marital counseling with personal assessments that help identify potential relationship issues for the couple. Three popular assessment tools with a proven track record were shared to better equip the staff for counseling in this area. The cumulative score before the training was 61 and increased to 92 afterward for an overall improvement of 51%. The participants who had little, or no experience realized a

¹²² “The Role of Clergy in Preventing Suicide,” *SPRC*, (2021). Accessed April 10, 2021.
http://www.mentalhealthministries.net/resources/suicide/clergy_prevent_suicide/Clergy_and_suicide_prevention

significant improvement in their knowledge and understanding, while those with experience were more familiar with this approach.

Wedding Ceremony

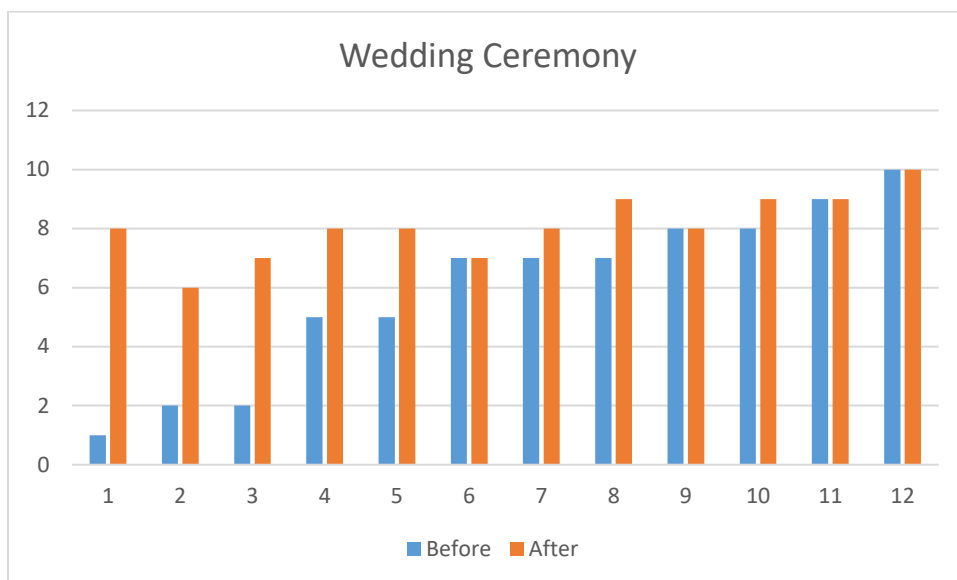


Figure 36. Knowledge and Confidence Level of Performing a Wedding Ceremony

The wedding ceremony is one of the most important moments in a person's life. There is a great deal involved, and competency is a key to meeting high expectations. The scores from half of the participants in the initial survey reflect the difference between attending versus officiating a ceremony. Those with little to no experience significantly increased their understanding of the requirements to perform a wedding while those with more experience increased slightly. Their cumulative score was 71 before the training and 97 afterward resulting in an overall improvement of 37%.

Communication Issues

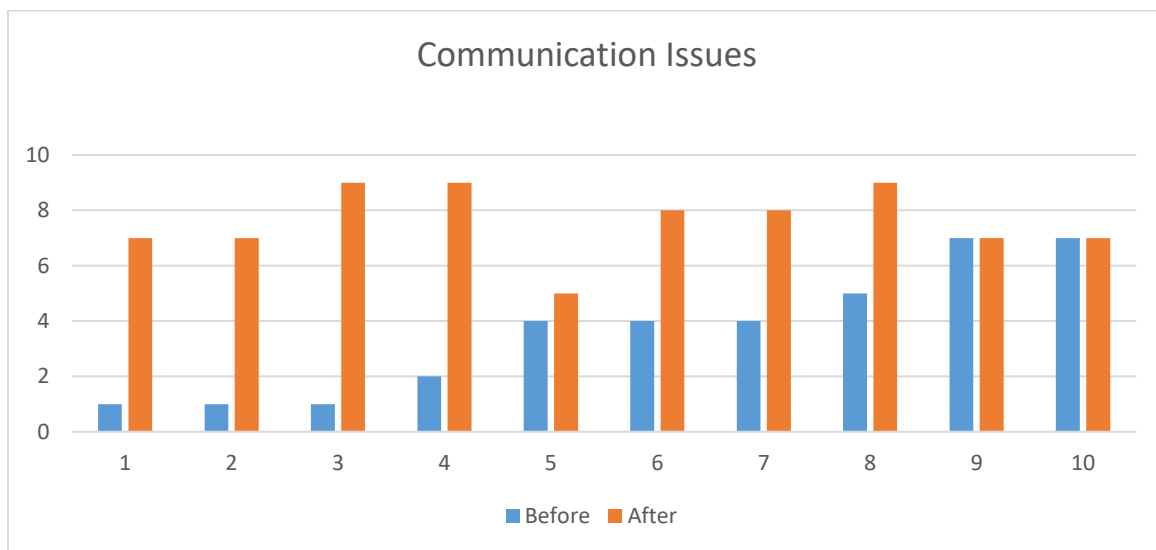


Figure 37. Knowledge and Confidence Level of Communication Issues

The ability to communicate effectively affects every relationship and is a common issue in marriage and family counseling. Communication typically begins on a superficial level, such as clichés, then facts, followed by opinions, feelings, and needs. Strong opinions are where conflict may arise, and the reward of intimacy comes through expressing feelings and support when needs are met.¹²³ Four specific behaviors block communication: criticism, contempt, defensiveness, and stonewalling, and can cause difficulty in any relationship that may lead a couple to divorce if unresolved. Gottman compares them to the four horsemen in the book of Revelations due to the devastation these behaviors cause when left unguarded.¹²⁴ This topic generated meaningful discussion on the keys to building healthy relationships and learning how to defend against harmful behaviors. The participants' scores increased significantly in this area from 36 to 76, with an impressive improvement of 111%.

¹²³ Smalley, Gary. *Secrets to Lasting Love*. (New York, NY: Simon & Schuster, 2001), 28.

¹²⁴ John M. Gottman and Julie Schwartz Gottman, "Avoid the Four Horsemen for Better Relationships," 2017, Accessed May 15, 2021, <https://www.gottman.com/blog/the-four-horsemen-the-antidotes/>

(P) Prayer in Caring Ministry Training Results

Prayer in Caring Ministry

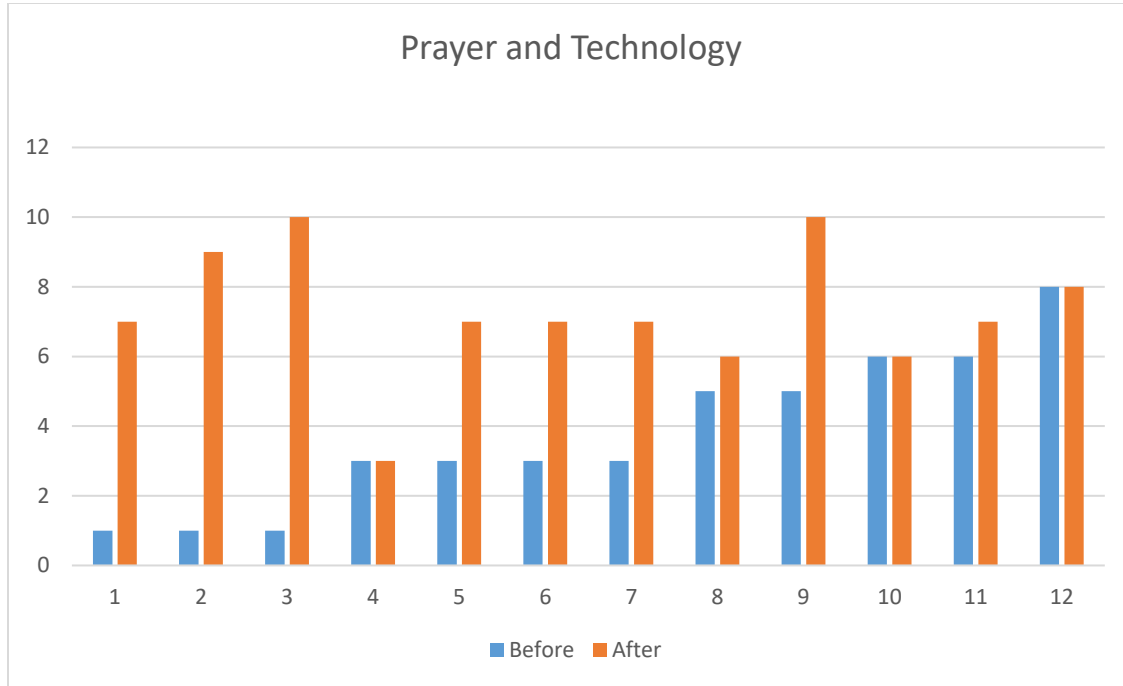


Figure 38. Knowledge and Confidence Level of Prayer and Technology

The responses to the section on prayer far exceeded expectations with a 93% improvement rating. The cumulative score before the training was 45 and increased to 87 afterward. It was surprising to learn that nine out of the twelve participants rated their knowledge at five or less before the training regarding technology tools for prayer. The goal of enhancing their skills in incorporating prayer in pastoral care ministry was addressed in two ways. The use of written prayers in formal settings such as weddings and funerals were reviewed, and new technology using a mobile app to share and track prayer requests was introduced. Nine of the twelve participants scored seven or above following the training indicating a deeper understanding and appreciation of the app as a helpful tool.

(S) Support in Grief and Loss Training Results

Stages of Grief

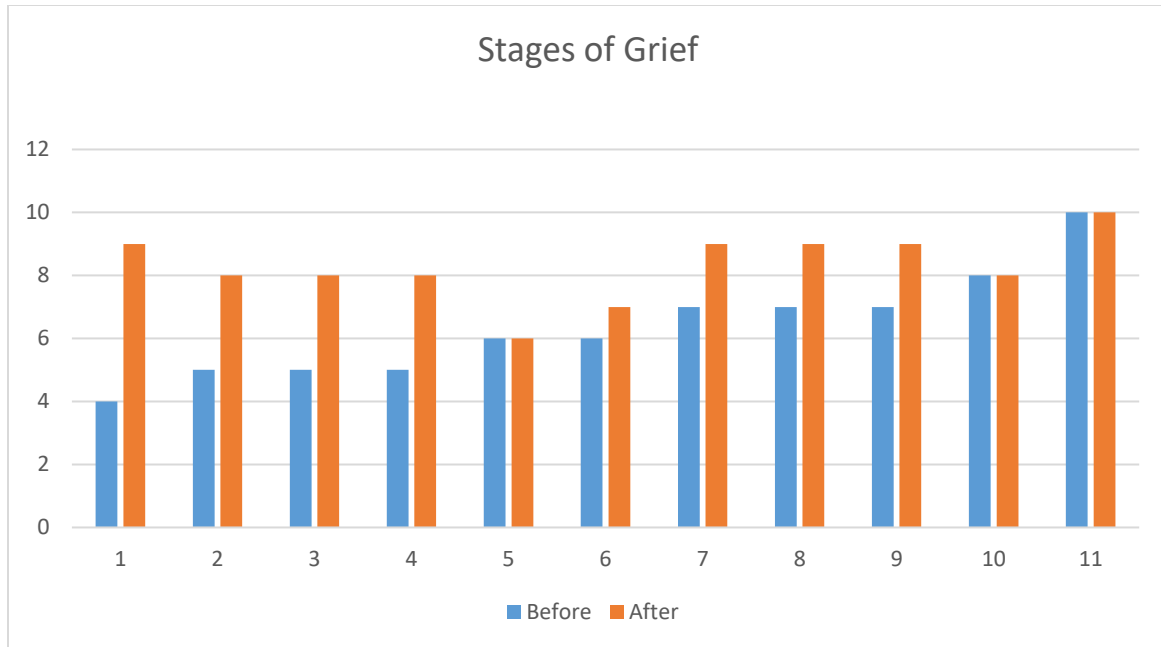


Figure 39. Knowledge and Confidence Level in the Five Stages of Grief

The five stages of grief beginning with denial, followed by anger, bargaining, depression, and acceptance were reviewed in this section.¹²⁵ Most of the participants were familiar with this topic, and the ratings indicated a modest improvement of 30% with a cumulative score of 70 before the training and 91 afterward. More time was dedicated to the case study in this session to review a real-life scenario and allow for further discussion.

¹²⁵ Christine Gregory, “The Five Stages of Grief: An Examination of the Kubler-Ross Model,” (2020), Accessed March 1, 2021, <https://www.psycom.net/depression.central.grief.html>.

Grief Case Study

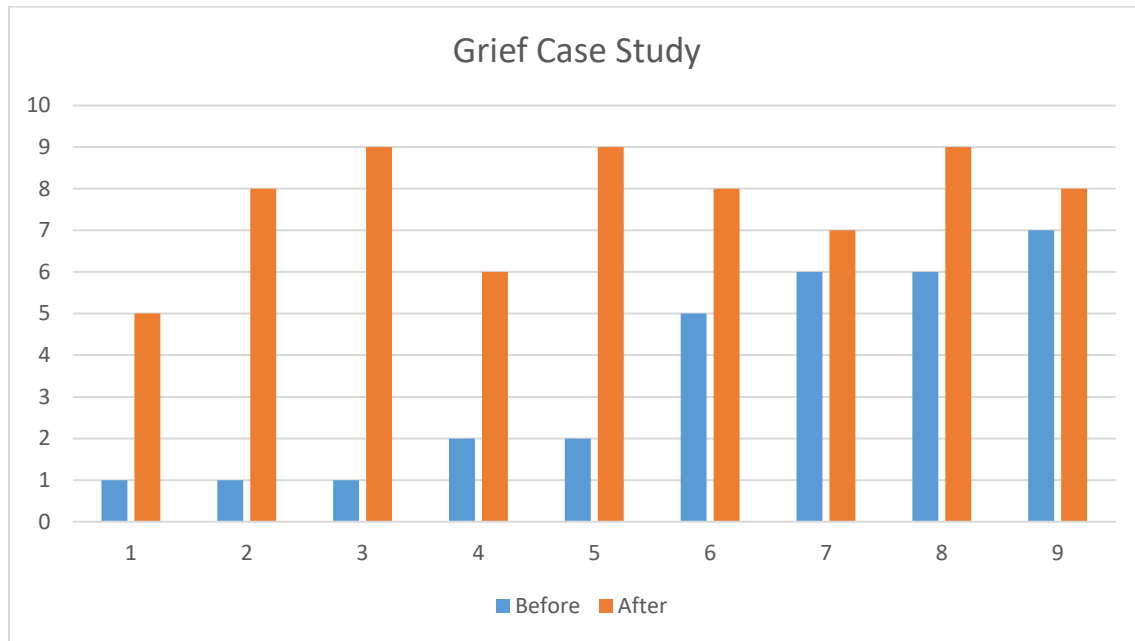


Figure 40. Knowledge and Confidence Level of a Grief Case Study

A case study on a couple recently ministered to by this researcher was rated as one of the most valuable sections of the first training session. The presentation was laid out step-by-step in telling the story of the husband's illness, which involved visits to the home and hospital during COVID. It detailed the hospice visit with his family and a gospel invitation that brought great comfort at the time of his death. The components of the funeral message were reviewed, and sample of the service bulletin was shared. It proved to be an effective approach with a rating improvement of 123% reflecting a cumulative score of 31 before the training and 69 afterward.

Summary of Training Results

Table 1.1 Training Results Before and After by Topic

Topic	Before	After	Impact
Pastoral Care Ministry			
Caring Ministries	72	107	49%
Self-Care	77	109	42%
Total	149	216	45%
(H) Home and Hospital Visits			
Hospital Visits	58	89	53%
Hospital Case Study	37	58	57%
Total	95	147	55%
(E) Eclectic and Effective Counseling			
Johari Window	25	73	192%
Coaching	66	101	53%
CBT	49	88	80%
Mental Health	65	89	37%
Suicide	53	90	70%
Total	258	441	71%
(L) Lessons in Marriage and Family			
Premarital/Marital Counseling	61	92	51%
Wedding Ceremony	71	97	37%
Communications	36	76	111%
Total	168	265	58%
(P) Prayer in Caring Ministry			
Prayer and Technology	45	87	93%
Total	45	87	93%
(S) Support in Grief and Loss			
Grief Support/Funerals	70	91	30%
Grief Case Study	31	69	123%
Total	101	160	58%
Overall Impact	816	1316	61%

As the Caring Ministries pastor, it was informative and encouraging to note an overall improvement of 61% in the knowledge and confidence level of pastoral care ministry following the training. The areas with the most significant impact were counseling and prayer. Following the coaching demonstration, several participants expressed a desire to learn more about this

impactful counseling approach. This researcher is a certified life coach and will arrange for interested participants to receive training soon. Crisis intervention and handling mental health issues require additional attention. This researcher will provide further training on CBT techniques and continue to mentor staff members in this critical area of pastoral care. The most impressive results were in the topic on prayer. Of particular interest is further training on spiritual strongholds. This researcher will explore opportunities to offer more in-depth training for spiritual growth with the assistance of leadership.

Overall Impact of Pastoral Care Training

The final question of the Pastoral Care Training Assessment asked the participants to rate their overall experience, taking into consideration the training modules they were able to attend.

Pastoral Care Training Assessment Question Five:

Overall how would you rate the Pastoral Care Training? (one being the lowest and ten being the highest). 1 2 3 4 5 6 7 8 9 10

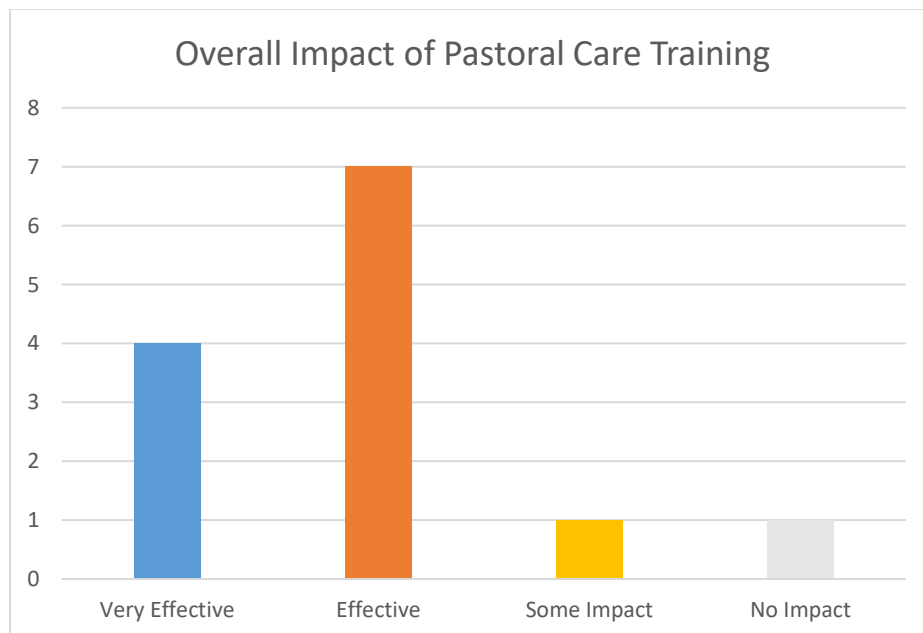


Figure 41. Overall Impact of Pastoral Care Training

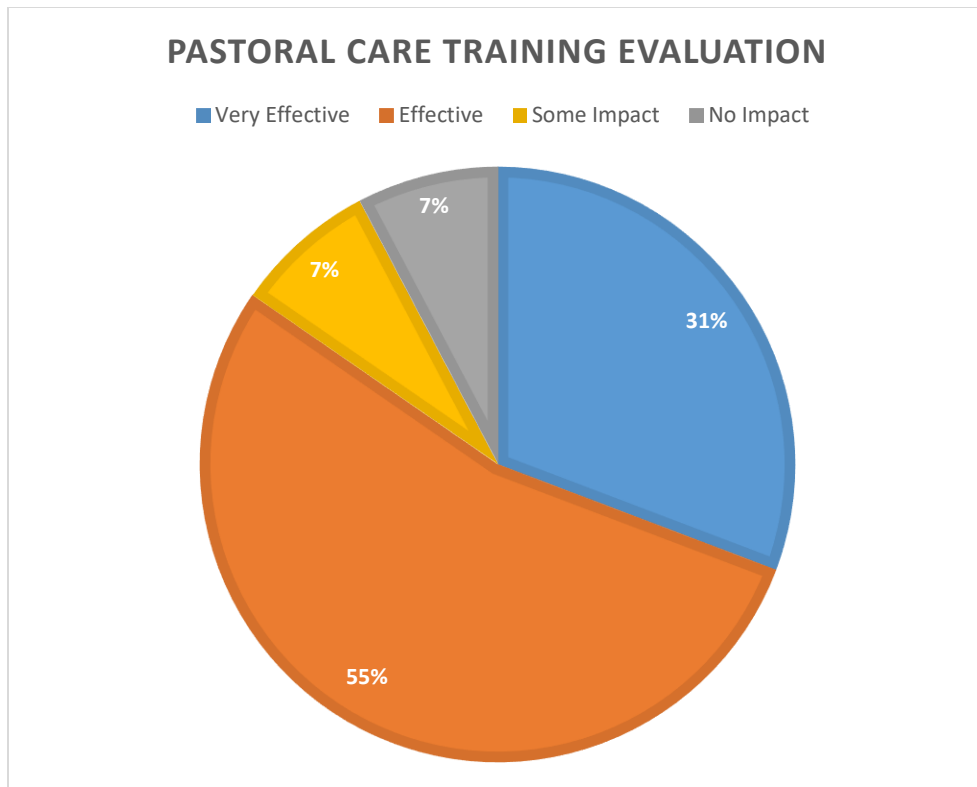


Figure 42. Pastoral Care Training Evaluation

The overall evaluation of the pastoral care training resulted in seven participants rating it as effective and four as very effective for a total success rate of 86%. One individual found it to be somewhat effective, and one had no impact. Based on the high level of interest and need for training among the staff, this researcher hoped the research project would be beneficial to but did not anticipate this rating overall. It was a strong affirmation that the content and wide variety of training methods were positively received and beneficial to the participants. It also confirmed opportunities for improvement and further training needed to continue to develop their pastoral care skills.

CHAPTER 5: CONCLUSION

Conclusion

As a veteran in the United States Air Force Reserve (USAFR), this researcher is very familiar with the picture of Uncle Sam in an old-fashion top hat and long coat tails decorated with the stars and stripes. It is usually associated with a military recruitment poster for the United States of America. The poster reads, “Uncle Sam needs you!” It is most often visible when additional, trained personnel are needed to defend our country in a war or conflict. The demand is great, and the need to staff and train is always present.

The same is true for the Body of Christ; the demand to minister to a broken world is great, and the need to provide pastoral care is always present. This truth is made clear in scripture, “When he saw the crowds, he had compassion on them, because they were harassed and helpless, like sheep without a shepherd. Then he said to his disciples, “The harvest is plentiful, but the workers are few. Ask the Lord of the harvest, therefore, to send out workers into his harvest field.” (Matt. 9:36-8).

At Calvary Church, like most other churches, there is a lack of training and practical experience in pastoral care to deal with the caring ministry needs. The need for care is plentiful, but the workers are few. The results of the initial survey support this perspective. Therefore, the purpose of this research project is to equip the Calvary Church staff for effective pastoral care through biblical training in pastoral presence, counseling skills, and officiating at special services.

Time Management

There are undoubtedly many lessons to be learned from doing this type of project for the first time. What appeared to be a simple process became more involved and complicated as time and training progressed. At first glance, there were clear-cut stages of the training modules to be constructed. The sections were laid out logically and well-organized. There was an expectation that the training would run smoothly like a well-oiled machine based upon these factors. It was not until the sections were being developed that some complications became apparent. The issues ranged from the research aspect for the time required to gather and analyze data to scheduling the training sessions based on everyone's availability. Reviewing all the comments and designing meaningful training based on their feedback took more time than was initially anticipated. Providing a resource manual proved to be a helpful tool for the participants, but it also took additional time to organize and prepare. It would have been helpful to add four more weeks to the timeframe to be able to fine tune the training sessions.

Training Resources Manual

As the training sections were being developed, it became apparent that a Resource Manual would be a valuable tool for the participants. It allowed the participants to focus on each section during the training and serve as a future reference. Each section was built upon the acronym H.E.L.P.S. to serve as a reminder for the main aspects of pastoral care. It contained copies of reference materials used in training and a list of Calvary Church and local community resources for referrals. The church media team also downloaded it into a shared drive for easy access by the entire staff. Even though it affected the preparation time, it was a necessary training component and an effective learning method. The participants rated this as an 8 out of

10 in the final evaluation. This score was a good indicator of how helpful the participants viewed it and worth the extra effort.

Communications

Communicating with the participants for the research and preparation for the training was more challenging than anticipated. While it might appear relatively easy to accomplish with most of the staff onsite, it was a laborious process. Due to busy schedules and other commitments, it was not easy to get a response, or a form completed on time from some participants. This resulted in missing information in some surveys and delayed the process for completing the data analysis. It is understandable why it is vital to establish different modes of contact to ensure success with gathering data and feedback. It was not as simple as sending an email and getting a response. It took numerous efforts and varied types of communication to complete each step to receive the critical information needed to establish the training.

One example was collecting the Pastoral Care Training Survey after the second session. Each participant received the evaluation form at noon with a request to complete and return it before they left for the day. Several of the participants complied, but it required additional follow-up over the following weeks to ensure feedback was received to help measure the effectiveness of the training. This created some delay in finalizing the data analysis. One individual who was unable to attend most of the training sessions chose not to reply.

Location

One recommendation to avoid this problem would be to have the training off-site to allow the participants to separate from work and remain focused on the topics. Another possibility would be to ask the lead pastor to encourage participation by excusing staff from meetings to be fully present for the training. The authority of the lead pastor would make an impact on the

quality of training received with fewer interruptions. There should be clear expectations set for attendance and not just permission by their leader to attend. If it is valuable enough to conduct twelve hours of training, it should be a priority to attend as much as possible. Although some attendance conflicts cannot be avoided due to prior commitments, some allowance could be given for missing regularly scheduled meetings.

Cross-Application of Pastoral Care Training

The results of the pastoral care training would apply in other churches regardless of the size of the congregation. It may become even more critical to provide pastoral care training when the church does not have the luxury of multiple staff members. The problem is undoubtedly universal if the church staff are younger or limited in their experience. "Despite the fact that some ministers have little formal training to correctly identify and to confidently discuss emotional and behavioral problems with parishioners, nearly one-half of parishioners will first turn to their pastor when distressed."¹²⁶

Many pastors are unprepared for the necessary level of care they may face, given the circumstances. Therein lies one of the problems and the need for specialized training. This pastoral care training involved a combination of Christian practices and beliefs, such as prayer and scripture, held by most every denomination. It also involves several proven counseling methods in dealing with marriage and family issues and the role of the pastor in identifying mental health concerns which is a growing phenomenon today. These specialized modes of

¹²⁶ Brad Johnson and William Johnson, *The Minister's Guide to Psychological Disorders and Treatments, Second Edition* (New York, NY: Routledge, 2014), 2.

counseling help equip the trained pastor to deal with these critical matters successfully.

Appropriate training can be transformational for the pastor as a caregiver to the congregation and community.

Seminary Training

First, research should be conducted by the seminaries educating the future pastors of the Body of Christ. If they are involved in this research, they will realize firsthand the benefit of including pastoral care training in their curriculum and practicums. For example, this researcher interviewed one of the instructors at Covenant Theological Seminary to inquire about their philosophy on pastoral care. He stated that additional pastoral care courses were added to the Master of Divinity program due to research conducted in recent years.

As an educational institution, we are constantly looking for ways to strengthen our programs so that our students will be better prepared to face the challenges of ministry in today's rapidly changing world. The current revision of our Master of Divinity (MDiv) degree program is the result of a process begun several years ago and grew out of a desire to make the degree as formative as possible for our students. In considering how best to restructure the program, we sought input from seasoned pastors, church leaders, and other Covenant Seminary alumni, whose knowledge and experience of ministry "in the field" were invaluable. We also benefited greatly from the insights of many current students through their participation in special focus groups. We were guided in the entire process by four main principles." Two of these main principles are related directly to pastoral care in the Master of Divinity program. They are:

1. Fit the degree to the types of activities our graduates will actually be doing. For example, our alumni consistently tell us they spend a significant amount of time providing pastoral counseling and care. In the revised curriculum, therefore, we have:
 - *Added a one-credit-hour counseling practicum* to give students more of chance to develop this skill before graduating.
 - *Added two ministry practicums in the middle year* that will give the student opportunities to get out of the classroom and engage in local, live ministry under the supervision and direction of professors and local ministry practitioners.
 - *Arranged course schedules so that MDiv and MA students can study together in as many classes as possible*; this will help to ensure that pastoral students do not learn in an "MDiv bubble" but are constantly interacting

with the very people they will one day serve and serve with in local congregations.

2. Increase intentional integration of what students are learning, rather than leaving the work of integration up to students. What this means is that some courses will better combine and integrate elements that were previously taught in separate courses. A few new elements designed to further unite theology and practice in meaningful ways have been added as well.¹²⁷

The results of this thorough research from various areas of expertise and backgrounds confirm the importance of providing practical pastoral care training in order to equip pastors for effective ministry.

Local Church

Another opportunity to conduct research is among the other Evangelical Free Churches in the area to examine their practices. While their staff may have a seminary degree and experience, they may not have received pastoral care training. Calvary Church is an excellent example of this scenario. This researcher will schedule a meeting with Calvary's leadership team to review the initial surveys, training materials, and evaluation results to determine the next steps. As a result of the training, great interest was generated on counseling techniques and spirituality. More in-depth training will be arranged for interested staff and ministry leaders in CBT, coaching, suicide prevention, and dealing with spiritual warfare. In the twenty years this researcher has attended Calvary Church, this is the first time a research study was conducted to determine the skill level among the staff and ministry leaders. With the positive results of the pastoral care training and the participant's desire for further development, the goal to better equip the staff for pastoral care ministry was accomplished. Hopefully, it has opened the door for additional opportunities to broaden the research among other ministry leaders within the church.

¹²⁷ Jay Sklar, "Making Our MDiv Stronger," *Covenant Theological Seminary* (2021), Accessed August 30, 2021, <https://www.covenantseminary.edu/making-our-mdiv-stronger/>.

Future Research

Several points emerged that merit future research. For example, the training must be tailor-made to fit both the role of the pastor and the environment in which they are serving and providing care. As a former pastor of a small-town church, people rarely dropped in looking for a food pantry, financial aid, or counseling. The people were well aware of the resources available. There was a personal connection with the congregation and an established relationship with the members. If there were a need, they would call or discuss it in person following the service.

In contrast, the larger metropolitan church has a much bigger community to serve, and many drop-in visitors seek support such as money, housing, and food. This often provides an opportunity for short-term counseling to help with the related issues. While the demands of the larger congregation are different from the smaller church, the needs remain the same. People are hurting and looking for help from the local church.

Dialogue during the training and final assessment results indicated that further research is needed to address mental health issues and effective treatment methods. Since time was a factor, this researcher will follow up with individuals to determine the most efficient way to conduct additional training on this topic how to identify, counsel, and refer people in need of critical care.

Our Calling

The vision of pastoral care ministry is to contribute to the spiritual discipleship and emotional health of Calvary Church and to be an extension of the Lord's hand actively working in people's lives. The purpose is to reflect the love and grace of Jesus Christ, to minister with Godly insight, providing the prayer and tools to enable others to grow spiritually and emotionally. God is calling pastors and Christian leaders to serve Him by caring for those in need of help, healing, and hope. With the spirit of God leading and practical training for staff and

ministry leaders, Calvary Church will continue to fulfill its vision to transform lives and communities, both near and abroad. “Praise be to the God and Father of our Lord Jesus Christ, the Father of compassion and the God of all comfort, who comforts us in all our troubles, so that we can comfort those in any trouble with the comfort we ourselves received from God.” (2 Cor. 1:3-4).

Bibliography

- Ackerman, Courtney. "What is Solution-Focused Therapy: 3 Essential Techniques," *Positive Psychology* (2020). Accessed September 11, 2020.
<https://positivepsychology.com/solution-focused-therapy/>.
- "Another young pastor advocating for mental health dies by suicide." *Los Angeles Times*, (2019). Accessed May 13, 2021. <https://www.latimes.com/california/story/2019-09-12/california-megachurch-pastor-mental-health-suicide>.
- Asquith, Glenn. *The Concise Dictionary of Pastoral Care and Counseling*. Nashville, TN: Abingdon Press. 2010, Kindle.
- Baker, John. *Life's Healing Choices*. New York, NY: Howard Books. 2008.
- Barletta, John and Witteveen, Kate. "Pastoral Care in Hospital: An Overview of Issues." (2007). Accessed June 13, 2020. <https://www.researchgate.net/publication/263005622>.
- Bast, David. "The Compassion of Jesus," *Word of Hope*. (2008). Accessed September 12, 2020.
<https://www.woh.org/radio/the-compassion-of-jesus/>.
- "Best Places to Live 2017." *Money*. Accessed August 30, 2020.
<https://money.com/collection/best-places-to-live-2017/>.
- Center for Theory of Change. "How Does the Theory of Change Work?" (2019). Accessed September 12, 2020. <https://www.theoryofchange.org/what-is-theory-of-change/how-does-theory-of-change-work/>.
- Chaves, Mark and Eagle, Alison. "Religious Congregations in 21st Century America," *National Congregations Study*. (2015). Accessed February 12, 2021.
https://sites.duke.edu/ncsweb/files/2019/02/NCSIII_report_final.pdf.
- Chrispal, Ashish. "Restoring Missional Vision in Theological Education: The Need for Transformative Pastoral Training in the Majority World." *Lausanne Movement*. Vol. 8, Issue 5. (2019). Accessed March 11, 2021. <https://www.lausanne.org/content/lga/2019-09/restoring-missional-vision-theological-education>.
- Clay, Doug. "Pastoral Self-Care in a Pandemic," *Influence Magazine & The Healthy Church Network* (2020). Accessed May 3, 2021.
<https://influencemagazine.com/en/Practice/Pastoral-Self-Care-in-a-Pandemic>.
- Dare to Be Different, "Premarital Assessment," (2021). Accessed June 20, 2021.
<https://www.daretobedifferent.com/>.

- Daniels, Christina, *How Many Times Does the Bible Mention Love?* (2020). Accessed March 1, 2021. <https://www.adornedheart.com/how-many-times-does-the-bible-mention-love/#:~:text=In%20the%20Old%20King%20James,love%20is%20mentioned%20538%20times.>
- De Claiss-Walford, Nancy. *The Book of Psalms*. Grand Rapids, MI: Eerdmans Publishing Company, 2014.
- Dodson, Deborah and Dodson, Keith. *Evidence-Based Practice of Cognitive-Behavioral Therapy*, 2nd edition. New York, NY: Guilford Publications, 2016.
- Doehring, Carrie. *The Practice of Pastoral Care: A Post-Modern Approach*. Louisville, KY: Westminster John Knox Press, 2015, Kindle.
- Encyclopedia.com. *Kirkwood, Neville A. 1927-* (2021). Accessed February 14, 2021. <https://www.encyclopedia.com/arts/educational-magazines/kirkwood-neville-1927>.
- Focus on the Family. *Dr. H. Norman Wright* (2021). Accessed February 14, 2021. <https://www.focusonthefamily.com/contributors/h-norman-wright/>.
- Floyd, Scott. *Crisis Counseling: A Guide for Pastors and Professionals*. Grand Rapids, MI: Kregel Publications, 2008, Kindle.
- Gottman, John. "The Four Horsemen: Criticism, Contempt, Defensiveness, and Stonewalling." (2020). Accessed May 15, 2021. [FourHorsemanGOTTMAN.pdf \(keepingitrealcf.org\)](#)
- Gregory, Christine. *The Five Stages of Grief: An Examination of the Kubler-Ross Model* (2020). Accessed March 1, 2021. <https://www.psychom.net/depression.central.grief.html>.
- Harper, David. "Compassion (n).", *Online Etymology Dictionary*. Accessed March 1, 2021, <https://www.etymonline.com/>.
- Hays, Krystal and Payne, Jennifer Shephard. *Lived Experience, Transparency, Help, and Humility: Four Characteristics of Clergy Responding to Mental and Emotional Problems* (2020). Accessed June 13, 2020. <https://pubmed.ncbi.nlm.nih.gov/32181719>.
- Hettema J., Steel J., Miller W.R. "Motivational Interviewing," *Psychology Today*. (2005). Accessed September 13, 2020. <https://www.psychologytoday.com/us/therapy-types/motivational-interviewing>.
- Hofman, Stephan. "The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-analyses." *National Institute of Health* (2012). Accessed September 13, 2020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3584580>.
- Jobes, Karen. *I, 2, and 3 John: Exegetical Commentary on the New Testament*. Grand Rapids, MI: Zondervan, 2014, Kindle.

- Johnson, Brad and Johnson, William. Brad Johnson, and William Johnson. *The Minister's Guide to Psychological Disorders and Treatments, Second Edition*. New York, NY: Routledge, 2014.
- Jones, Judith, "Fifth Sunday of Easter." *The Working Preacher* (2015). Accessed February 28, 2021. <https://www.workingpreacher.org/commentaries/revised-common-lectionary/fifth-sunday-of-easter-2/commentary-on-1-John-47-21-4>.
- Kirkwood, Neville A. *Pastoral Care in Hospitals*. Harrisburg, NY: Church Publishing Inc., 2005, Kindle.
- Loehr, Matt and Pam. *Dare to Be Different* (2021). Accessed June 20, 2021. <https://www.daretobedifferent.com/>.
- Mazzalong, Mike. *Understanding Your Religion: 7 Major Doctrines that Define Christianity*. Choctaw: BibleTalk Books, 2016, Kindle.
- McDonald, Gordon. *Ordering Your Private World*. Nashville, TN: Thomas Nelson Publishers, 2003, Kindle.
- Meyerstein, Israella and Ruskin, Gila. "Spiritual Tools for Enhancing the Pastoral Visit to Hospitalized Patients." *Journal of Religion and Health*, Vol. 46, No. 1 (2007): 109-122. Accessed June 28, 2020. https://www-jstor-org.ezproxy.liberty.edu/stable/27512988?pq-origsite=summon&seq=2#metadata_info_tab_contents.
- Murphy, Stacy Notaras. "Keeping it Brief." *Counseling Today* (2013). Accessed September 11, 2020. <https://ct.counseling.org/2013/07/keeping-it-brief/>.
- National Association of Evangelicals. Accessed August 30, 2020. <https://www.nae.net/churches/>.
- Nusdorfer, Linda. "Virtual visiting: the next best thing to being there." *American Nurse Today, Healthcom Media*. Vol. 8, Issue 4, (2013). Accessed June 28, 2020. https://go-gale-com.ezproxy.liberty.edu/ps/i.do?p=HRCA&u=vic_liberty&id=GALE|A327727725&v=2.1&it=r&sid=summon.
- Oswald, Roy. *Clergy Self-Care: Finding A Balance for Effective Self-Care*. The Alban Institute, Inc., 1991, Kindle.
- Parrott, Les and Parrott, Leslie. *Saving Your Marriage Before It Starts*, Grand Rapids, MI: Zondervan, 2015.
- Patton, John. *Pastoral Care: An Essential Guide*. Nashville, TN: Abingdon Press, 2010, Kindle.
- Patton, Michael. "What is Theology?" Bible.org, (2005). Accessed September 11, 2020. <https://bible.org/article/what-theology>.

Petersen, Bruce L. *Foundations of Pastoral Care*. Kansas City, KS: Beacon Hill Press, 2007, Kindle.

“PrayerMate.” *Discipleship Tech*, (2017). Accessed May 12, 2021.
<https://www.prayermate.net/app>.

“Premarital Assessment.” *Prepare/Enrich*, (2021), Accessed June 20, 2021,
<https://www.prepare-enrich.com/the-assessment/premarital/>.

Rogers, Adrian. “Is the Bible Really the Word of God?” *Christianity.com*, (2006). Accessed September 13, 2020. <https://www.christianity.com/bible/authorship-and-inspiration/what-evidence-is-there-that-the-bible-is-in-fact-gods-word-11542346.html>.

Roze des Ordon, Amanda. “Challenges and Enablers of Spiritual Care for Family Members of Patients in Intensive Care.” *Sage Journals*, Volume 74, Issue 1, (2020). Accessed June 28, 2020. <https://journals.sagepub.com/doi/full/10.1177/1542305019890120>.

Seinkbill, Harold L. *The Care of Souls: Cultivating A Pastor’s Heart*. Bellingham, WA: Lexham Press, 2019.

“Self-Care: How to Practice Self-Care and Avoid Ministry Burnout.” *Church Salary*, (2020). Accessed May 25, 2021. <https://www.churchsalary.com/content/articles/self-care-how-to-prevent-ministry-burnout.html>.

Sklar, Jay. “Making Our MDiv Stronger.” *Covenant Theological Seminary*, (2021). Accessed August 30, 2021. <https://www.covenantseminary.edu/making-our-mdiv-stronger/>.

Slaybaugh, Rayann. “Counseling Training Options for Pastors.” *Church Executive: Helping Leaders Become Better Stewards*, (2018). Accessed August 30, 2020.
<https://churchexecutive.com/archives/church-executive-remote-roundtable-14>.

Smalley, Gary. *Secrets to Lasting Love*. New York, NY: Simon & Schuster, 2001.

Stephenson, James. *Remember More: Your Complete Guide to Remember Names, Increasing Memory Retention, and Focusing Better*. Independently Published, 2019.

Stringer, Ernest. *Action Research*. Los Angeles, CA: Sage Publications, 2014.

“The Johari Window.” *eln: the e-learning network*, (2021). Accessed April 25, 2021.
<https://www.eln.co.uk/blog/the-johari-window>.

“The Role of Clergy in Preventing Suicide.” *SPRC*, (2021). Accessed April 10, 2021.
http://www.mentalhealthministries.net/resources/suicide/clergy_prevent_suicide/Clergy_and_suicide_prevention.

- Thorsen, Donald. *An Exploration of Christian Theology*. Grand Rapids, MI: Baker Academic, 2010, Kindle.
- Towns, Elmer. *The Ultimate Guide to the Names of God*. Bloomington, IN: Bethany House, 2014, Kindle.
- Townsend, Loren. *Introduction to Pastoral Counseling*. Nashville, TN: Abingdon Press, 2009.
- “Using Mnemonics to Improve Your Memory.” *Psychologist World*, (2021). Accessed April 15, 2021. <https://www.psychologistworld.com/memory/mnemonics>.
- Veech, Guthrie. *Christian Ministers Manual Updated and Expanded Deluxe Edition*. Colorado Springs, CO: David C. Cook, 2012.
- "Visiting the sick & the homebound." *Parish Nurse Perspectives*, vol. 9, no. 2, (2010): 4. Accessed June 28, 2020. https://link-gale-com.ezproxy.liberty.edu/apps/doc/A324396949/AONE?u=vic_liberty&sid=AONE&xid=9d2790bb.
- Waite, Linda, and Gallagher, Maggie. *The Case for Marriage*. New York, NY: Random House, 2000.
- Waller, Glenn. *Cognitive Behavioral Therapy for Eating Disorders*. Cambridge, UK: Cambridge University Press, 2013, Kindle.
- Waters, Sonia E. *Addiction and Pastoral Care*. Grand Rapids, MI: William B. Eerdmans Publishing Company, 2019.
- Webb, Keith. *The Coach Model*. Columbia, SC: Active Results LLC, 2017.
- “What is Action Research?” ACSD. Accessed September 6, 2020. <http://www.ascd.org/publications/books/100047/chapters/What-Is-Action-Research%C2%A2.aspx>
- “What is the Eclectic Approach in Psychology?” *Reference**, (2021). Accessed April 30, 2021. <https://www.reference.com/world-view/eclectic-approach-psychology-6cf459d8be06e899>.
- “What is Cognitive Behavioral Therapy?” *American Psychological Association*, (2021). Accessed September 13, 2020. <https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral>.
- “Who We Are.” *Calvary Church*. Accessed August 30, 2020. <https://calvary.church/who-we-are>.

- Wimberly, Kaleb Tiliman. "Developing a Pastoral Training Program at First Baptist Church of Enterprise, Alabama." *The Southern Baptist Theological Seminary*, (2019). Accessed March 1, 2021. <https://repository.sbts.edu/handle/10392/6014>.
- World Population Review. Accessed August 30, 2020. <https://worldpopulationreview.com/us-cities/st-peters-mo-population>.
- Worthington, Everett L. Jr. *Hope-Focused Marriage Counseling. A Guide to Brief Therapy*. Downers Grove, IL: IVP, 1999.
- Wright, H. Norman. *The Complete Guide to Crisis and Trauma Counseling*. Minneapolis, MN: Bethany House Publishers, 2011.
- Wright, H. Norman. *How to Counsel in Six Sessions or Less*. Minneapolis, MN: Bethany House Publishers, 2002.
- Wright, H. Norman. *Recovering from the Loss of a Love*. Torrance, CA: Aspire Press, 2014.

APPENDIX A

Consent Form

You are invited to be in a research study of pastoral care. You were elected as a possible participant because of your ministry leadership role. Please read this form and ask any questions you may have before agreeing to be in the study.

Mark D. Mehlig, a doctoral candidate in the School of Divinity at Liberty University, is conducting this study.

Background Information: The purpose of the study is to equip the Calvary Church leadership staff for effective pastoral care ministry through biblical training in pastoral presence, counseling skills, and officiating at special services. Participation in this survey should take approximately 15 - 20 minutes. Printed copies are also available in the Calvary Church Mid Rivers campus church office at the administrative assistant's desk.

Procedures:

Complete an anonymous survey online, via Survey Monkey. This survey web form will not ask or collect your identity and will not collect your location data either, church name, or any other confidential information.

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

Benefits: No Direct Benefits. Participants should not expect to receive a direct benefit from taking part in this study. Your participation is strictly voluntary.

Compensation: Participants will not be compensated for participating in this study.

Confidentiality: The records of this study will be kept private. In any sort of report that I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. Data will be stored on a password locked computer and may be used in future presentations. After three years, all electronic records will be deleted.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study.

Contacts and Questions: The researcher conducting this study is Mark D. Mehlig. You may ask any questions you have now. If you have questions later, you are encouraged to contact him by calling at 314-780-4678 and/or emailing mmehlig@calvaryonline.cc. If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email at irb@liberty.edu. Please notify the researcher if you would like a copy of this information for your records.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

- Yes
- No

Name _____ Date _____

APPENDIX B

Initial Survey Questionnaire

Demographic Questions (Questions 1 through 3)

- 1) Age Range: ____18-28 ____29-39 ____40-50 ____51-70
- 2) Gender: ____Male ____Female
- 3) Marital Status: ____Married/Separated ____Single/Engaged ____Divorced

Ministry Experience (Questions 4 through 6)

- 4) How many years have you been a Christian? ____1-5 ____6-10 ____15- 20 ____25-30
- 5) How many years have you been in full-time ministry? ____1-5 ____6-10 ____15- 20
- 6) What type of ministry role have you had experience in?
____Intern ____Youth ____Young Adult ____Pastor

Counseling and Crisis Intervention (Questions 7 through 11)

- 7) How often do you receive a request for counseling?
____ Never
____ Seldom
____ Frequent
- 8) What are the three top issues?
- 9) Do you provide counseling or refer to another resource?
- 10) How would you rate your knowledge and experience to handle a counseling crisis?
____ Very limited
____ Somewhat familiar
____ Familiar but need to learn more
____ Confident
- 11) What training would you like to have regarding counseling and crisis intervention?

Marriage and Family (Questions 12 through 16)

- 12) How often do you receive a request to perform a wedding?
____ Never
____ Seldom
____ Frequently

13) Have you ever performed a wedding? ____ Yes ____ No
a. If yes, how many? ____ 1-5 ____ 5-10 ____ More than 10

14) Have you ever provided pre-marital counseling? ____ Yes ____ No
a. If yes, what topics were covered during the counseling?

15) How would you describe your knowledge and ability to provide marriage and family counseling?

- ____ Very limited
- ____ Somewhat experienced
- ____ Experienced but need additional training
- ____ Confident

16) What training would you like to have regarding pre-marital counseling, weddings, and marriage and family issues?

Hospital Visitation (Questions 17 through 20)

17) Have you ever made a hospital visit? ____ Yes ____ No

18) How often do you receive requests to make hospital visits?

- ____ Never
- ____ Seldom
- ____ Frequently

19) How would you describe your comfort level in conducting hospital visits?

- ____ Not comfortable
- ____ Unsure how to handle certain situations
- ____ Confident

20) What training would you like to have regarding hospital visitation?

Grief and Loss (Questions 21 through 23)

21) Have you participated in a funeral service? ____ Yes ____ No

If yes, how many? ____ (1 – 5) ____ (6-10) ____ (more than 10)

If yes, in what capacity? _____

22) How would you rate your knowledge and experience to conduct a funeral service?

- ____ Very limited
- ____ Somewhat familiar
- ____ Familiar but need to learn more
- ____ Confident

23) What training would you like to have regarding grief and loss ministry?

APPENDIX C

Final Training Survey

- 1) What did you learn about pastoral care that you didn't know before the training?**

- 2) How will you apply pastoral care to our ministry role?**

- 3) What topics covered were the most beneficial to you?**

- 4) What additional training in pastoral care would you like to receive?**

- 5) What areas of improvement for further training would you like to recommend?**

APPENDIX D

Pastoral Care Training Assessment

1)How much time did you participate in the training?

2 hours or less ____ 3 to 4 hours ____ 5 to 6 hours ____ 7 to 8 hours ____ 9 to 10 hours ____
11 to 12 hours ____

2)How helpful was the acronym H.E.L.P.S.?

(one being the lowest and ten being the highest). 1 2 3 4 5 6 7 8 9 10

3)How helpful were the resources provided to you in the Pastoral Care Training notebook?

(one being the lowest and ten being the highest). 1 2 3 4 5 6 7 8 9 10

4)How would you rate your knowledge and level of confidence in these areas of pastoral care BEFORE and AFTER the training? (one being the lowest and ten being the highest).

Introduction to Pastoral Care

Caring Ministries at Calvary Church

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Self-Care for Caregivers/boundaries.

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

(H)Home and Hospital Visits: Caring for the Sick

Home and Hospital Visitation

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Case Study in Home/Hospital Visitation

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

(E) Eclectic and Effective Counseling

Johari Window

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Cognitive Behavioral Therapy/CBT

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9

Coaching

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Mental Health Issues

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Suicide and The Role of the Pastor in Preventing Suicide

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

(L) Lessons in Marriage and Family Issues**Premarital Assessments and Counseling Methods**

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Wedding Ceremony/Message

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Communication Issues/Avoiding The Four Horsemen

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

(P) Prayer in Caring Ministry**Prayer/PrayerMate**

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

(S)Support in Grief and Loss**Stages of Grief**

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

Case Study in How to Conduct a Funeral

Before 1 2 3 4 5 6 7 8 9 10

After 1 2 3 4 5 6 7 8 9 10

3) Overall how would you rate the Pastoral Care Training (one being the lowest and ten being the highest)? 1 2 3 4 5 6 7 8 9 10

Please return your survey to Mark Mehlig by August 1. THANK YOU for your participation and feedback.

IRB APPROVAL LETTER



February 15, 2021

Re: IRB Application - IRB-FY20-21-607 Pastoral Care Training: Equipping Pastoral Staff to Effectively Minister to the Local Community

Dear Mark Mehlig and Charity Williams,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study does not classify as human subjects research. This means you may begin your research with the data safeguarding methods mentioned in your IRB application.

Decision: No Human Subjects Research

Explanation: Your study is not considered human subjects research for the following reason:

Your project will consist of quality improvement activities, which are not "designed to develop or contribute to generalizable knowledge" according to 45 CFR 46. 102(l).

Please note that this decision only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued non-human subjects research status. You may report these changes by completing a modification submission through your Cayuse IRB account.

Also, although you are welcome to use our recruitment and consent templates, you are not required to do so. If you choose to use our documents, please replace the word *research* with the word *project* throughout both documents.

If you have any questions about this determination or need assistance in determining whether possible modifications to your protocol would change your application's status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP

Administrative Chair of Institutional Research

Research Ethics Office