

LIBERTY UNIVERSITY BAPTIST THEOLOGICAL SEMINARY

DEVELOPING A CONGREGATIONAL CARE MINISTRY MODEL:
MOUNT OLIVE BAPTIST CHURCH

A Thesis Project Submitted to
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In partial fulfillment of the requirements
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DOCTOR OF MINISTRY

BY
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LIBERTY UNIVERSITY BAPTIST THEOLOGICAL SEMINARY

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ABSTRACT

DEVELOPING A CONGREGATIONAL CARE MINISTRY MODEL: MOUNT OLIVE BAPTIST CHURCH

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The purpose of this thesis is to develop a layperson based Congregational Care Ministry Model to assist the pastor of large congregations. The topic was chosen as a means of addressing the need for the pastor of the Mount Olive Baptist Church to have assistance with meeting the needs of the congregation. As the congregation increases in size, it has become increasingly more difficult for him to visit the sick, counsel, minister to the bereaved, preach, and teach. While there are other ministries that assist in various ways with these tasks, this ministry will enhance the efforts that are already being made by these ministries and provide a formalized plan that assures that every member receives the assistance needed at the time that it is needed. The model will include training selected leadership to serve as caregiver leaders for the congregation. Under the leadership of the Minister of Congregational Care these individuals will be responsible for leading teams of volunteers to minister to the sick and shut in, for hospital visitations, bereavement visits and following up with those who may be recovering from an illness.

DEDICATION

To my husband, Raymond, and the members of Mount Olive Baptist Church who have not only been supportive but very patient throughout this process.

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LIST OF ABBREVIATIONS

D. Min	Doctorate of Ministry
M. Div	Masters of Divinity
NIV	New International Version
NKJV	New King James Version
OSHA	Occupational Safety and Health Administration

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INTRODUCTION

“That we will exercise a Christian care and watchfulness over each other, and faithfully warn, rebuke and admonish one another as the case shall require; and in all things we will seek and guard the honor and the true function of the church... That we will share in each other’s joys, and endeavor with tenderness and sympathy, to bear each other’s burdens and sorrows.”¹ These are words recited every fourth Sunday, just before communion, by the Mount Olive Baptist Church congregation, yet the responsibility to do this has been left up to the pastor and the deacons alone. There is no regard for the covenant with each other or the Great Commandment: Jesus said to him, “You shall love the LORD your God with all your heart, with all your soul, and with all your mind. This is *the* first and great commandment. And *the* second is like it: ‘You shall love your neighbor as yourself.’”²

In the book *Nelson’s Manual for Congregational Care*, Richard Halcombe describes the way that a church should care for its members: “A church that cares reflects the nature of the one who died for us and the one who calls us to do what He did, to care about other people. The Great Commandment tells us to do it and Christ’s life shows us that we should do it...”³ There

1. Excerpt taken from Mount Olive Baptist Church Covenant.

2. Unless otherwise stated, all Scripture quotations will be from the *New King James Version* (Nashville: Thomas Nelson Publishers, 1982). Matthew 22:37-3

3. Kent Spann, and David Wheeler, eds., *Nelson's Church Leader's Manual for Congregational Care*. Nashville: Thomas Nelson, 2010, 280.

is no secret that people want to be loved and cared for; God created man that way. Christians are expected to care for one another and the members of Mount Olive actively commit to this covenant. This model outlines how care for members of Mount Olive Baptist Church accomplished through the ministry of Congregational Care. William Arnold addresses caring for peer-to-peer and congregational members are to be cared for in the book *Introduction to Pastoral Care*, he writes, “A community of faith calls us out of isolation and self-preoccupation into the experience of caring for others and allowing ourselves to be cared for.”⁴

Mount Olive Baptist Church is a more than 140 year old African-American Baptist church located in Glen Allen, Virginia. Located in an upper-middle class neighborhood, the average age of the membership is 38 years with an active membership of about 750 individuals. The church has two worship services on Sunday at 8:00 and 11:00 a.m. with Sunday school in between. The current pastor is forty-six years old and this is the first church he has pastored.

This model will serve as a means of addressing the need for the pastor and deacons to have assistance with meeting the needs of the congregation. This need was moved to a level of urgency when a member of the congregation died and the family requested that the funeral be held at the church. The only problem was that no one remembered this member; she had been sick and shut in for twenty years. Not only was this embarrassing for the church, but the family was extremely disheartened by what they considered a lack of caring on the church’s part. How does a church explain such an error? How do the members claim to be followers of Christ and people who care for each other with the love of Christ?

As the congregation increases in number, it has become increasingly more difficult for the pastor and deacons to visit members who are sick and shut-in, counsel and minister to the bereaved, and provide financial and emotional support to congregation members in need. This

4. William Arnold, V. *Introduction to Pastoral Care*. Philadelphia: John Knox Press, 29

paper will reveal the benefits of training lay people to assist the pastor and deacons with the care of the congregation. While there are other ministries that assist in various ways with these tasks, the Congregational Care Ministry Model will enhance the efforts that are already being made by these Ministries, and provide a formalized plan that assures that every member receives the assistance needed at the time that it is needed.

Statement of Importance and Purpose of Research

Pastors of large congregations do not, logistically, have enough time to give each congregational member personal attention. If a congregation has 750 individuals and the pastor spends only five minutes with each member, this means that for five days the pastor will work 12.5 hours without meals, breaks, or pause to see them all; or a total of 62.5 hours. Adding meals (half hour each, three times a day, seven days a week, without preparation) for 10.5 hours; eight hours of sleep per night for 56 hours; an hour a day for dressing, showering, and shaving for a total of seven hours; four bathroom breaks per day at 15 minutes each for travel to, and washing up for seven hours; four hours to write, research, and edit sermons; three hours to give two identical sermons on Sundays with a minor greet each time; if they live within 15 minutes each way to the church and needs to be there daily for all this work it equals three and a half hours; if the pastor is to have breaks at work in accordance with OSHA standards calling for a fifteen minute break for every four hours of work, preferably in the middle, that is another three and half for this working every day pastor; if the pastor is to be allowed one single hour a day to themselves for relaxation and reflection, that is seven hours; the pastor is given thirty minutes a day to undress, say prayers, and get in bed it is another 3.5 hours per week; all of which leaves exactly one hour left out of the 168 hours in a seven day week. This assumes that the pastor has a

cook, a maid, someone to launder their clothes, someone to run errands, and not a single member of the congregation requiring counseling, more than five minutes of contact, no waiting lines, accidents or incidents. No shepherd could do this for very long without burning out or the congregation feeling neglected.

Attempts have been made by the Deacons Ministry to create a family ministry in which each deacon or deaconess is assigned a member/family as they join the church. The purpose of the assignment is so that the deacon or deaconess can follow the member/family from discipleship through any life experiences for which they may need help. This was designed to be a means of providing each member with a sense of belonging and to help the member/family get connected and have an assigned person to contact with issues or problems. This system has not been effective for various reasons: 1) there are some deacons or deaconesses who are not physically able to provide such care; 2) there is no accountability system to insure that the deacons or deaconesses follow suit on what is expected of them; and 3) some deacons or deaconesses take the responsibility more seriously than others.

This model of ministry, as designed, developed, and implemented at Mount Olive Baptist Church equips laymen to assist the pastor and deacons of a church with the care and outreach to those members in jeopardy of falling into isolation, spiritual trauma, or with the genuine need for assistance. This project mission includes establishing a chain of volunteers who will provide emotional, spiritual and physical help to the needy in the congregation. Activities include the preparation and delivery of food on short-term basis, visitation and prayer with ill or grieving members, provide transportation, etc.

An essential part of this model involves training selected members of the leadership to serve as team leaders of caregivers for the congregation. This will help to remove some of the

overwhelming burden that the pastor and deacons have with trying to keep up with so many members in an effective manner. Under the leadership of the Minister of Congregational Care, these individuals will be responsible for contacting each person on the sick and shut-in list each month, either by phone, face-to-face visit, or by sending cards. The team will also be responsible for hospital visitations, bereavement visits, and following-up with those who may be recovering from an illness or caring for a loved one who is recovering from an illness. The team will also monitor the congregation and collaborate with ministry leaders to watch for someone who may not have been to church in a while. Each ministry leader is asked to keep watch over their members, note when someone is out, and contact the Congregational Care Ministry so that contact can be made.

This model provides the deacons or deaconesses with additional support but in no way decreases their traditional duties. The purpose of the group is to provide support to the pastor and deacons or deaconesses in line with the scriptures which call Christians to care for one another as the body of Christ. The current system of caring for the congregation is the Family Care Ministry where each deacon is assigned a family as the family joins the church. The deacons serve as the lead, but have deaconesses assigned with them for support in order to allow any member of the congregation who would rather work with a female that option. This process has not worked well; there is no accountability and numerous deacons are unable to perform what is required to care for the families that have been assigned to them.

The goal of the model is to provide a system and method that can reach the forgotten members of the congregation, teach congregation members to care for one another to provide more effective care, and create accountability. This congregational care ministry model will provide an opportunity for congregation members to form closer bonds, facilitate

communication, and ensure one-on-one care. Why teach congregation members to care for each other? When there is no connection, there is no commitment of care. The church covenant requires that members have such a care for one another.

The selected members of the church leadership will be trained in active listening skills, phases and processes of grief, methods to assist others through the grief process, and visiting the sick. In addition, encouragement and support will continue to be provided for the congregation through the HOPE Biblical Encouragement ministry which is designed to help congregation members through the struggles of life by providing guidance using the Word of God.⁵

Statement of Limitations

This project is focused on developing a lay-based congregational care ministry model at the Mount Olive Baptist Church. The paper will not focus on the spiritual gift in the ministry of congregational care.

Theoretical Basis for Project

The foundation for providing relief for religious leaders is from Exodus 18.⁶ This account provides an example of the leader appointed by God being overwhelmed with his leadership

5. The Hope Biblical Encouragement Ministry is a ministry that was founded by two ministers in 2000. The ministry is designed to encourage persons who are experiencing problems by helping them to find solutions in the Word of God.

6. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982); Exodus 18:18-23

responsibilities and sanctions the use of others to provide assistance with the tasks at hand. In these verses, Moses' father-in-law tells Moses that he cannot do the task alone; "For this thing is too much for you; you are not able to perform it by yourself."⁷ Later, He instructs Moses to teach others and show them the work they must do; "And you shall teach them the statutes and the laws, and show them the way in which they must walk and the work they must do."⁸

Continuing, Moses' father-in-law instructs him on the qualifications for those he selects and how to set them over smaller groups: "Moreover you shall select from all the people able men, such as fear God, men of truth, hating covetousness; and place such over them to be rulers of thousands, rulers of hundreds, rulers of fifties, and rulers of tens."⁹ The reasons that Moses' father-in-law cites for these instructions are simple: "So it will be easier for you, for they will bear the burden with you. If you do this thing, and God so commands you, then you will be able to endure, and all this people will also go to their place in peace."¹⁰

Pastors also need help with caring for the congregation. While deacons and associate ministers are available to help, the model of brother helping brother cannot be overlooked. The body of Christ was designed so that the parts work together. This same concept of sharing the responsibility with the people is found again in Numbers 11:14-17:

I am not able to bear all these people alone, because the burden *is* too heavy for me. If You treat me like this, please kill me here and now—if I have found favor in Your sight—and do not let me see my wretchedness!' So the LORD said to Moses: 'Gather to Me seventy men of the elders of Israel, whom you know to be the elders of the people and officers over them; bring them to the tabernacle of meeting, that they may stand there with you. Then I will come down and talk with you there. I will take of the Spirit that *is*

7. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982); Exodus 18:18-23

8. *Ibid*, Exodus 18:20

9. *Ibid*, Exodus 18:21

10. *Ibid*, Exodus 18:23

upon you and will put *the same* upon them; and they shall bear the burden of the people with you, that you may not bear *it* yourself alone.¹¹

God put his spirit in others so that they could assist Moses. God has done the same with the laity of the church.

Similar teachings can be found in the New Testament, such as in Ephesians 4:11-12.¹² Here it is explained how the leaders of the church should equip the saints for the work of the ministry. Saints were blessed individuals; blessed individuals can be found in the members of the congregation. These blessed individual can be called upon as leaders which can be trained to serve on the various care ministries. It is the responsibility of each chairperson to recruit, interview, and approve these individuals who will serve on their team. The chairperson will also need to be sure that the individual has a servant spirit as those who do not have a servant's heart may not be suitable.

The New Testament scriptures used for the biblical foundation for this project are John 13:34-35, as well as I Corinthians 12:12-26 of the New King James Bible.¹³ John 13 verses 34 and 35 address the love that Christians should have for one another. Jesus does not just tell us to love one another but commands it: A new commandment I give to you, that you love one another; as I have loved you, that you also love one another. By this all will know that you are My disciples, if you have love for one another.¹⁴ The type of love that Jesus describes here is a love for one another that should exist among disciples. I Corinthians 12: 12-26 describes

11. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982); Numbers 11:14-17

12. *Ibid*, Ephesians 4:11-12.

13. *Ibid*, I Corinthians 12:12-26

14. *Ibid*, John 13:34-35.

believers as one body with many members who should have the same care for one another.¹⁵

The many members that make up the body have various gifts that work together to edify the body and glorify God. This is what congregational care is all about.

Statement of Methodology

The first chapter of this thesis discusses the biblical perspective of layperson to layperson care. As this is a ministry model, this is essential to the foundation of this thesis. Biblical scriptures and other literature will be referenced to demonstrate the need and allowance for such care. This chapter provides a discussion of the purposes of the Ministry Project by examining the following factors: hypothesis, research design, measurement, and instrumentation. The analysis of these items should provide clear understanding of the perspectives, procedures, and processes of the project.

In the second chapter the use of laypersons in this role is discussed. A case is made for the practicality and desire for laypersons to assist the pastor in care for the congregation. Literature and biblical referencing support the case. Ordained clergy versus a traditional layperson leader is discussed.

The third chapter discusses the research methodology, research design, data results and ministerial model. Research for the project will consist of reading books, magazines, and journals, as well as independently conducted research. All research will relate to the proposed topic.

15. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982); I Corinthians 12:12-26

An aspect of research is the development of a questionnaire that is distributed to the members of the Mount Olive Baptist Church congregation. The questionnaire will focus on the needs of the congregation and the specific ministry programs offered by church. The results from the questionnaires will be included within the thesis. Another aspect of research will be data analysis based on the raw data gathered in the conducted survey. The data collected from research, surveys, and questionnaires will be analyzed and charted to assist in the development of a layperson based congregational care ministry model and for the ease of interpretation.

The fourth chapter discusses the implementation of the model into a church or congregation.

In order to show the great need and advantage of a congregational care ministry, this project will first attempt to provide a definition of congregational care formulated by the church leaders who were selected to serve on a special Congregational Care Council as a part of this project. For the purposes of this project, congregational care is synonymous with pastoral and spiritual care.

Major Assumptions

The implementation of a layperson ministry model is more effective to meet the needs of the congregation. There is a need and desire for a layperson based congregational care ministry model among clergy and chaplains; as such it will be welcomed model within a congregation.

Evidence gathered will show:

1. The needs of congregation can be met in more timely manner if the pastor has more assistant to meet the needs;

2. Members of the congregation have more time spent on each person, according to needs as there will be a greater number of people to assist;
3. All congregation members will, in the long term, embrace the layperson ministry model.

Review of Related Literature

There are many research studies that focus on congregational care, leadership, and delegation of authority. The review of Scriptures will also be included in the review of literature.

Academic Literature Review

Nelson's Church Leader's Manual for Congregational Care edited by Kent Spann and David Wheeler.¹⁶ This book solidifies the concept that lay persons can be trained to walk alongside the pastor to aid in the care of God's people. The purpose of the ministry if congregational care is outlined and guidance is provided in each chapter that can be used by a layperson as a resource for caring for people. This book does not address the benefits of congregation members ministering to each other.

A Theology of the Laity by Hendrik Kraemer.¹⁷ This book makes an attempt to give laity and the lay-movement a lasting and serious theological foundation. It outlines a well thought

16. Kent Spann and David Wheeler, eds. *Nelson's Church Leader's Manual for Congregational Care* Nashville: Thomas Nelson, 2010.

17. Hendrik Kramer. *A Theology of the Laity*. London: Lutterworth Press, 1958.

out theology of the laity on a biblical basis. The book does not discuss specifically using laypersons for congregational care ministry.

Can the Pastor Do It Alone? A Model for Preparing Lay People of Lay Pastoring by Melvin J. Steinbron.¹⁸ This book serves as a great “how to” manual that can be used by ordained ministers to equip and encourage the laity. The book explains why it is vital to the health of the church to enable the laity to serve as pastors and how this can be a powerful force in the spiritual growth of those who are equipped for ministry. This book does not give the theology and methodology to prepare the people to start and sustain the ministry.

The Lay Driven Church: How to Empower the People in Your Church to Share the Tasks of Ministry by Melvin J. Steinbron.¹⁹ This book highlights the effectiveness of Lay Pastors Ministry. The book provides the structure and method to prepare the congregation for Lay Pastors Ministry. The book is a great reference guide to assist with preparing the congregation for lay pastoral care..

The Caring Church: A Guide for Lay Pastoral Care by Howard W. Stone.²⁰ The book validates the project stance that when equipped, lay people can be effectively trained and used to serve as pastoral care agents, sharing the responsibility with clergy. Stone provides a sound theological justification for using lay persons to assist with pastoral care.

18. Melvin J. Steinbron. *Can the Pastor Do It Alone? A Model for Preparing Lay People of Lay Pastoring*. Ventura: Regal Books, 1987.

19. Melvin J. Steinbron, *The Lay Driven Church: How to Empower the People in Your Church to Share the Tasks of Ministry* Ventura: Regal, 1997.

20. Howard W. Stone, *The Caring Church: A Guide for Lay Pastoral Care*. Minneapolis:Fortress Press, 1991.

Everyone A Minister: A Guide to Churhmanship for Laity and Clergy by Oscar E. Feucht.²¹

This book brings to question the relevancy of today's church; sighting how the church has seemed to lose its sense of mission, using all of its members to all of its community. The book examines the biblical role of the Christian layman which supports the premise of this project.

A Pastor In Every Pew: Equipping Laity For Pastoral Care by Leroy Howe.²² This book is a great resource for the Christian who wants to serve others in the name of Jesus Christ. The book highlights how ministering to others in the name of Christ can become a source of spiritual renewal for every Christian. The book supports the theory of this project that Christians are to care for others.

Let My People Go: Empowering Laity for Ministry by Alvin J Lindgren, and Norman Shawchuck.²³ This book focuses on outlining how a stronger laity is an asset to the church and its leadership. The book is an effective tool for training and providing the laity with the necessary tools to broaden the church's horizons.

Renewing Pastoral Practice: Trinitrian Perspectives on Pastoral Care and Counseling by Neil Pembroke.²⁴ This book discusses the relationship between the doctrine of the Holy Trinity and pastoral care and counseling. It addresses the principle of closeness without overcrowding and how it is applied in different pastoral contexts including community life.

21. Oscar E. Feucht, *Everyone A Minister: A Guide to Churhmanship for Laity and Clergy*. St Louis: Concordia Publishing House, 1974.

22. Leroy Howe, *A Pastor In Every Pew: Equipping Laity For Pastoral Care*. Valley Forge: Judson Press, 2000.

23. Alvin J. Lindgren, and Norman Shawchuck, *Let My People Go: Empowering Laity for Ministry*. Nashville: Abingdon, 1980.

24. Neil Pembroke, *Renewing Pastoral Practice: Trinitrian Perspectives on Pastoral Care and Counseling*. Aldershot, England, Burlington VT: Ashgate 2006.

Christian Caregiving: A Way of Life by Kenneth Haugh.²⁵ This book discusses the need for Christians to care for each other. It challenges and equips Christians to care for each other in a distinctly Christian way. This book validates the expectation that Christian Care for one another. This book does not address how to form groups of volunteers to care for congregation members.

The Sacred Art of Listening: Forty Reflections for Cultivating a Spiritual Practice by Kay Lindane.²⁶ This book focuses on the art of listening which includes being silent and listening with compassion. The author identifies ways in which listening can provide avenues into other areas such as connecting and understanding and new possibilities.

Becoming a Healthy Church by Stephen Macchia.²⁷ This book validates the project stance that the focus of the church should be on how it is the body of Christ and how ministry is accomplished through relationships of members.

Partners in Ministry: Laity and Pastors Working Together by James Garlow.²⁸ This book validates the project stance that the responsibility of caring for the congregation is not just the responsibility of the pastor, but the responsibility of all of the members of the church.

The Practice of Pastoral Care by Carrie Dohering.²⁹ This book addresses the role that listening and connecting with others plays when it comes to the role of Pastoral Care. This differs from the model presented in this thesis which focuses on pastoral care only from the Christian perspective, Dohering's model for pastoral care includes three approaches to knowledge:

25. Kenneth C. Haugk, *Christian Caregiving: A Way of Life*. Minneapolis: Augsburg Fortress, 1984

26. Kay Lindane, *The Sacred Art of Listening: Forty Reflections for Cultivating a Spiritual Practice*. Woodstock: Sky Light Paths Publishing, 2004.

27. Stephen A. Macchia, *Becoming a Healthy Church*. Grand Rapids: Baker Books, 1999.

28. James Garlow, *Partners in Ministry: Laity and Pastors Working Together*. Kansas City: Beacon Hill, 1980.

29. Carrie Dohering, *The Practice of Pastoral Care*. Louisville: Westminster John Knox Press, 2006.

premodern, modern and postmodern which allows the care giver to use knowledge not only of God but also social sciences and knowledge gained from the medical field.

The Connecting Church by Randy Frazee.³⁰ This book discusses the reestablishment of community within the church identifying the need for the congregation to connect outside of small groups by actually sharing in one another's lives. One section of the book actually focuses on how Christians should be interdependent on one another.

Biblical References

"...Good reputation, full of the Holy Spirit and wisdom" were selected to assist the apostles so they could give themselves "continually to prayer and to the ministry of the word".³¹ This passage demonstrates that when there is more need than people available to provide care the remedy is to divide good men to assist the work of God. This passage supports the basis of the model within the thesis.

"But you are a chosen generation, a royal priesthood, a holy nation, His own special people, that you may proclaim the praises of Him who called you out of darkness into His marvelous light; who once were not a people but we are now the people of God, who had not obtained mercy now have obtained mercy".³² This passage discusses having Christians make known the wonderful deeds of God and reveal God's mercy and power through Christ-like conduct. This passage supports the need of the congregation to take care of each other within the thesis.

30. Randy Frazee, *The Connecting Church*. Grand Rapids: Zondervan, 2001.

31. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), Acts 6: 1-7

32. *Ibid*, I Peter 2: 9-10

In Acts 6:1-7 seven men of “good reputation, full of the Holy Spirit and wisdom” were selected to assist the apostles so they could give themselves “continually to prayer and to the ministry of the word.”³³ What took place in this text was that there were more needs than the people available to provide care. The remedy was to divide good men to assist the apostles. Failure to implement such a change could have hampered the work of God. Likewise, the pastor needs assistance with caring for the congregation.

“But you are a chosen generation, a royal priesthood, a holy nation, His own special people, that you may proclaim the praises of Him who called you out of darkness into His marvelous light; who once were not a people but we are now the people of God, who had not obtained mercy now have obtained mercy”.³⁴ As God’s chosen people, Christians make known the wonderful deeds of God in the world and reveal God’s mercy and power through Christ-like conduct.

Scripture does not specify that the pastor or priest should be the one to comfort but specifically makes reference to others in the Body of Christ. In 2 Corinthians 1:4-5, it is described how the people of God should comfort those who are in trouble just as they have been comforted by God.³⁵ People are to provide comfort for others just as God has done for us. The Congregational Care Ministry Model at Mount Olive Baptist church will have a branch that pays special attention to the comfort of others through the HOPE Biblical Encouragement Ministry and bereavement ministry.

33. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), Acts 6: 1-7

34. *Ibid*, 1 Peter 2:9-10.

35. *Ibid*, 2 Corinthians 1:4-5.

In John 21:15-17, Jesus tells Peter to “feed His sheep” and “tend His flock”. This mandate is proof positive that Jesus wants his flock cared for.³⁶

The importance of the use of the spiritual gifts is outlined in Romans 112:4-8.³⁷ “For as we have many members in one body, but all the members do not have the same function, so we, being many, are one body in Christ, and individually members of one another. Having then gifts differing according to the grace that is given to us, let us use them: if prophecy, let us prophesy in proportion to our faith; or ministry, let us use it in our ministering; he who teaches, in teaching;⁸ he who exhorts, in exhortation; he who gives, with liberality; he who leads, with diligence; he who shows mercy, with cheerfulness.” All of the gifts are needed to make the body operate at full capacity. No one person has all of the gifts needed to operate the Body, hence many must work together to accomplish the goals.

Christians are followers of Christ and, as such, seek to take on the image and likeness of Christ. There are numerous scriptures that make reference to God’s caring nature. In Psalm 146 the writer praises the nature of God.³⁸ The description of God providing justice for the oppressed, food for the hungry, freedom for the prisoners, raising those who are bowed down, watching over the strangers, relieving the fatherless, and widows provides an example of what God would have Christians to do as they try to walk in His image. Congregational care includes exemplifying this part of God’s nature.

In Matthew 25:35-36, Jesus tells of the need to feed the hungry and the thirsty, visit the sick, cloth the naked, and visit those who are in prison.³⁹ This is how He wants Christians to

36. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), John 21:15-17

37. *Ibid*, Romans 112:4-8.

38. *Ibid*, Psalm 146.

39. *Ibid*, Matthew 25:35-36.

care for one another, not just in the congregation but to strangers as well. The Congregational Care Ministry Model will have arms that reach to those outside of the Mount Olive Baptist Church congregation, as well. Already the HOPE Ministry, a current ministry that will be added into the new Congregational Care Ministry Model, ministers to non-members. This type of caring comes out of the Christian's own gratitude for how Jesus cares for them.

One of the ways God is described in the bible is as a shepherd. An examination of a few of these passages provides a clear understanding of the concept of shepherding. The most familiar text is Psalm 23:1-4, which provides a look at God that is almost breathtaking.⁴⁰ It puts the God of Israel, the creator of all heaven and earth, the King of Kings and Lord of Lords, into an ordinary light. Does God really desire to relate to man as one tending to sheep? Is this the type of care He desires Christians to have for one another?

The LORD is my shepherd; I shall not want. He makes me to lie down in green pastures; He leads me beside the still waters. He restores my soul; He leads me in the paths of righteousness; For His name's sake. Yea, though I walk through the valley of the shadow of death, I will fear no evil; For You are with me; Your rod and Your staff, they comfort me.

Jesus is called the "Great Shepherd" in Hebrews 13:20.⁴¹ Sheep would not be able to find these places on their own because they are so easily distracted; they need the shepherds to protect them from predators and the elements. While the action of shepherding can be used to describe how Christians care for one another, the term can never be used in a literal sense. What caregivers do is only like shepherding in the sense that they are to serve those who are in need and ensure that those cared for are spiritually nourished by comforting, nourishing, guiding, and loving others when they are in need. While the major job of shepherding is given to the pastor,

40. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), Psalm 23:1-4

41. *Ibid*, Hebrews 13:20.

all Christian caring should convey the message of love, grace and reconciliation which can only be found in Jesus Christ. The congregational care ministry at Mount Olive Baptist Church will serve the congregation in a shepherding manner.

Christians should care for one another and that when others see how believers care for each other, they should be drawn to Christ. In John 13:35 He describes how others should recognize Christians as His disciples by the love they have for one another.⁴² While this is true, he also wants Christians to care for those outside of the family as well. Through the HOPE Ministry, the bereavement ministry, and the intercessory prayer ministry, all sections of the layperson based Congregational Care Ministry Model; those outside of Mount Olive Baptist Church will receive care.

Jesus tells the parable of the Good Samaritan in Luke 10: 25-37, which provides an example of one having mercy on and care for someone who is a stranger.⁴³ The stranger gives sacrificially to make sure that the man is cared for even after he leaves the area. "On the next day, when he departed, he took out two denarii, gave them to the innkeeper, and said to him, 'Take care of him; and whatever more you spend, when I come again, I will repay you'.⁴⁴ This is the type of care God expects Christians to have for others.

Paul gives some valuable information on caring for one another. One of the most important tasks for those providing care is the ability to instill hope and vision and impart faith. Paul had a unique ability to encourage others through his writings. When utilized in the right context, these Scriptures can be used to encourage one another. In Romans 8: 38-39, Paul writes,

42. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), John 13:35

43. *Ibid*, Luke 10: 25-37.

44. *Ibid*, Luke 10:35.

“For I am persuaded that neither death nor life, nor angels nor principalities nor powers, nor things present nor things to come, nor height nor depth, nor any other created thing, shall be able to separate us from the love of God which is in Christ Jesus our Lord.”⁴⁵ What an encouraging statement. Most of the individuals that the team will care for through the ministry of congregational care are those who are going through some type of life crisis. Paul’s assurance that nothing can separate us from God’s love provides believers with hope.

It is the task of the congregational care team to instill hope in those who are discouraged. In Philippians 1:6, Paul expresses confidence that he who has begun a good work will see the saints complete it.⁴⁶ Here there is hope that better days will come.

In Philippians 3:12-16, Paul encourages us to follow his lead and press toward the mark.⁴⁷ He even goes on to tell us what we should meditate.⁴⁸

Christians are also encouraged by the words of Jesus in John 14:27 where He assures believers that He leaves His peace with them through the Holy Spirit. The HOPE Biblical Encouragement Ministry helps others through difficult life situations by encouraging them with the Word of God.

Part of the responsibility of caring for one another includes praying for each other. In most of Paul’s letters, he does not miss an opportunity to express that he is praying for the saints. In Ephesians 1:15-23 and 3:14-21, and in Colossians 1:9-14, the people find prayers recorded by

45. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), Romans 8:38-39

46. *Ibid*, Philippians 1:6.

47. *Ibid*, Philippians 3:12-16.

48. *Ibid*, Philippians 4:8-9.

Paul where he prays for wisdom, knowledge, and understanding.^{49, 50} He prays for God to bless the saints and for the spirit of Christ to dwell richly in the Saints. Jesus sets the example by praying for the disciples in John 17:6-19 and for all believers in verses 20-26.⁵¹ Jesus intercedes, praying that God protect the disciples and that none would be lost. He prayed that God would protect them from the evil one and that God would sanctify them. Jesus prayed that all believers would be in complete unity and for the love that God has for him would be in the believers.

49. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), Ephesian 1:15-23 and 3:14-21

50. *Ibid*, Colossians 1:9-14.

51. *Ibid* John 17:6-19 and 17:20-26.

CHAPTER 1

BIBLICAL PERSPECTIVES

In this chapter will establish the Biblical foundation for a layperson based congregational care ministry model. The following questions will be addressed: What Biblical evidence exists for this type of ministry? What Biblical evidence exists that supports laypersons being effective in this type of ministry? Pastoral care by the laity is not only biblical, but extremely effective if organized in a comprehensive manner. Samuel Southard contends that “many persons can do most of what we pastors do...The task of pastors is to equip these persons for ministry and support them through administration and example”.¹ It is the goal of this project to provide an avenue through which laypersons can provide the constant care needed for congregation members while the pastor and deacons focus on the more difficult issues, pastoral intensive issues, and spiritual trauma care.

God’s design has been clear since the beginning: it is His plan that man will live in relationship with himself and others. The church congregation is the perfect example of God’s design. The congregation worships together on Sunday mornings putting them in the position of being in one accord. This relationship extends past worship as the congregation faithfully cares for each other by encouraging and admonishing or rebuking one another as the case shall require.

1. Samuel Southard, *Comprehensive Pastoral Care*, Valley Forge, PA: Judson Press, 1975, 7.

This type of model can be found in the book of Exodus 18.² Much like pastors today, Moses was spending the majority of his time resolving disputes and discerning the problems of the people. This task became more than overwhelming and Moses was forced to train adequate help to provide him with assistance. The people would still bring the major issues to Moses but they “judged every small case themselves”.³ This freed Moses up to do what he was called to do as a leader. Charles Verstraten describes being caught in this scriptural parallel when his church became too much for him as the size of his flock had grown from 175 people to 600 in seven years, and he felt frustrated, overextended and ready to resign.⁴

The pastor was never intended to act as the lone ranger. Melvin J. Steinbron addresses this question if a pastor do it alone; it is his contention that the answer “no”.⁵ Greg Ogden agrees with this answer, claiming that ministry work is the “work of the whole people”.⁶

The New Testament also provides evidence that the help of laypersons can help to free up the leadership to focus on the more serious matters of care. In Acts 6, the needs of the people became a bit much for the leaders to handle.⁷ Using wisdom from the Holy Spirit, the apostles tell the people to select from amongst themselves, “seven men of honest reputation, full of the

2. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982)

3. *Ibid*, Exodus 18:26.

4. Charles Verstraten, *How to Start Lay Shepherding Ministries*. Grand Rapids: Baker Book House, 1983.

5. Melvin Steinbron, *The Lay Driven Church: How to Empower the People in Your Church to Share the Tasks of Ministry*. Ventura: Regal, 1997.

6. Greg Ogden, "Breaking Free: From Caregiver To Equipper." *Assemblies of God USA Enrichment Journal*, Winter 2006.

7. *Ibid*, Acts 6.

Holy Ghost and wisdom, whom we may appoint over this business; but we will give ourselves continually to prayer and to the ministry of the word”.⁸

8. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), Acts 6:3

CHAPTER 2

USING LAY PERSONS FOR CONGREGATIONAL CARE

Can pastoral care be done by a lay person or is this ministry only for ordained clergy? The subject of laity helping the pastor has been around for quite some time. Some people refer to it as, lay pastoring, spiritual care, or lay shepherding. Regardless of the title it is given, Christians helping Christians is not a new idea. In 1958, Hendrik Kraemer wrote in his book, *A Theology of the Laity*, there seemed to be an ecumenical understanding of the Ministry of the Church only in terms of the clergy or the body of ordained Ministers.¹ He indicates that his book is a “modest attempt and contribution towards a real theology of the laity.” Hendrik traces the issue of laity from the fourth century through the mediaeval period to the mid nineteen hundreds. Through extensive research, Hendrik concludes that in today’s time, a theology of the laity has to include a certain degree of the theology for the laity. This laity would not only include the already active spiritually awakened members but everybody in all the categories which the membership can be distributed.

As Mount Olive Baptist Church grows, it is impossible for the pastor to be available to do everything all the time. In his book, *Can the Pastor do it Alone?* Melvin J. Steinbron describes

1. Hendrik Kraemer, *A Theology of the Laity*, London: Lutterworth Press, 1958, 10.

how relieved he was once the congregational care ministry at his church was fully operational. He writes, “I no longer have to bear the burden of ministry alone, nor wrestle with the problems myself. Now there are many people equally committed and “called” people to share the headaches and joys of the church members.”² Steinbron recognized the fact that handling all of the care was too much. He recognized the benefit that the congregation could provide with helping one another.

In his book, *A Pastor in Every Pew*, Leroy Howe writes, “In today’s church and world, it lacks credibility to maintain that only a pastor, priest, elder, deacon, or rabbi can provide care that is genuinely pastoral. Laypeople are effective caregivers in their own right, particularly when clergy make the effort to equip them for such service”.³ It is the absolute conviction of this writer that the best way to relieve some of the burden from the pastor is to develop a structured system for the congregation to care for one another.

Steinborn has another book that goes even deeper into the theory of empowering the people in the church to share in the tasks of ministry. *The Lay Driven Church: How to Empower the People in Your Church to Share the Tasks of Ministry* reveals Steinborn’s thoughts on pastoral care: “Pastoral care is traditionally clergy turf. Now, however, this very important ministry is being given to the people”.⁴ Steinbron admits that his model is for a Lay Pastors Ministry, but believes the fundamental principles of his model undergird lay ministries of all

2. Melvin J. Steinbron, *Can the Pastor Do It Alone? A Model for Preparing Lay People for Lay Pastoring*. Ventura: Regal Books, 1987), 22.

3. Leroy Howe, *A Pastor In Every Pew: Equipping Laity For Pastoral Care* (Valley Forge: Judson Press, 2000), 20-21.

4. Melvin J. Steinbron, *The Lay Driven Church: How to Empower the People in Your Church to Share the Tasks of Ministry* (Ventura: Regal, 1997), 14 .

kinds. Steinbron further supports the author of this document by pointing out that pastoral care is more than “spiritual leadership, preaching, marrying, burying, counseling and crisis visitation”.⁵ He is a firm believer that the vocational pastor should not try to do all of the pastoring by his self. Once again, this supports the theory that a Congregational Care Ministry is absolutely necessary.

Some may be concerned that the laity is not equipped to serve the congregation as well as the pastor. Some may even believe that a seminary degree or other schooling is necessary before a person can minister to God’s people. In the book *The Caring Church*, Howard Stone writes, that along with the specialization in pastoral counseling, “has come a growing belief among lay and clergy alike that pastoral care can be performed only by ordained ministers”.⁶ Stone suggests that congregations readopt the traditional, historical tasks of pastoral care—healing, sustaining, guiding, and accept our responsibility to care for others as God has loved us, and then the lay person is not only able, but commissioned to participate.

The theory of laymen not having to be seminary trained is also supported by Oscar Feucht, the author of *Everyone a Minister*. He writes about the way people view the layman and the clergyman. He points out that “Christian service is as sacred when performed by a layman as when performed by a seminary graduate or a properly called pastor of a parish”.⁷

5. Melvin J. Steinbron, *The Lay Driven Church: How to Empower the People in Your Church to Share the Tasks of Ministry* (Ventura: Regal, 1997), 26.

6. Howard W. Stone, *The Caring Church: A Guide to Lay Pastoral Care* (Minneapolis: Fortress Press, 1991), 15.

7. Oscar E. Feucht, *Everyone A Minister: A Guide to Churhmanship for Laity and Clergy* (St Louis: Concordia Publishing House, 1974), 54.

An undertaking of a project of this nature can bring into question the attitudes of the congregation regarding who will serve them. It is not uncommon, especially in black Baptist churches, for the members of the congregation to feel that the only person who can help them with any of their problems is the pastor. Part of this attitude may stem from the fact that many years ago the African American Pastor was one of the few educated members in the community. In addition, there can also be an attitude among some that the pastor should provide all care because that is what he is “paid” to do. Stone addresses this attitude and identifies it as one of the things that can hinder lay pastoral care. He writes, “The minister is paid to do ministry. Pastoral care is a chief part of that ministry; therefore, why ask lay people to do it”?⁸

The connection between laity and clergy is received by the Mount Olive Baptist Church congregation based on the way it is presented by the leadership of the church. For Mount Olive Baptist Church, a question on the congregational care survey did address preference; however, the leadership of the church had already determined that caring for the congregation is everybody’s business and for years the pastor has taught on Christian care.

The idea of using laity to assist the pastor with ministry duties is also addressed in the book *Let My People Go: Empowering Laity for Ministry*: “The writers firmly believe that the future of the Christian church will be shaped by how clergy and lay members regard one another and collaborate in the church’s ministry. The clergy cannot do the work of the church, nor can

8. Howard W. Stone, *The Caring Church: A Guide to Lay Pastoral Care*. (Minneapolis: Fortress Press, 1991), 16.

they be the church. Neither can the work of the church be done by the clergy utilizing a handful of faithful lay persons as extensions of their ministry.”⁹

This supports the belief that ministry should be shared by the congregation. The congregational care ministry at Mount Olive will be one of shared ministry amongst members of the congregation. Greg Ogden writes about the giftedness of the body in his book *Unfinished Business: Returning the Ministry of God to the People of God*. He writes’ “Ministry is not to be equated with what professional leaders do; ministry has been given to all God’s people”.¹⁰

9. Alvin J. Lindgren, and Norman Shawchuck, *Let My People Go: Empowering Laity for* (Nashville: Abingdon, 1980), 10.

10. Greg Ogden, *Unfinished Business: Returning the Ministry to the People of God* (Grand Rapids: Zondervan, 2003), 33.

CHAPTER 3

RESEARCH AND PRESENTATION

This chapter focuses on the active research for this ministry model and a presentation of the findings.

Purpose of this Ministry Project

As already presented, clergy need assistance with large congregations and laypersons are ready source of assistance. There is a need for program at local churches to train and educate laypersons to meet the needs of the congregation while working with the pastor to ensure the group has a single purpose, guide, and set of rules or procedures. In his book *Called to Equip: A Training Resource Manual for Pastors*, Palmer Becker using care groups as a means of caring for the congregation. He discusses a process for selecting and training leaders. He writes, “Leadership is essential. Without adequate leadership, a care group is doomed. With quality leadership Care Group members can have a profitable experience and their needs can be met by persons competent for the task.”¹

1. Palmer Becker, *Called to Equip : A Training and Resource Manual for Pastors*. (Scottdale: Herald Press), 47.

The Congregational Care Ministry Model is a layperson based outreach from the pastor to the congregation to meet the needs of pastoral and spiritual care. The ministry is comprised of a combination of seven layperson teams lead by deacons or deaconesses under the coordination of a minister. This minister works directly with the pastor, the chairpersons, and the team members to ensure education, communication, and appropriate care takes place. The minister, named the Minister of Congregational Care, also insures that all people seeking assistance is given qualified assistance in accordance with the pastor's vision of care, is followed-up on, and the care given is recorded for reference, lessons learned, and future care needs of the individual.

To ensure the layperson ministry model design connects with the congregational members and fulfills their needs, preliminary research was conducted to gathering information.

Research Design

The research model was designed to answer and provide an understanding of the congregation's needs and acceptance of a layperson model of ministry. It also provides ways on how to effectively gather information on who is currently in need of care. Research will be conducted in two parts: quantitative statistical data and interactive education followed by observation of participants.

A survey will be administered to volunteers from the Mount Olive Baptist Church congregation via paper (hardcopy). The participants were advised that their responses would impact the layperson based Congregational Care Ministry Model that will be implemented at Mount Olive Baptist Church. The purpose of collecting this statistical data is to identify the needs of the congregational from a layperson ministry model.

Survey Responses

All participants were congregational members of the Mount Olive Baptist Church who volunteered to complete the survey. There were 53 participants in all, which is approximately 18% of the entire congregation used for the sampling size. For each of the first nine questions the participants were asked to use the following answering key: Strongly Agree, Agree, Uncertain, Disagree, or Strongly Disagree.

For questions ten through twelve the participants were asked to circle an appropriate answer or fill in a blank. The complete questionnaire and results can be found in Appendix 2.

Survey results are:

1. I would be fine with someone other than the pastor visiting me in the hospital. Ex. Deacon, a leader in the church, Associate Minister:

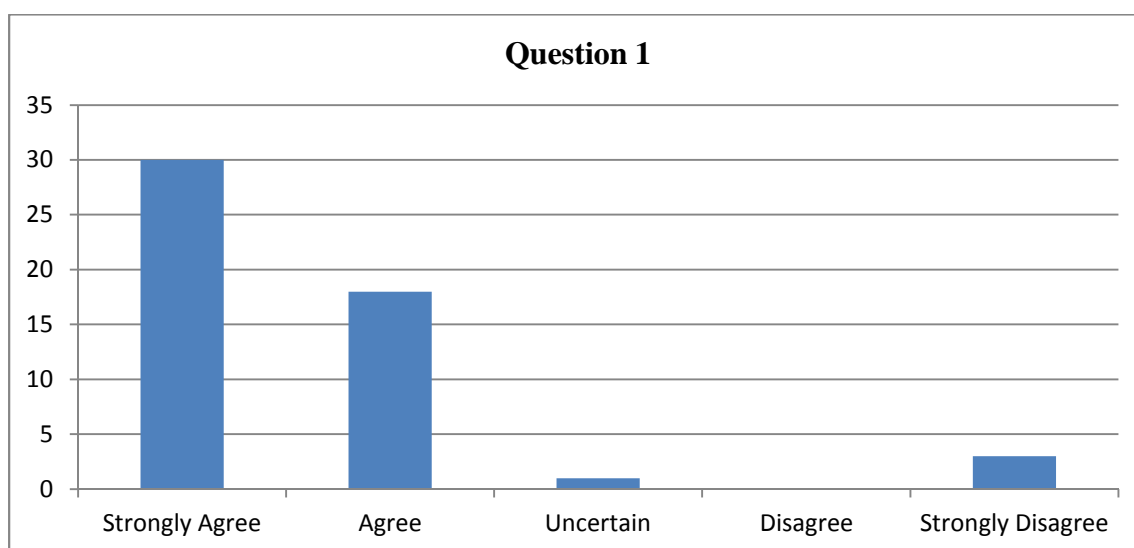


Figure 1

2. Mount Olive Baptist Church does a good job of meeting my needs:

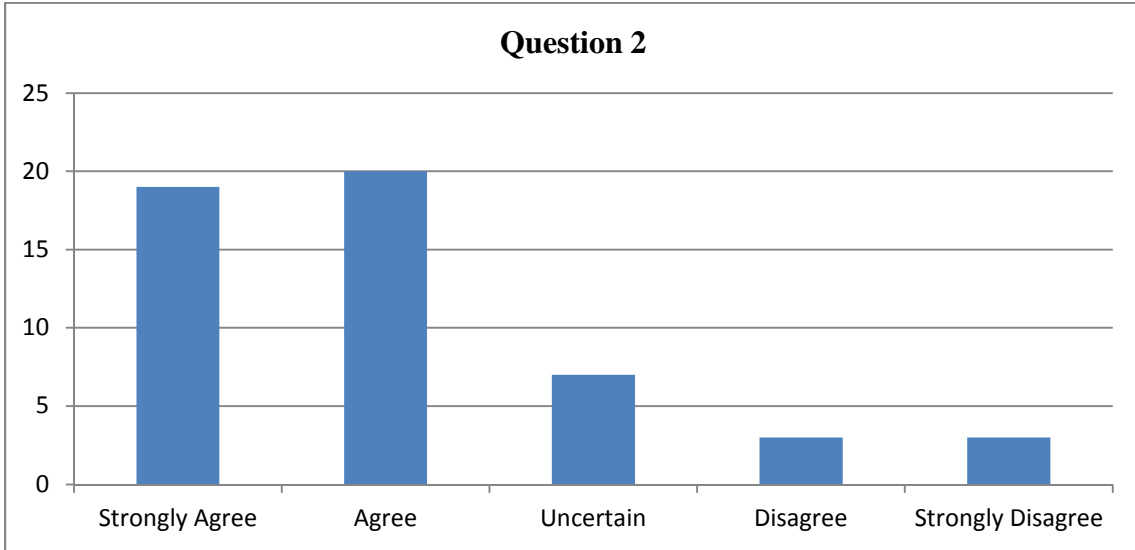


Figure 2

3. When I feel a need to talk there is always someone available Ex. staff, associate minister, or someone in the congregation:

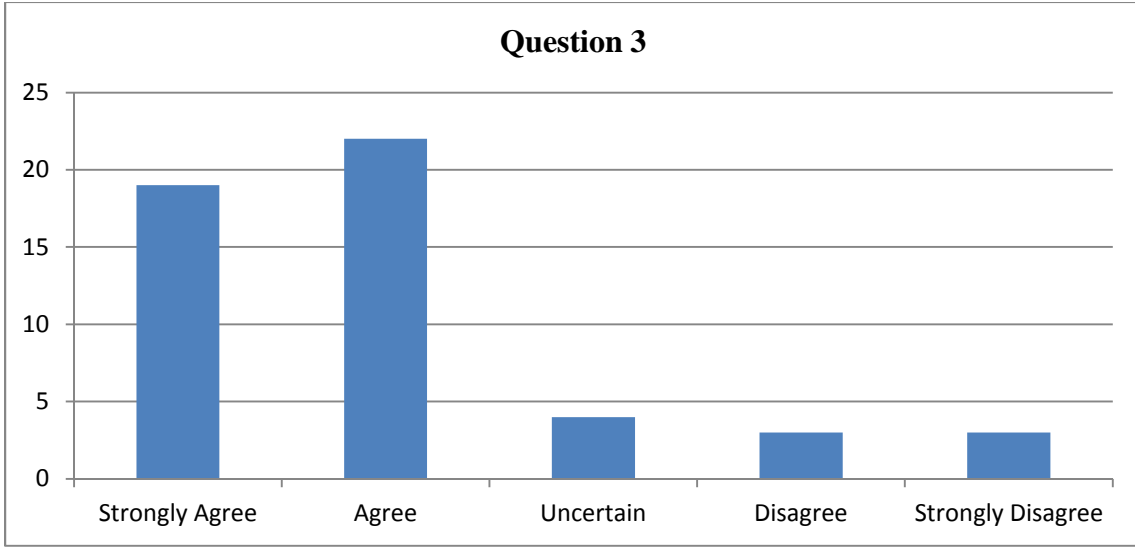


Figure 3

4. I have at least two to three close friendships in the congregation:

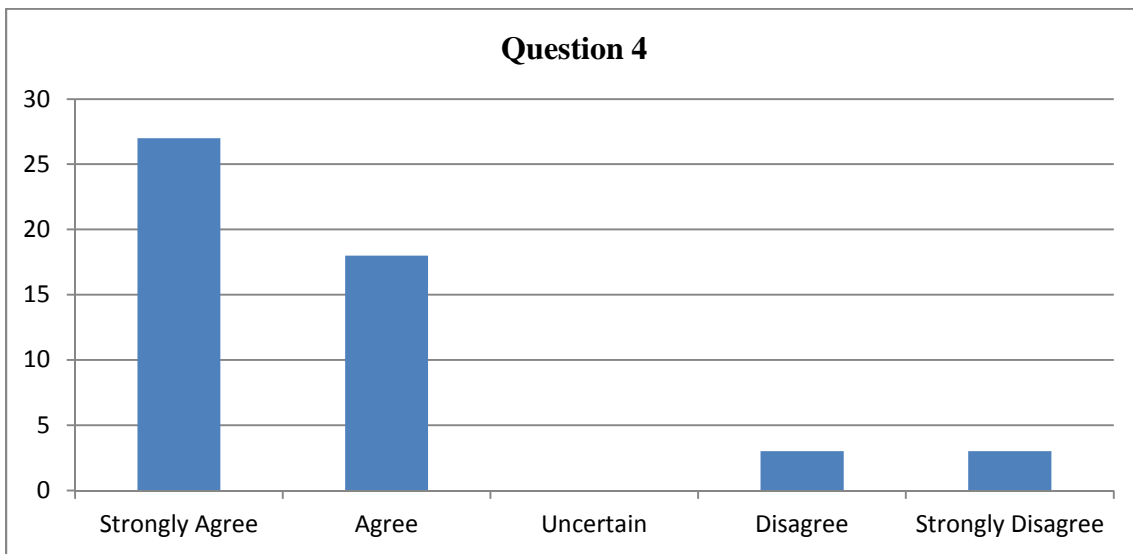


Figure 4

5. I sometimes feel isolated and alone here at our church:

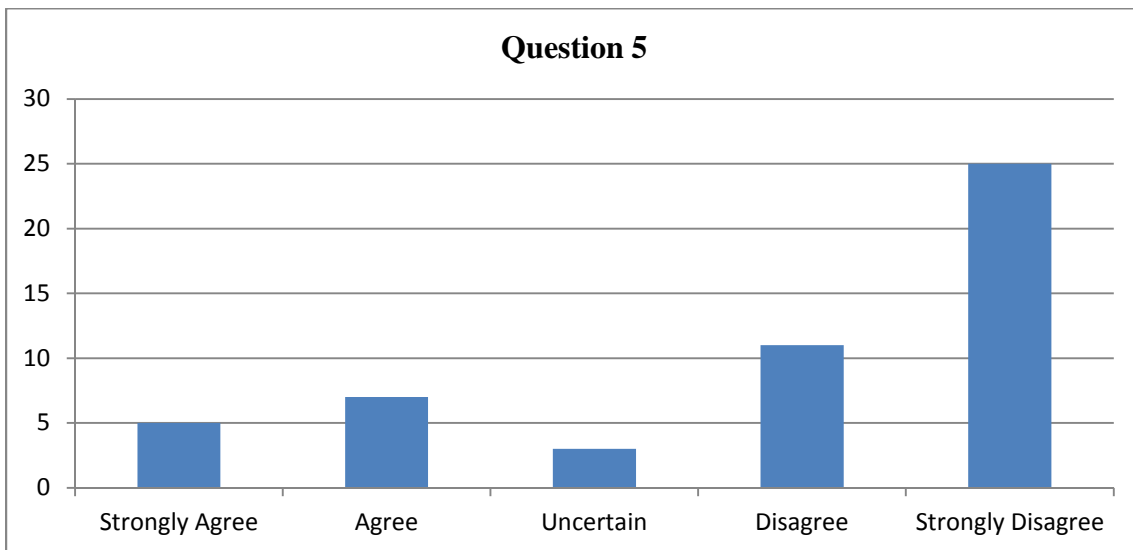


Figure 5

6. Our worship service is uplifting and is meeting my spiritual needs:

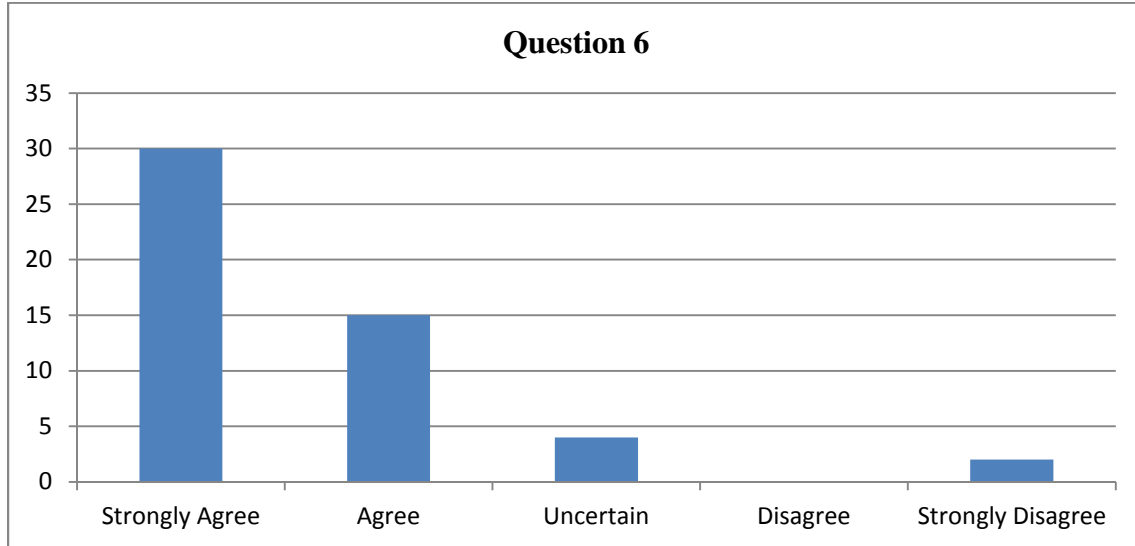


Figure 6

7. I am taking advantage of the many opportunities I have to be involved in serving:

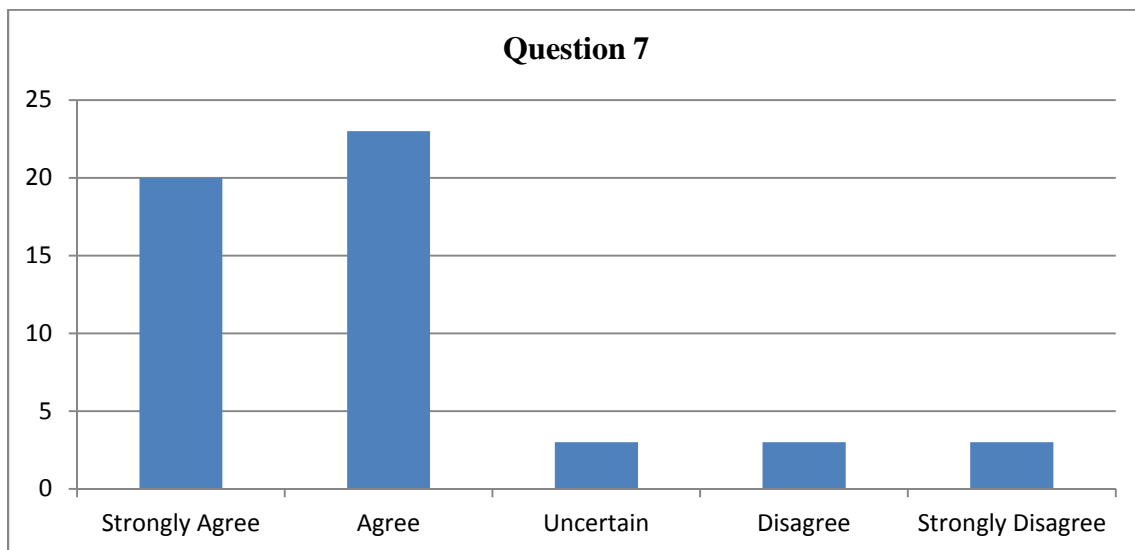


Figure 7

8. I know who my deacon or deaconess is:

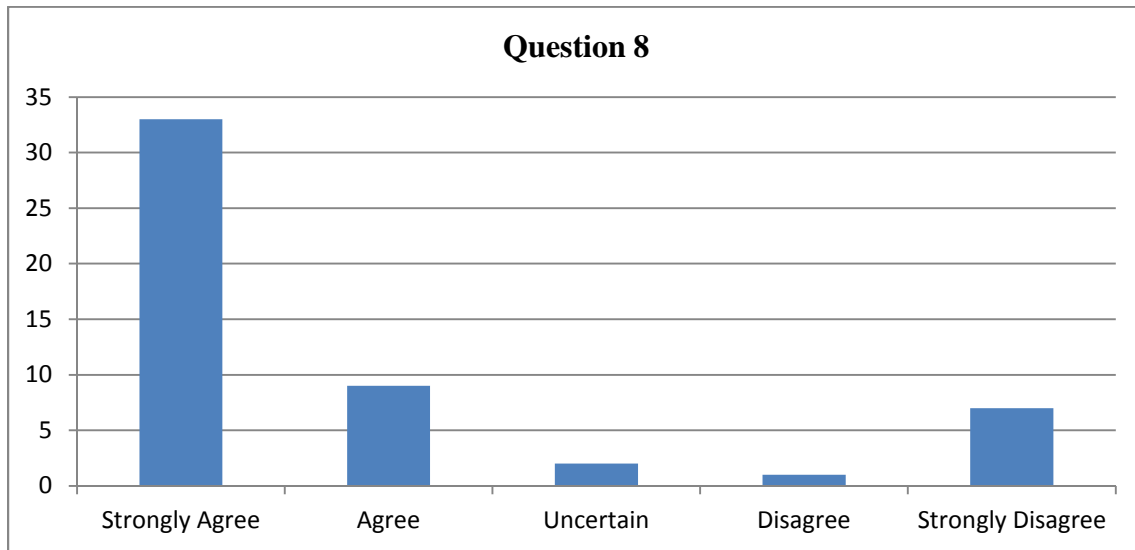


Figure 8

9. I am aware of the assistance available through the various ministries at Mount Olive Baptist Church:

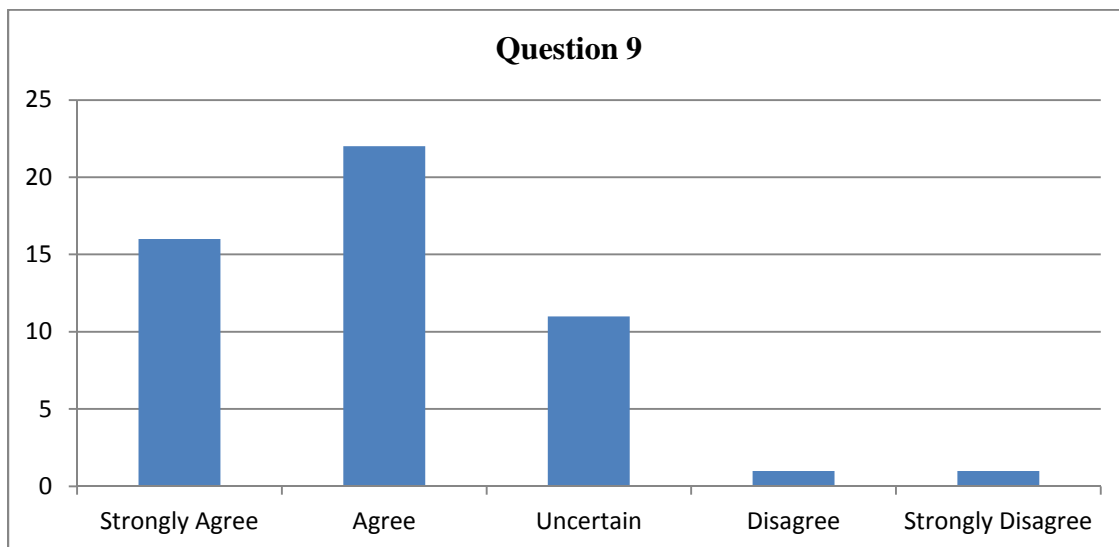


Figure 9

10. How would you like to see the congregational care Ministry assist you? (This was a fill-in-the-blank question.) Answers given were [sic]:

Table 1

Fill in the blank response:	Number of people who entered this:
Just be available.	1
Reach out to son even if he does not reach back.	1
Show more love not judgment.	1
Assign a Minister to Families	1
Help Find Jobs	1
Not sure.	6
More united functions.	1
Unknown deacon/deaconess.	1
Fine, if help is needed, will ask.	5
Reduce number of meetings; schedule meetings for one day or one week.	1
Help Sick and Bereaved	2
No Answer	31

11. This question asked if participants would be interested in volunteering and instructions on how to contact the Minister of Congregational Care. Of the 53 participants seven were willing to respond immediately that they would be able to volunteer.

Table 2

Fill in the blank response:	Number of people who entered this:
No	1
Not at this time	4
Probably	1
Maybe	1
Did not answer	39

12. This question asked participants if they would divulge their gender to allow further breakdown of information.

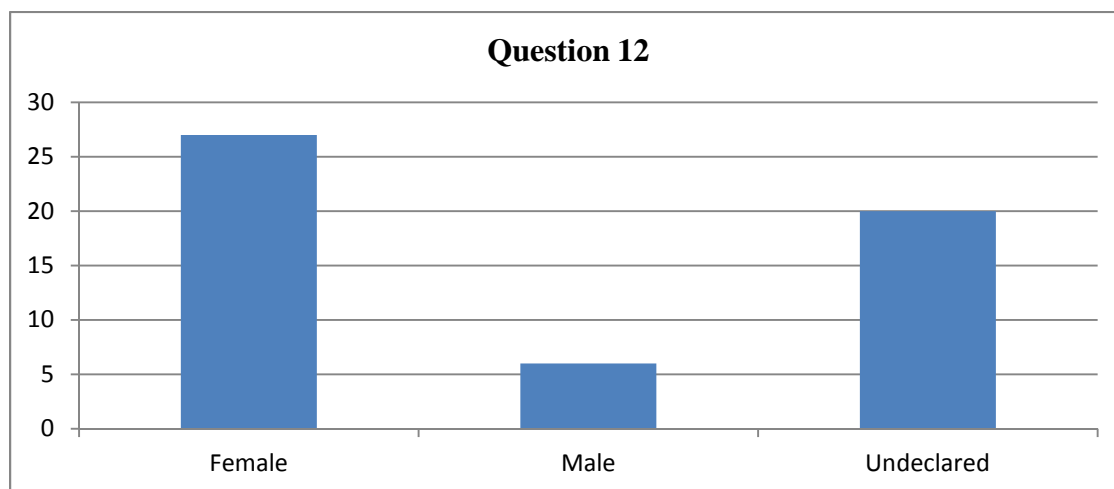


Figure 10

Groundwork

After the pastor of the Mount Olive Baptist Church was approached about a layperson based Congregational Care Ministry Model, the first meeting was held to establish a core group of individuals to work on developing the layperson ministry model; named the Ministry of Congregational Care for the purposes of Mount Olive Baptist Church. A list of areas whose needs had to be met was created, as well as who could fill the roles of chair for each team. The suggested chairpersons for each team; the list was comprised of deacons or deaconesses. The areas that the Ministry of Congregational Care established at this meeting were: ministry for men, ministry for women, missions ministry, intercessory prayer, and HOPE Biblical Encouragement Ministry.

These were added to and changed in later meetings. A proposed organizational chart for the core group and a draft of a form to be used when someone needed to request special services were presented to the pastor. It was determined that a letter would be sent, under the signature of the pastor, to the selected individuals asking them to serve on the core group. The core group would make further suggestions, assist in the development of policies and procedures, and discuss the minimum necessary education to be provided to team members.

At the first regular meeting of the core members, each of the established areas had a representative in attendance. The challenge faced by the group was to develop a congregational care plan that would bring all of the individual services offered by the church under the umbrella of a singular and coordinated ministry practice. The overall goal of the Congregational Care Ministry Model would be to serve the congregation mind, body, and soul; or a wholeness approach to congregational wellbeing. The group was extremely excited about the new challenge and eager to get started. It was determined that this group would be called the Congregational Care Council.

At the second meeting of the Congregational Care Council, the following agenda was presented: a review of minutes or meeting notes from the previous meeting; a review of forms and flyers regarding communication, contact methods, and information; a reading of the mission statement of and goals set forth by the Congregational Care Council; the conceptual design of the Congregational Care Ministry for Mount Olive while addressing of needs identified by the survey; the role of ministry leaders in the congregational care model; addressing the proposed roles of associate ministers with the Mount Olive Baptist Church as related to the ministry model, and; the kinds of training needed, how it is to be provided, who is accountable for ensuring completion, and the timing of training.

Copies of the proposed forms were distributed and reviewed by the Council. The decision was made to use the motto and developmental concepts from the Nelson's Church Leaders Manual for Congregational Care.² The Congregational Care Council developed a motto: The ministry is for every person. Additionally, they developed a standard for care as "all." "All", as in every person is important to the Lord and we need to show each person he or she is important to us and to the Mount Olive Baptist Church. Developing a ministry of congregational care means we will do the following:

Contact initially: as the ministry begins or when a member joins the church it is the time to discover how to best care for the person. How much and how often does the person want to be contacted? Many ideas were discussed including: 1) make a new member orientation that discussed how to contact the Ministry of Congregational Care if a need arises; 2) annually contact each member to ensure that needs are being met; 3) quarterly contact; or 4) monthly contact calls with congregational members. The Congregational Care Council decided to table this discussion until the teams were established and the numbers of volunteers were known.

Attend consistently: how often should we connect with people in our group? The Congregational Care Council considered who often meetings between various parties within the Ministry of Congregational Care would be necessary to ensure proper informational flow, feedback, and guidance was readily available.

Respond quickly: when a need arises in the individual's life. The Congregational Care Council discussed how to best ensure a timely response to urgent and emergent needs of the Mount Olive Baptist Church congregational members.

2. Kent Spann and David Wheeler, eds. *Nelson's Church Leader's Manual for Congregational Care* (Nashville: Thomas Nelson, 2010), 284.

Encourage continually: as we “put courage in” one another to follow the Lord and to live life for Him, no matter what happens.

It was determined that the Ministry for Congregational Care for Mount Olive Baptist Church would be a holistic ministry designed to meet the emotional, spiritual, financial, and physical needs of Mount Olive Baptist Church congregation members by utilizing the gifts of the body of united believers. It was also decided that a blessing for Congregational Care Council members should occur as both a means to establish faith and to ensure the congregation knew of the Ministry of Congregational Care. On the third Sunday in January 2012, the Congregational Care Council was introduced to the congregation at both the 8:00 a.m. and 11:00 a.m. services. The pastor delivered a prayer of blessing over the ministry at both services.

Developing Forms

To facilitate the gathering of information regarding issues and congregational members in need of assistance, and to enhance the ability for each of the ministerial teams in the layperson ministry model, forms were developed:

Request for Assistance Form (Congregational Care Form Appendix 3): It was determined by the Congregational Care Council that a form would need to be developed to gather the required details for pastoral care. The church secretary could use it when someone called for help or assist the completion of those who came by the church needing assistance. The form allows for the member to identify the specific request need such as prayer, financial assistance, and so on. The secretary would keep the form and submit a copy to the Minister of Congregational Care to initiate action. At this time, the Minister of Congregational Care who served as the Congregational Care Council chairperson. Once the form is received, the Minister

of Congregational Care immediately contacts the lead person for the appropriate team given the subject matter of the request. The chairperson of the team ensures the assignment is completed in a timely manner using regular communication with the team members as outlined in policies.

Congregational Care Log Sheet (Appendix 4): Once an assignment request has been completed, the ministry chairperson must complete the Congregational Care Log Sheet. This log sheet is to be submitted to the Minister of Congregational Care on the second Monday of each month. The Minister of Congregational Care will use the log sheet to create the Congregational Care Report for the pastor.

Congregational Care Ministry Pastor's Report (Appendix 5): This report is given to the pastor on a quarterly basis, the third week of the first month, by the Minister of Congregational Care. This report allows the pastor to know of activities within the congregation he/she may not otherwise be informed about. The meeting also allows the pastor to address any concerns, provide feedback, and intervene when necessary. The timing of the report allows the Minister of Congregational Care two weeks to compile the Congregational Care Ministry Pastor's Report with the entire quarter's data.

The Congregational Care council made a decision to start gathering volunteer team members and begin training with the Bereavement Support group. All members of the Congregational Care Council were required to participate in the training along with the selected congregation members. Under the direction of pastor and deacons, the training was outlined and scheduled. Session outlines and guidelines were developed and the information was shared with Congregational Care Council.

The Fall Leadership Conference was held on November 5, 2011. This was a previously scheduled event but the Congregational Care Council was asked to attend the session instructed

by a training minister from the Baptist General Convention. The session was on how to minister to the sick and shut in. The minister gave instructions on what to do, what to say, and what not to do or say when ministering to the sick and shut in. She also shared on how to be present and instructed the team not to talk too much when visiting but to spend a great deal of time listening.

General Conclusions and Summary

A layperson based congregation care ministry model had the flexibility to add areas that were not identified in the initial meetings but were identified during the survey process. There is a need for this kind of model and it will be used by large congregations if the model is available. The qualitative information reflects the congregational concerns of the members.

CHAPTER 4

CONGRESSIONAL CARE MINISTRY MODEL

The layperson based ministry model is for the care congregational members who belong to large or extensive churches or ministries. The model is designed to equip volunteer team members for outreach to other members of the congregation that have need pastoral care that is neither urgent nor emergent. The Congregational Care Ministry Model is a method by which the needs of congregational members and their loved ones can be addressed when the situation does not directly need the pastor. The model facilitates spiritual care and support that allows for the recommendation for the pastor to follow-up with individuals.

The congregational care model consists of multiple teams providing specialized care for congregational member needs, such as intercessory prayer or bereavement support. Team members are trained by the pastor, Minister of Congregational Care, and deacons or deaconesses to reach a particular level of skill and knowledge with which they are to assist the pastor in attending the needs of the congregation. After each meeting with members, the team member(s) document the visit, the needs, and recommend actions within the notes section of the report. These reports are then reviewed, followed-up on, compiled, and submitted to the pastor.

The final Congregational Care Ministry Model organization chart includes teams not originally identified by the core members. These areas were identified through the survey and additional conversations with congregational members. The organizational model is as follows:

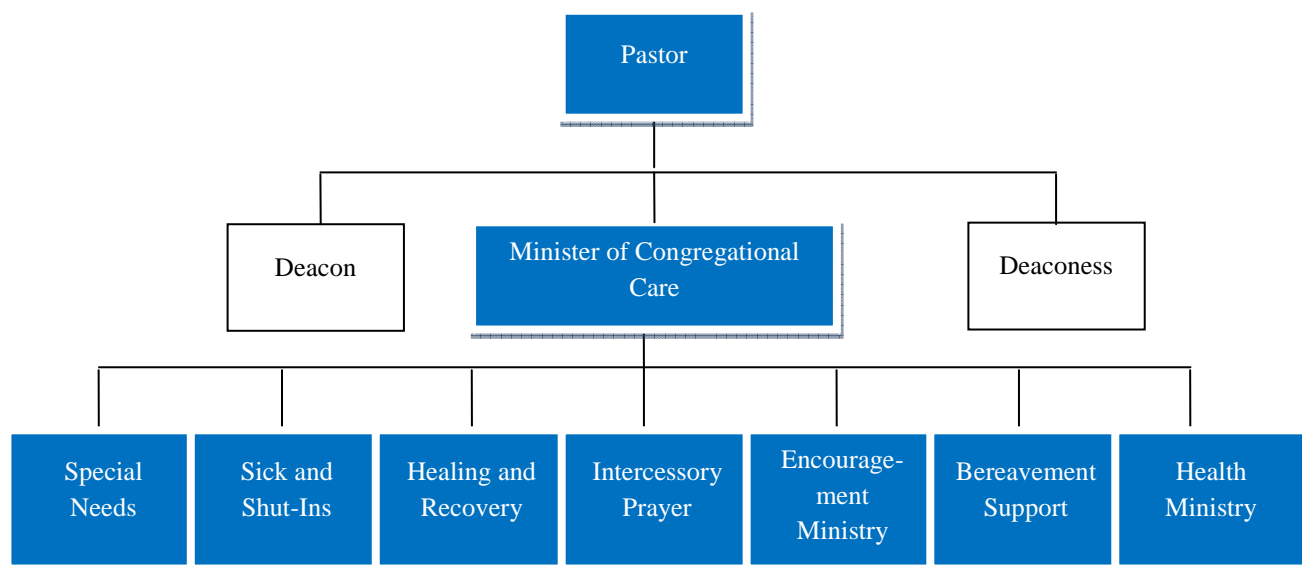


Figure 11

Prior to implementing the Congregation Care Ministry Model, the identified positions must be filled utilizing the list of names gathered by pastor and Minister for Congregational Care. The individuals who fill the roles should display good leadership skills, can act as a facilitator, has developed interpersonal skills, and maintains a reputation of trustworthiness. The individual should be grounded in biblical knowledge and want to serve others. For example, in Philippians 2:6-8, Paul encourages the Philippians to be just like Christ:

Think of yourselves the way Christ Jesus thought of himself. He had equal status with God but didn't think so much of himself that he had to cling to the advantages of that status no matter what. Not at all. When the time came, he set aside the privileges of deity and took on the status of a slave, became *human*! Having become human, he stayed human. It was an incredibly humbling process. He didn't claim special privileges.

Instead, he lived a selfless, obedient life and then died a selfless, obedient death—and the worst kind of death at that—a crucifixion.¹

Minister of Congregational Care

The Minister of Congregational Care is responsible for coordinating a team of volunteers to serve the members of the congregation who are in need. The Minister of Congregational Care serves assists with coordinating the activities of the help ministries in an attempt to provide emotional, spiritual and physical help to the needy in the congregation, such as prepare and deliver food on short-term basis, visit and pray with ill or grieving members, provide transportation, et cetera. This person has access to the church, the ability to allocate congregational resources to accomplish programmatic goals, and has the authority to temporarily change programmatic policy or procedure to meet the needs of congregational members. Changes must be ratified by the pastor at the quarterly meeting. The Minister of Congregational Care is also responsible for educating chairpersons and assists with training team members for each team. If the congregation has assistant, junior, or other secondary pastors, these individuals would be excellent candidate to fill this role and round out their experiences.

It is the responsibility of this person to work closely with the chairpersons to ensure that they are fulfilling their duties. These duties include, recruiting volunteers and training them as both caregivers and facilitators to serve on their team. The Minister of Congregational Care acts as a resource for chairpersons and is involved in the planning of educational activities for these teams as well as acting as a liaison between chairpersons and the pastor.

The Minister of Congregational Care also works closely with the pastor. Not only providing him with quarterly reports from the Ministry for Congregational Care but also

1. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), Philippians 2:6-8.

providing a weekly prayer list to the pastor for congregational needs. William Arnold writes this about the discipline of prayer: “Part of the power that prayer carries as a discipline is the same as that of anything we do with regularity. It becomes dependable and familiar, thus something to be utilized with comfort.”² For the most part this list is not specific to individuals but to the congregation as a whole which is why it is separate from the Intercessory Prayer Ministry, which prays for specific people. The request includes: prayer requests for the pastor and minister; prayer for the families of the pastor and minister; prayer for single and married people, and; prayer for youth; prayer for those in need of assistance.

Prayer for the Pastor and Minister of Congregational Care, and church leaders: This action is supported by Ephesians 6:18: “And pray in the Spirit on all occasions with all kinds of prayers and requests. With this in mind, be alert and always keep on praying for all the saints”.³

Prayer for the Pastor’s family and the Minister of Congregational Care’s family: There are scriptures calling for the need to pray and there are many scriptures calling for the need to be thankful, but there are times that people forget to pray for their pastor and the pastor’s family. Pastors are carrying out God’s work as stated in Ephesians 4:12-13: “to prepare God’s 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”.⁴ A pastor and his/her family are examples of family as demonstrated in 1 Timothy 3:4: “he must manage his own family well and see that his children obey him with

2. William V. Arnold, *Introduction to Pastoral Care*. Philadelphia: John Knox Press, p61

3. American Bible Society. (1984). Holy Bible: New International Version. New York: American Bible Society, Ephesians 6:18.

4. Ibid, Ephesians 4:12-13.

proper respect".⁵ Pastors are actively supporting the flock as told in 2 Timothy 4:2: "Preach the Word; be prepared in season and out of season; correct, rebuke and encourage--with great patience and careful instruction".⁶

Prayer for singles and prayer for married couples: As stated in the first part of Hebrews 13:4: "marriage should be honored by all".⁷ The Mount Olive Baptist Church congregational members do this by offering a prayer to strengthen marriages. Upon occasion the couple is prayed for assigned to roles of husband and wife, praying for God to offer his strength to assist each of them in their task as assigned in 1 Corinthians 7:3 : "The husband should fulfill his marital duty to his wife, and likewise the wife to her husband".⁸

As for single people, not all truly seek to marry yet. Prayers should still be said for them to ensure that they are not lonely. As stated in Psalm 68:6:"God gives lonely people a family. He sets prisoners free, and they go out singing. But those who refuse to obey him live in a land that is baked by the sun."⁹ A prayer should be said to assist them with staying on God's path as to prevent them from living in said land.

Prayer for the youth: It is important that children grow in the grace of God. In 1 Peter 2:2 it states: "Like newborn babies, crave pure spiritual milk, so that by it you may grow up in your salvation"¹⁰. It is also encouraged to remind them in prayer that Hebrews 13:5 instructs to:

5. American Bible Society. (1984). Holy Bible: New Internal Version. New York: American Bible Society, I Timothy 3:4

6. Ibid, 2 Timothy 4:2.

7. Ibid, Hebrew 13:4.

8. Ibid, 1 Corinthians 7:3.

9. Ibid, Psalm 68:6.

10. Ibid.

“Keep your lives free from the love of money and be content with what you have, because God has said, ‘Never will I leave you; never will I forsake you.’”¹¹

Prayer for those who need physical, spiritual, spiritual, mental, or emotional healing:

Prayers for those in this category are supported by the James 5:13-16:

Is any among you afflicted? Let him pray. Is any merry? Let him sing psalms. Is any sick among you? Let him call for the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord: And the prayer of faith shall save the sick, and the Lord shall raise him up; and if he haveth committed sins, they shall be forgiven him. Confess your faults one to another, and pray one for another, that ye may be healed. The effectual fervent prayer of a righteous man availeth much.¹²

Prayer for the entire Mount Olive Baptist Church Family: Regardless of the situation, prayer is always in order. In fact, believers are encouraged to “pray without ceasing” according to I Thessalonians 5:17.¹³ Additionally, Luke 18:1 states, “Then Jesus told his disciples a parable to show them that they should always pray and not give up”.¹⁴ Whenever there is doubt about what to pray, the congregation and pastor can rely on the guidance of the Holy Spirit. This is evidenced in Romans 8:26-27: “In the same way, the Spirit helps us in our weakness. We do not know what we ought to pray for, but the Spirit himself intercedes for us with groans that words cannot express. And he who searches our hearts knows the mind of the Spirit, because the Spirit intercedes for the saints in accordance with God's will.”¹⁵

11. American Bible Society. (1984). *Holy Bible: New Internal Version*. New York: American Bible Society, Hebrew 13:5

12. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982)

13. *Ibid*, I Thessalonians 5:17.

14. American Bible Society. (1984). *Holy Bible: New Internal Version*. New York: American Bible Society, Luke 18:1.

15. *Ibid*, Romans 8:26-27.

Chairpersons

The chairperson of each Congregational Care team is responsible for coordinating the recruitment, training, continuing education, and activities of team members needed to support the program. The chairperson of each team must meet with each member of the team on a weekly basis, as well as with the Minister of Congregational Care. When meeting with team members, the chairperson will take give report, ask questions to clarify issues, recommend actions, and give guidance as needed. When meeting with the Minister of Congregational Care, the chairperson will give report on all team member activities and assigned issues, as well as discuss policy changes, answer questions to clarify issues, and get guidance as needed. Chairpersons should be an individual already invested in the wellbeing of the church, have natural leadership abilities, such as a deacon or deaconess.

Health Ministry

This group consists of approximately 15 members and specializes in promoting health, wellness, healing, and education with the intention of integrating the mind, body, and spirit to achieve wholeness, health, and a sense of wellbeing. As Proverbs 12:18 states, “It is the tongue of the wise that promotes health”, demonstrating the need for healthy congregational members.¹⁶ The ministry is designed to increase the awareness of congregational members regarding their health and its relationship to their spiritual development. There is a relationship between the

16. American Bible Society. (1984). *Holy Bible: New Internal Version*. New York: American Bible Society, Proverbs 12:18

health and spirit as demonstrated in the first line of Jeremiah 30:17, “‘For I will restore health to you and heal you of your wounds,’ says the Lord.”¹⁷ This Congregational Care team organizes activities, such as blood pressure checks, weekly physical fitness events, and nutritional seminars.

The chairperson of this ministry team also conducts a quarterly event named “Brunch with the Docs”. This event allows congregation members to learn about a health issue from specialists. Educational items taught include high blood pressure, eating healthy, and breast cancer awareness. Topics are chosen based on the specific benefit to the members of the Mount Olive Baptist Church congregation. Brunch is served to those who attend and the members are allowed to ask specific questions of the doctors after the learning portion. Not only does this type of care help ensure a healthy congregation, healthy congregation members are a plus when seeking individuals who are able to serve.

Bereavement Support Ministry

Despite the promise offered in 1 Peter 5:10, “But may the God of all grace, who called us to His eternal glory by Christ Jesus, after you have suffered a while, perfect, establish, strengthen, and settle you,” many need support getting through the process.¹⁸ To provide this support the Bereavement Support Ministry team was created. This group consists of five

17. American Bible Society. (1984). *Holy Bible: New Internal Version*. New York: American Bible Society, Jeremiah 30:17

18. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), 1 Peter 5:10.

members and specializes in helping congregational members who have experienced the death of loved ones to have a “good grief” experience.

Westburg defines a “good grief” as coming through the grief process stronger than you were prior to the grieving experience.¹⁹ This type of grief leaves you better able to help others as a result of what you have gone through. Based on Westburg’s theory, “bad grief” would be the grief that does not allow us to move forward; grieving as those who do not have hope.

The ministry holds a weekly bereavement group with seven sessions per rotation. This group also provides special workshops for the Mount Olive Baptist Church congregation that focuses on subjects such as dealing with grief during the holidays, coping with loved ones experiencing grief, spiritual support for loved ones in times of need, and what to expect if a loved one is dying. This group also conducts memorial sessions for remembrance. Those who are actively dying will have the direct attention of the pastor.

One idea for this ministry was that at the actual point of death, the team member will respond to the family at the location of news, whether at the hospital or the home. This individual then provides a ministry of presence while providing spiritual and emotional support. The individual team member will also assist the pastor upon his/her arrival to location as directed.

The volunteer team members may also drive the family home if event this was at a hospital or arrange a transport for the deceased if the event occurred within the home. They team member will sit with the family for the first 24 hours after the event to support the family as needed. This may include cleaning the space where the event occurred, cooking, praying with family members, and begin the grieving process. After the first 24 hours, the team member may assist

19. Granger E. Westburg, *Good Grief*. Minneapolis: Fortress Press.

in writing the obituary, delivering cloths to the funeral home, notifying friends and extended family members of the event, and receiving guests. The team member will also notify their chairperson to arrange a week of volunteers for a continuous presence in the home. The primary Congregational Care team member will go with the family to the funeral home for appointments, track information, and ensure that even the small details are looked after. This same member will ensure that family members get to the wake, the funeral, and the reception. It was determined that this type of care for the bereaved families would be extremely difficult for the team at this point so the decision was made to provide support to the families after the family has had ample time to grieve and are willing to become a part of the support group. The more immediate care will still be handled by the deacons and deaconesses.

The primary team member will initiate the weekly bereavement sessions when the chairperson is confident that the family is ready to begin. Once the sessions have begun they will continue on in a weekly fashion; this is not designed to hurry people through the process but instead to educate them as to what is expected and allow them to connect with their emotions and scriptures. The weekly sessions are as follows:

Week 1:

Remembrance: This first week it is important to reconnect with the loved one who has moved on from us. The individuals should be encouraged to bring items from their loved ones to encourage the connection. In some cases the people in attendance experiencing grief could not attend a funeral or wake. If this is the case, then a symbolic funeral may be held to allow for closure. Prayer for those who have departed and those who remain are appropriate. Scripture readings can include John 3:37-40:

All that the Father gives me will come to me; and him who comes to me I will not cast out. For I have come down from heaven, not to do my own will, but the will of him who sent me; and this is the will of him who sent me, that I should lose nothing of all that he has given me, but raise it up at the last day. 40 For this is the will of my Father, that everyone who sees the Son and believes in him should have eternal life; and I will raise him up at the last day.²⁰

Week 2:

Denial: While there are few scriptures referring to shock or denial as guidance, we can be assured that God has provided both as a method of holding off pain until it softened enough for the individual to deal with. During this week the team member will discuss what kinds of denial are “normal” and what kinds are worrisome.

Week 3:

Anger: A natural phase of grief is anger and it is the team member’s job to discuss the potential anger situations, such as anger at the one who died or anger with God for allowing the death. This anger is considered righteous as it justified by the situation. Once the anger is released it can be dealt with. Unreleased anger will just continuously build and could potentially cause true spiritual trauma. If an individual feels guilt over their anger with God, the team member should pray with them and remind them of God’s forgiveness as stated in Ephesians

1:7-10:

In him we have redemption through his blood, the forgiveness of our trespasses, according to the riches of his grace, which he lavished upon us, in all wisdom and insight making known to us the mystery of his will, according to his purpose, which he set forth in Christ as a plan for the fullness of time, to unite all things in him, things in heaven and things on earth.²¹

20. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), John 3:37-40

Week 4:

Bargaining: While there are biblical examples of God bargaining with people, they have not been successful with getting people back from the dead unless in the physical presence of Jesus. Still, bargaining is a natural part of the grieving process. This week's session will allow members to open up and discuss what they have and have not said or done in their one-sided negotiations. This week, however, is mostly comprised of comforting as it is the gateway to depression. Once again, prayer and scripture may be turned to, such as Psalm 23:

The LORD is my shepherd, I lack nothing. He makes me lie down in green pastures, he leads me beside 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.²²

Week 5:

Depression: This session the team member explains what is normal for natural depression and what is considered a warning sign for greater issues. The member discusses that this is the phase where families must come back together to lean on each other for support and healing after all the anger. Scriptures to help include:

21. American Bible Society. (1984). *Holy Bible: New International Version*. New York: American Bible Society, Ephesians 1:7-10.

22. Ibid, Psalm 23.

Philippians 4:6-7, “do not be anxious about anything, but in everything by prayer and supplication with thanksgiving let your requests be made known to God. And the peace of God, which surpasses all understanding, will guard your hearts and your minds in Christ Jesus.”²³

Isaiah 66:13: “As one whom his mother comforts, so I will comfort you; you shall be comforted in Jerusalem.”²⁴

John 14:1-3: “Let not your hearts be troubled. Believe in God; believe also in me. In my Father’s house are many rooms. If it were not so, would I have told you that I go to prepare a place for you? And if I go and prepare a place for you, I will come again and will take you to myself, that where I am you may be also”.²⁵

Week 6:

Acceptance: This is the stage in which the grieving person begins to accept the reality that the loved one is gone. The grieving person is encouraged to learn to live without the loved one which will require change and a new way of living. This stage comes in bits and pieces and requires reorganizing or reassigning roles of the people who are left to grieve. A scripture that can be shared with the grieving person at this point may be Isaiah 41:10, “So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous right hand.”²⁶

23. American Bible Society. (1984). *Holy Bible: New Internal Version*. New York: American Bible Society, Philippians 4:6-7

24. Ibid, John 14:1-3.

25. Ibid, John 14:1-3.

26. Ibid, Isaiah 41:10

Week 7:

Moving forward: It is important that the team member let the person recovering from mourning know that while it may never be the same, it does not mean that you do not honor those who have passed. It is equally important, though, that they make a fresh start, laying down their burdens. Times may be rough, but as Isaiah 43:19 will remind the members, “Behold, I am doing a new thing; now it springs forth, do you not perceive it? I will make a way in the wilderness and streams in the wasteland.”²⁷

Encouragement Ministry

This Congregational Care team was created to provide an avenue for congregation members to have an outlet they can use to assist them with life’s difficult problems. As the pastor sees fit, he can recommend to congregation members that they seek the assistance of this ministry when they need more than just a few sessions of meeting with him/her. This allows the pastor to be able to provide encouragement services both directly and indirectly to more individuals. If the need arises, the pastor may take over the direct encouragement in intervals.

This group consists of seven members and specializes in assisting congregation members who are experiencing life challenges in which someone is needed to walk along side with them in order to overcome obstacles, wavering faith, or stress. This ministry consists of trained biblical counselors who use the Word of God to help individuals understand God’s principals and His presence in their lives. Subject matters covered by this Congregational Care team are available to assist with cases of divorce, domestic care issues, or depression. The members of

27. American Bible Society. (1984). *Holy Bible: New Internal Version*. New York: American Bible Society, Isaiah 43:19

this team are willing to meet in the home, at restaurants, or other location as needed by the congregational member.

Generally, a team of two members from this ministry will meet with Mount Olive Baptist Church congregation members for eight to twelve sessions, as needed, to assist them in their time of need. During these sessions one of the team members acts as the primary; the primary provides direct interaction, guidance, and should be the more senior of the two. The second team member takes notes, learns, and can discuss the issue with the primary privately after the sessions. Having two members allows for accountability, accuracy, and field training. If more than twelve sessions are needed, the chairperson will refer the issue assignment to an assistant pastor for more intensive counseling. Congregation members are given homework at each session which involves the topic of discussion for the next session. The homework is designed to have the congregation member study the word of God to seek answers to their problems. The congregation members are asked to answer specific questions to help them identify problem areas and then given direction in God's word to help them with what His word says about their problems. The homework ensures that all members have had time to consider the subject for a more involved session. Homework may be as simple as reading indicated scriptures or journaling emotions related to a given situation they are experiencing.

Intercessory Prayer Ministry

This Congregational Care team specializes in praying for those who either cannot pray for themselves and/or need additional prayer to assist them through particular situations. These are specific prayers regarding specific people to be uplifted. Prayer requests for those who cannot

help themselves may be submitted by their immediate family or loved ones. Other ministries may also ask for intercessory prayer on behalf of those they are working with. As this team consists of congregational members who volunteer free time as they have it and who wish to assist others through prayer it can vary in number of participants. These congregational members dedicate themselves to fulfilling prayer requests from other members every Wednesday mornings at 6:00 a.m. and every Sunday morning at 7:00 a.m. The goal is to make sure that the special needs specified by congregation members are lifted before God in prayer. As this ministry requires the least amount of physical activity it is the best option for those who either cannot physically perform work activities or who have difficulty learning the education requirements to work in the other ministries.

Updates are given as they become available so that the congregation can see that God is moving on behalf of His people and that He does answer prayers. This encourages other congregation members to request prayer. The Intercessory Prayer Ministry divides prayer into the following groups: “ourselves”, that we would constantly make God our priority; “our families”, that they would make God their priority; the Mount Olive Baptist Church Family that we would make God and prayer a priority in our lives and recognize his purpose for us; married couples, that we would honor the promises that we made to each other before God and others; physical healing, those suffering with breast cancer; spiritual healing, those who are unable to forgive others (repeated); youth, that they would not be ashamed to tell their friends about Jesus (repeated); church leaders, that we would always make ourselves available to talk to and spend time with God, and; other items that do not fit into the previous categories. Examples from the first week of July 2013 include (names withheld): God’s strength for a particular family in crisis

guidance for non-member relatives of congregational members the President of the United States and family, and; congregational members seeking employment.

Healing and Recovery Ministry

This Congregational Care team consists of volunteers who wish to help in times of need. As team members are donating their spare time, and some issues may call different people to action, the number on this team may vary. The team assists individuals and family members of the Mount Olive Baptist Church congregation who experienced a health crisis, in the process of healing, or recovering from an illness or hospital stay. The volunteers provide services such as grass cutting, grocery shopping, sitting with an ill loved one in the hospital or at home, in home child care, or other necessary tasks to allow the normal functioning of the individuals or family members' lives. This team cannot provide medical care as they are not licensed healthcare providers. Those on the team who may be healthcare providers (nursing assistants, doctors, and so on) may not distribute medication or provide healthcare as Mount Olive Baptist Church is not an accredited healthcare facility and does not carry malpractice insurance. This is to protect the church and the congregation members. Requests may be made prior to discharge from a healthcare facility in anticipation of needs.

Ministry to the Sick and Shut-In

This Congregational Care team consists of deacons or deaconesses and Mount Olive Baptist Church congregational members who wish to volunteer and are willing to go visit other

congregational members who are actively sick and or shut-in. Much like the Congregational Care team for Healing and Recovery Ministry, this team is willing to do a wide variety of tasks for those who are actively sick at home or in the hospital. Such tasks include delivering cards from the congregation, holding the hand of the actively sick, performing minor housework or house maintenance tasks, and running errands. Once again, those on the team who may be healthcare providers (nursing assistants, doctors, and so on) may not distribute medication or provide healthcare as Mount Olive Baptist Church is not an accredited healthcare facility and does not carry malpractice insurance. This ministry continues to monitor the sick and shut-in until they are no longer ill and/or unable to attend church. Records of church services are taken to the congregation members on these visitations. If the member is never able to actively attend church, this process continues until this ministry's services are no longer needed. The church has also been able to connect through live stream so that those members who have the capability can watch the services live.

Special Needs Ministry

This Congregational Care team specializes in assisting the congregation with any needs they may have that do not fit into one of the above categories. These could be individuals who need someone to visit a family member or offer prayer at a family member's funeral; anything that falls outside of the scope of other ministry teams and where assistance needed. The members on this team often offer their services to the other teams as well.

Congregational Request Process

When the congregation wishes to use the offered services, they fill out the Request for Assistance form (Appendix 3). This form can be brought home and filled out or completed with the assistance of the Mount Olive Baptist Church secretary. The secretary gives the form to the Minister of Congregational Care who then notates the receipt and passes the form to the appropriate chairperson. The chairperson reviews the form, enters the name into the Congregational Care Log, and assigns the issue to a team member. The team member performs whatever acts are necessary (prayer, home visit, phone calls, et cetera) and completes the log entry. The team member is also responsible for following up with the chairperson about the assignment. The chairperson sends a monthly update to the Minister of Congregational Care who ensures that no one was missed by comparing names with the names on his/her receipt log. The Minister of Congregational Care then compiles the reports from all seven teams into a singular report to give to the pastor quarterly. The Minister of Congregational Care is also responsible for identifying needs that may need the pastor's immediate or personal attention.

The Congregational Care Ministry Model process is charted as:

Congregational Request Process

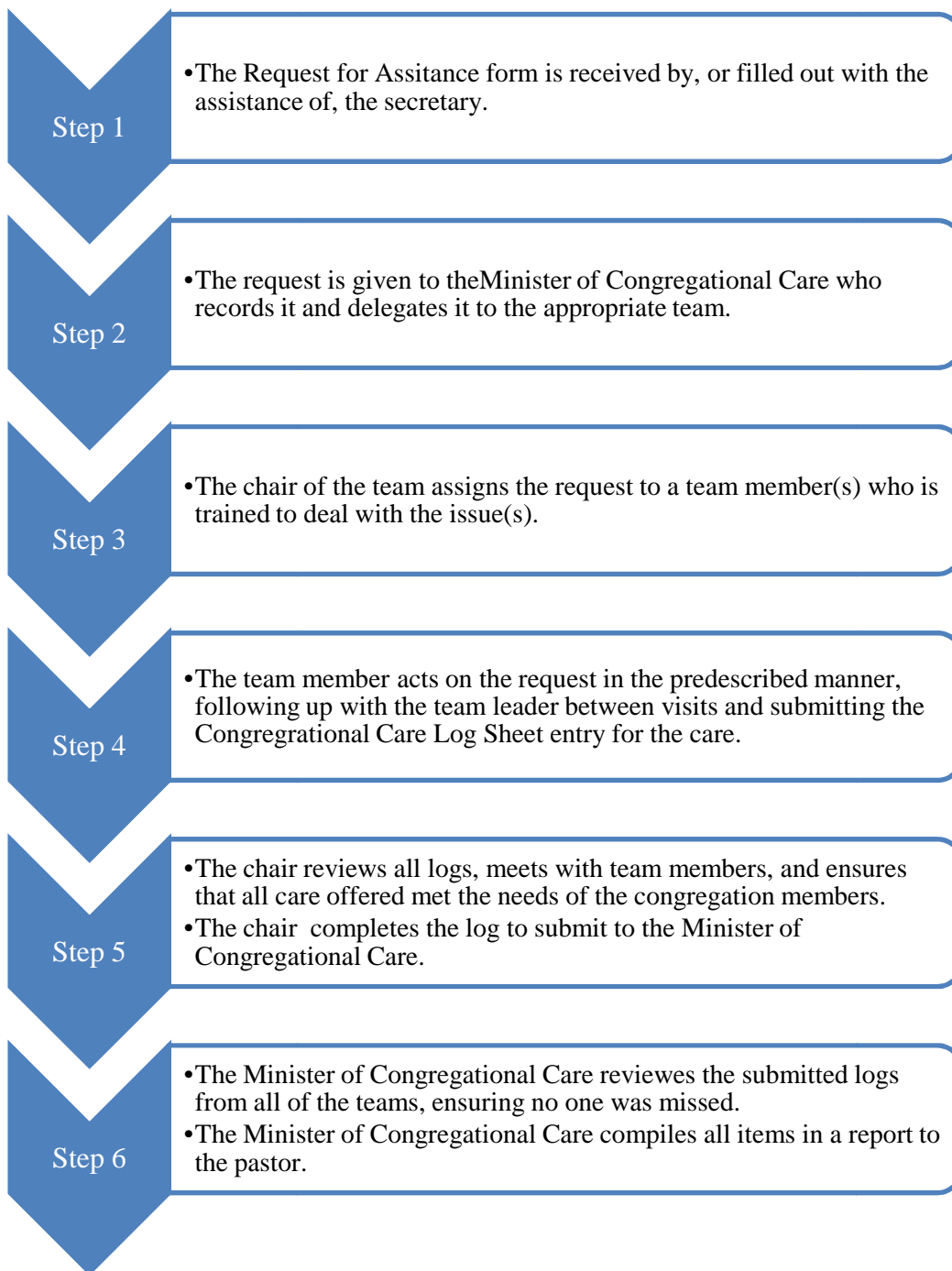


Figure 12

CHAPTER 5

IMPLEMENTATION

In order to have the Congressional Care Ministry Model accepted by the congregation, the pastor for Mount Olive Baptist Church introduced the idea through sermon and conversation. After allowing the idea to be considered, he asked for volunteers. He explained that the volunteers would be acting on behalf of the church to assist other members of the congregation up to and including home visits.

“And daily in the temple and in every house, they ceased not to teach and preach Jesus Christ”.¹ This scripture indicates that in the early church groups met in homes for fellowship and encouragement. In the early church period, these were hidden meetings for the safety of those following Jesus, but can be applied to meet the needs of congregational members. Arnold states, “They relied on the more protective environment of the home to nurture and protect the gospel in the lives of the believer”.²

1. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), Acts 5:42

2. Jeffery Arnold. *The Big Group on Small Groups*. InterVarsity Press: Downers Grove, 2004, 4.

Training Lay Leaders and Volunteers

Arnold states, “Servants will take the lead when things aren’t glamorous, and they may be willing to take up the rear when others may benefit during more visible time”³. In some cases, leadership skills must be taught to laypersons and volunteers by the pastor as they might not have been developed in an otherwise excellent candidate. The following is a list of leadership skills which the pastor can build upon: an understanding of small groups dynamics for working with families; understanding the significance of Covenant Communities; establishing a Covenant with those in need of assistance; logistics planning; learning effective interview techniques for information gathering; understanding the importance of confidentiality; follow-up for additional resources.

First the layperson has to understand the purpose of the Request for Assistance form submitted by the individual or a concerned loved one. The Request for Assistance is the initial guide, but the layperson can utilize effective interview techniques to discover deeper or additional issues. The layperson must be able to use their skills to assist the person in crisis and help them to see Christ. Rudolph Grantham writes; “A principle to employ with a person in crisis would be to explore with him/her the need to look with the person at the ways Christ speaks to that need⁴.” The layperson needs this information if they are to assist participants through the emotional or other healing process and outreach. Assistance is given through activities, prayer, and fellowship.

Teaching the layperson to establish ground rules for small groups and families at gatherings, such as not talking about absent members, will help the layperson achieve buy-in, trust, and a foundation from where work can be built. These rules, such as the previous one, can

3. Jeffery Arnold. *The Big Group on Small Groups*. InterVarsity Press: Downers Grove, 2004, 34.

4. Grantham, Rudolph E. *Lay Shepherding*. Valley Forge: Judson Press, 78

be supported by scripture, such as Ephesians 4:29 which states, “Let no corrupting talk come out of your mouths, but only such as is good for building up, as fits the occasion, that it may give grace to those who hear.”⁵

A covenant community establishes roles and functions within the group and relates our importance to God. As such, the pastor should ensure this training and assist the layperson with the establishment of covenant for family and small group participants. In Genesis 1 it is established between Adam, Eve, and God; specifically, Genesis 1:28-30:

God blessed them and said to them, “Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish in the sea and the birds in the sky and over every living creature that moves on the ground. “Then God said, “I give you every seed-bearing plant on the face of the whole earth and every tree that has fruit with seed in it. They will be yours for food. And to all the beasts of the earth and all the birds in the sky and all the creatures that move along the ground—everything that has the breath of life in it—I give every green plant for food.” And it was so.⁶

God giving Adam and Eve a set of promises which becomes the definition of the word “covenant”. This definition is support by Arnold who states, “This simply means that he chooses to communicate with us in a form of a set of promises (a covenant). Through the creation covenant, the subsequent covenants with Noah, Abraham, Moses, and David and then the New Testament covenant of communion, we learn of God’s grace and the responsibilities that are ours as God’s chosen people.”⁷ Some churches have established covenants which members abide.

Laypersons in these roles must also understand logistics. Meetings with those seeking assistance can be at the church, within the home, at a healthcare facility, or even at a restaurant. The setting should be based on the needs of those seeking assistance, for instance, if the

5. Ephesians 4:29 ESV

6. American Bible Society. (1984). *Holy Bible: New Internal Version*. New York: American Bible Society, Genesis 1:28-30.

7. Jeffery Arnold. *The Big Group on Small Groups*. InterVarsity Press: Downers Grove, 2004, 50.

household has multiple children that can cause distraction, the meeting should be held elsewhere. In the book *Mastering Pastoral Care*, Doug Self shares how he even visits people on their job. He indicates that when work situations allow, he visits his members on the job. He points out that doing this shows that the pastor cares, people's work is valued and opportunities develop for deeper ministry.⁸ The location should not be too big or it may lack the intimacy that can assist in conversation. Logistics can not only include the securing of a location, but transportation, communication, bathroom access and access to assistive equipment. It may also include parking, access to a water fountain or coffee, and, in some cases, arranging sacrament with ministers.

A layperson who on a Congregational Care Team may actually have to conduct small group sessions for families; this includes several components. The layperson should pray prior to each session for patience and guidance. The layperson should be punctual for arrival, begin on time, and end on time when scheduled for an appointment with those seeking assistance. Each session should begin and/or end with personal or group prayer. The layperson must know how to manage outbursts of either joy or pain, disruptions from participant and outside members, and guide the individual or group to stay on the topic. The layperson should also use active listening skills and not dominate the session; they should act as a facilitator.

Considerations for Laypersons as Team Members:

Has a knowledge and desire to work with those in need: As stated in 1 Peter 4:10, "Each one should use whatever gift he has received to serve others, faithfully administering God's

8. Larson, Bruce, Paul Anderson, Doug Self. *Mastering Pastoral Care*. Portland: Multnomah Press, p.p. 53, 54.

grace in its various forms”.⁹ This should include all of those in God’s grace should be willing to assist in the ways they are able. The layperson who is a team member will be able to help depending on the grace they are shown. For instance, those who are able bodied but lack patience may mow lawns, while those gifted in patience may act as a babysitter for someone who is in the hospital. Volunteering to serve as a team member is also charitable even if it can be hard; Acts 20:35: “In all things I have shown you that by working hard in this way we must help the weak and remember the words of the Lord Jesus, how he himself said, ‘It is more blessed to give than to receive’.”¹⁰ The layperson must keep things in perspective when working with those in need. The layperson must recognize that the service being performed is unto God, not unto the individual or they may lose heart and interest in serving. In his book *The Soul of Ministry: Forming Leaders for God’s Purpose*, Anderson describes how we should understand the ministry of Jesus as it is a prototype to our ministry. He states, “It is not the ministry of Jesus to the world on behalf of God that made him a servant, but his ministry to the Father on behalf of the world.”¹¹

Has a good reputation within your congregation: As said in Proverbs 22:1, “A sterling reputation is better than striking it rich; a gracious spirit is better than money in the bank.”¹² If the team member has never met a person they are to work with, the individual may inquire about them. The team member’s reputation is what they will find out, whether they are trustworthy and honest or if they are liars and thieves. The activities they are associated with are affected by this

9. American Bible Society. (1984). *Holy Bible: New Internal Version*. New York: American Bible Society, 1 Peter 4:10.

10. Ibid, Acts 20:35.

11. Ray S. Anderson, *The Soul of Ministry: Forming Leaders for God's Peopls*. Louisville: Westminster John Knox Press, p79

12. American Bible Society. (1984). *Holy Bible: New Internal Version*. New York: American Bible Society, Proverbs 22:1.

reputation, either lowering them or lifting them with the actions of the team member. The reputation that is discovered may also make the individual more readily trust the team member which encourages an effective working relationship.

Has respect for individual from a variety of backgrounds: In Revelation 7:9, it states: “After this I looked, and behold, a great multitude that no one could number, from every nation, from all tribes and peoples and languages, standing before the throne and before the Lamb, clothed in white robes, with palm branches in their hands.”¹³ This passage shows the diversity of those who follow God’s path and are accepted by God. Showing respect for those called to the Word shows respect and trust in God and His will. Church members are made up by individuals from all levels of society and from as many backgrounds as can be imagined; the team member must be able to work with this assortment of congregational members. The team member must have a love for others and not judgmental. They must be able to see those in need as Children of God and be compelled to help based on their love for God. James chapter two, verses one through four can be used to support selection of team members who have the ability to respect those of different backgrounds:

My brethren, do not hold the faith of our Lord Jesus Christ, the Lord of glory, with partiality. For if there should come into your assembly a man with gold rings, in fine apparel, and there should come in a poor man in filthy clothes, and you pay attention to the one wearing the fine clothes and say to him, “You sit here in a good place,” and say to the poor man, “You stand there,” or, “Sit here at my footstool,” have you not shown partiality among yourselves, and become judges with evil thoughts?¹⁴

Has a relationship with God: In order to guide someone down a path, the guide must know the path. In order to make introductions, a person must know both people being introduced. This

13. American Bible Society. (1984). *Holy Bible: New Internal Version*. New York: American Bible Society, Revelation 7:9

14. Ibid, James 2:1-4.

same principle is applied to this requirement: a person must have a relationship with God to understand and help others maintain, strengthen, or restore their relationship with God.

According to Hebrews 10:24, the people of God must “consider how to stir up one another to love and good works”¹⁵. This is the single greatest requirement of a layperson member. A personal relationship with God aids in how leaders serve others. Oscar Feucht writes; “Christians have an even greater self-understanding and reason to serve God and their fellowmen. We are more than the human race. We are the people of fulfillment. In us the ministry of Christ to all people is to continue.”¹⁶

Is willing to learn and has listening skills: Listening skills are essential for team members on every team. Listening is the only way that assessment can be done to determine what needs individuals may have. This can be demonstrated by how they conduct themselves in Sunday School, Bible Study, and other social interactions. There are many scriptures discussing the need to listen, a few of them are: Proverbs 18:13, “If one gives an answer before he hears, it is his folly and shame”¹⁷; James 1:19, “Know this, my beloved brothers: let every person be quick to hear, slow to speak, slow to anger”¹⁸, and; Proverbs 19:27, “Cease to hear instruction, my son, and you will stray from the words of knowledge.”¹⁹

Is compassionate: This is a must for those who want to be team members. They must have the heart of God which sees past the individuals faults and focuses on the individual’s needs.

15. American Bible Society. (1984). *Holy Bible: New Internal Version*. New York: American Bible Society, Hebrew 10:24

16. Ibid, Acts 2:39, 3:25

17. Ibid, Proverbs 18:13

18. Ibid, James 1:19.

19. Ibid, Proverbs 19:27.

This can be demonstrated by the way they deal with children and the elderly. A scripture that supports selection of members with this characteristic is Colossians 3:12: “Therefore, as the elect of God, holy and beloved, put on tender mercies, kindness, humility, meekness, longsuffering.”²⁰

Is humble: This characteristic is necessary as it is almost impossible to get others to share when you are trying to be in the lime light. Team members must understand that what they do is not for their own glory but for the glory of God. Those who cross this line will not be able to serve as team members because no one will want to deal with them; not even when it means that they will get something out of it for themselves. All team work is done for building up the Kingdom of God not for vain glory. It is clear in Philippians 2:3-11, that we should think more highly of others than we do ourselves:

Let nothing be done through selfish ambition or conceit, but in lowliness of mind let each esteems others better than himself. Let each of you look out not only for his own interests, but also for the interests of others. Let this mind be in you which was also in Christ Jesus, who, being in the form of God, did not consider it robbery to be equal with God, ^{but} made Himself of no reputation, taking the form of a bondservant, and coming in the likeness of men. And being found in appearance as a man, He humbled Himself and became obedient to the point of death, even the death of the cross. Therefore God also has highly exalted Him and given Him the name which is above every name, ^{that} at the name of Jesus every knee should bow, of those in heaven, and of those on earth, and of those under the earth, and that every tongue should confess that Jesus Christ is Lord, to the glory of God the Father.²¹

John Maxwell shares a list of qualities that he uses to describe what he considers players need in order to be a part of what he considers a “dream team.” In the book, *Developing the Leaders Around You*, he indicates that a winning team for him would: Know his heart, be loyal to him, be trustworthy, be discerning, have a servants heart, be a good thinker, be a finisher and

20. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), Colossians 3:12.

21. *Ibid*, Philippians 2:3-11.

have a heart of God.²² It is easy to recognize that these would be the same qualities that the pastor and the minister of congregational care would want each team member to possess.

In addition to the things listed above, it will be impossible to select team members without keeping in mind the fruit of the Spirit. If the person bears the fruit of the Spirit they should be a prime candidate for the individual teams. In Galatians 5:22-23, the bible identifies the fruit as love, joy, peace, longsuffering, kindness, goodness, faithfulness, gentleness, self-control²³.

When discussing the acceptance of a position on a Congregational Care team, the pastor should remember to include the following items in the job description of chairperson: 1) someone who can commit to at least three full years in the position in order to prevent the pastor and/or chairman with assistance from the Minister of Congregational Care; 2) communicate weekly with the chairperson of the team, follow-up on any issues that arise during visits, and complete the Congregational Care Log; 3) lead visits in accordance to the defined established covenant of Mount Olive Baptist Church; 4) turn in weekly progress report in the form of the Congregational Care Log regarding all issues assigned to the chairperson of the team; and 5) participate in training provided by the church, pastor, or chairperson.

Minister of Congregational Care

The pastor must have a clear vision in choosing and developing laypersons as team members to work together for the good of the congregation, who will work together as a team to implement this ministry model, and who is humble enough to acknowledge the need for training,

22. John Maxwell, *Developing the Leaders Around You*. Nashville: Thomas Nelson Inc., pp 145-146.

23. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), Galatians 5:22-23.

listening, and guidance. It is equally important to appoint a ministry leader who serves as Minister of Congregational Care. This person will also ensure the ministry model is implemented at the church. Many times churches will have each team report directly to the pastor, Donahue and Robinson state

The lack of a designated point leader over small groups will doom a ministry before it even gets off the ground. When you look at the kind of individual you want to oversee this organization in terms of small groups, what are some of the qualities and characteristics and experiences that you want that person to have? It all rises and falls on leadership. For churches thinking of starting a small group ministry, the most critical decision to make is whom has God anointed for this mission. Who will be the man or the woman who will embody and cast the vision, organize and implement the small group ministry? The selection of that individual sets the dominos in motion for everything that follows.

We've had several different people lead our small group ministries over the years at Willow. But I always made sure that they have the spiritual gift of leadership. This is the leadership-intensive position around a church. This is not just an administrative function not just a shepherding function, even if that's what small groups are about.²⁴

The Minister of Congregational Care must meet the criteria of chairpersons in addition to a larger scope of items to facilitate the model of ministry. When discussing the acceptance of a position on a Congregational Care team, the pastor should remember to include the following items in the job description of chairperson:

1. Commit to at least five full years in the position in order to prevent the pastor from being in a position of continuously training ministers which would defeat the purpose of the Congregational Care Ministry Model.
2. Act as the administrator of all the functions of the team to include facilitating communication between the pastor and chairpersons, follow-up on any issues that arise during visits, and completing the Congregational Care Log.

24. Bill Donahue and Russ Robinson, *The Seven Deadly Sins of Small Group Ministry*. Grand Rapids, Zondervan, 43.

3. Turn in quarterly progress report in the form of the Congregational Care Log regarding all issues assigned to the team and maintain regular communication with the pastor.

4. The Minister of Congregational Care must participate in training provided by the church/pastor and be willing to perform individual research to benefit the team as approved church leaders.

Chairperson

The chairperson must meet the criteria of the layperson team members in addition to a larger scope of items to facilitate the teams. When discussing the acceptance of a position on a Congregational Care team, the pastor should remember to include the following items in the job description of chairperson: 1) commit to at least three full years in the position in order to prevent the pastor from being in a position of continuously training chairpersons which would defeat the purpose of the Congregational Care Ministry Model; 2) act as the administrator of all the functions of the team to include communication with the Minister for Congregational Care, follow-up on any issues that arise during visits, and completing the Congregational Care Log; 3) lead teams in accordance to the defined established covenant of Mount Olive Baptist Church; 4) turn in monthly progress report in the form of the Congregational Care Log regarding all issues assigned to the team and maintain regular communication with the Minister for Congregational Care, and; 5) the chairperson must participate in training provided by the church/pastor and be willing to perform individual research to benefit the team as approved church leaders.

Steps of Implementation

This section is intended to guide the implementation of the Congregational Care Ministry Model within the other churches. The first item of consideration is the size, age, and tradition of the church. If the congregation is not large enough that the members can see that the pastor needs assistance, they may be resistant to speaking to others in the pastor's place. If the populace of the congregation is younger, they may be more willing to embrace new ideas and while older populations may be resistant to change. Different traditions, which can be dictated by former pastors, culture, or geographical region, may be more or less accepting of speaking to anyone not specifically ordained. The pastor must first evaluate these issues and address them prior to moving forward.

Once the pastor discusses the potential implementation of the Congregational Care Ministry Model, the church and its congregation must determine if they are willing and able to support the ministry. The pastor may assist the church by assisting them with identifying the current weaknesses and strengths of the current level of care within the congregation. Some smaller churches with aging pastors or congregations may find it advantageous to work with the sister church to set up a mutual program.

Next the congregation will determine the needs are required by the members, such as in-home elderly prayer visits or regular visits during a period of health recovery. Meeting these needs are the goals of the Congregational Care Ministry Model. Once the goals are identified they must be clearly defined as to what is and is not considered part of the care the congregation is willing to support. This step can be conducted by the pastor or by the individual the pastor selects as the Minister of Congregational Care.

Alternatively, the next step is the selection of the Minister of Congregation Care. The pastor may assign this task to an assistant pastor, a deacon or deaconess, an organized church elder, or the person with the most qualities in line with the pastor's vision. The individual should have the potential for good repertoire as well as the qualities previously defined. The Minister for Congregational Care should also establish a record keeping system in conjunction with church bylaws, and document the Congregational Care Ministry's vision and mission.

Under the guidance of the Minister of Congregational Care, leadership must determine a means of evaluating the needs of those asking for assistance and assessing the situation for appropriate care. The Congregational Care Ministry Model does this through the use of the Request for Assistance form. This form gathers the facts of the situation and allows tracking through the previously described process. This is the time for the pastor to start training the Minister for Congregational Care in what is expected of him/her, establish a working relationship, and ensure that the congregation understands who to go through questions regarding the ministry model.

The pastor, in conjunction with the Minister for Congregational Care, must then fill the chairperson positions. Once again, these positions can be filled with individuals from any level of the congregation so long as they meet the previously described criteria. These individuals must establish a good working relationship with the Minister for Congregational Care; this can be accomplished by allowing the Minister for Congregational Care to train them under the guidance of the pastor. This core group can also recommend formalizing policies, restructuring procedure, and expanding/limiting various teams based on needs. This core team will recommend edits to the forms as need arises. This team can also compile and assess potential outside resources, such as special programs to assist with payment assistance for the elderly.

The core group may also make recommendations, through the Minister for Congregational Care, potential team members for their individual teams. Once the teams are assigned, they can begin training under the chairpersons and Minister for Congregational Care with the guidance of the pastor. Team members can also provide feedback on items and processes the core group has established.

If the congregation is large enough, it may be able to secure funding for some of the activities, as well as specified donations. For instance, if a team member makes two trips a week to a distant hospital to see a congregation member but does not have abundant income, the congregation may approve of giving the individual a small fuel allowance to accomplish the task. If there are many children within the congregation, there may be those willing to make quilts for a team to distribute when the children need comfort. The Minister for Congregational Care and chairpersons may also be able to find grants to assist with funding some activities.

The last step is advertising that the Congregational Care Ministry Model is in place at the church and is accepting Request for Assistance forms. Advertising can come from the pastor at appropriate gatherings, through newsletters, or at church functions; preferably all three. In addition, the Congregational Care Ministry has a table set up at the ministry fairs which are held twice a year for new members and those seeking to determine which ministry they will serve on. Remember, the more actively used the program is, the more weight they are taking off of the pastor and the more the care the congregation receives.

Policies

As previously mentioned, policies can be established to determine what care is appropriate and inappropriate for team members to give. Some items may need to be passed up to the pastor while others do not have a place at the church or within the gathered alternative resources compiled by the teams. Policies should be written for consistent application. Exceptions for policies should also be included, such as stating that money will not be directly granted to those requesting it with the exception of those who lost everything due to fire, flood, or other forces of nature.

Records

Written documentation is important for auditing the function, quality, and need for the Congregational Care Ministry at the church. Record keeping should be within the guidelines established by the Minister for Congregational Care during the previous stages. Each chairperson should also maintain documents to review with the team, the first of which should be to establish the purpose, target audience, and so on. The information used to initiate and implement the Mount Olive Bereavement Support Group was taken from *The Theory and Practice of Group Psychotherapy* by Irvin D. Yalom, *Groups Process and Practice* by Corey, Corey and Corey, and, of course, from the help of the Holy Spirit^{25,26}.

The following is excerpt from the Mount Olive Bereavement Support Group, one of the Congregational Care teams:

25. Irvin D. Yalom, *The Theory and Practice of Group Psychotherapy*. New York: Basic Books 1995.

26. Corey, Corey, and Corey. *Groups Process and Practice*. Belmont: Brooks/Cole 2010, 2006.

The Name of the Group: The Mount Olive Bereavement Support Group

The Purpose: To (1) help those persons who have experienced the death of loved ones to have a “good grief” experience and (2) to offer liberation from the pain of grief while carrying out the Vision Statement of Mount Olive Baptist Church: *“The spirit of the Lord is upon me, because He has anointed me to preach the good news to the poor. He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to release the oppressed, to proclaim the year of the Lord’s favor”* Luke4:18-19(KJV). It is the vision of Mount Olive to be a church that is intentional in its efforts to identify and meet the needs of broken, hurt and oppressed people in the greater Glen Allen area through the message of Jesus Christ.

The Client Population: The total population of clients will be approximately 36 persons (4) groups of 9 individuals each.

The Place: Classroom one in the Multi-Purpose Building

The Length and Duration of the Sessions: Seven (7) consecutive weekly sessions held on Thursday evenings lasting approximately (1 1/2 hours each for the support group.

The Theory: The therapeutic factor of the Installation of Hope According to *The Theory and Practice of Group Psychotherapy* by Irvin D. Yalom. “Hope is required to keep the client in therapy... the reinforcement of positive expectations is essential.” The Bible speaks of hope in Romans 8:24-25 “23. For in hope we have been saved, but hope that is seen is not hope; for who hopes for what he already sees? 25 But if we hope for what we do not see, with perseverance we wait eagerly for it. “(NASU) In other words genuine hope is not wishful thinking, but a firm assurance about things that are unseen and still in the future

Possible Concerns in the Group: Emotions will vary and depth of understanding may be difficult to articulate because the group will consist of persons who have lost loved ones by sudden death (accidental, suicide or murder) or anticipatory death. The group will be open and individuals can join the group at any time; it can be on for 7 weeks and off for a period of time depending on the need.²⁷

Policies regarding record keeping may also be written. These policies would indicate when records can be created, by whom they can be created and the condition in which they must be kept. For instance, a policy may be in place stating that only the chairperson and the Minister of Congregational Care may maintain written copies of weekly reports to minimize access to the personal information of congregational members.

27. Mount Olive Bereavement Support Group mission and establishment documentation.

Actual Team Member Training

During the training process, the pastor must establish standards and expectations of all positions and the people filling those roles. The pastor can have a screening process which could include references during the appointment portion of the implementation. This, however, is the pastor's chance to ensure that the individuals have a clear understanding of the view, attitude, and methods he/she expects to be used. For instance, the pastor may prefer a formal tone indicating that team members wear suits to all visits and activities while other pastors may prefer a business casual approach.

There is a general level of education that each team member must be required to have and a specific knowledge regarding their particular area. Their chairperson must know the same information, additional resources, and what other teams cover for cooperative care. The Minister for Congregational Care must have deeper understanding, knowledge of all the teams and their resources, and have a greater understanding of how the model, established policies, and the outside resources come together to serve the congregation.

While each team in the Congregational Care Ministry Model has its own individualized education, the example used in this section is from the Bereavement Support Group. The general agenda for each education meeting is as follows:

The group begins with a welcome and an opening prayer. After the prayer, attendance is conducted and an overview of the meeting is presented. As a general reminder, the next action is a review of the purpose of the team and, if applicable, a review of the education from the previous meeting. Also discussed is how these items tie into the purpose of the Congregational Care Ministry Model and the needs of the congregation as a whole.

The next portion of the meeting is the educational piece, followed by a break out discussion in sessions one through four; in later session the time allotted was used for role playing. After the educational session has been completed, there is time for a question and answer period. During this period, the attendees are encouraged to assist in answering the question for peer-to-peer learning with guidance being offered as needed. Each session is finished with a conclusion and prayer.

The educational piece and break out discussions are subject to change each week as to develop the skills of team members. The lessons are designed to develop a skill set that will allow the team members to effectively communicate, connect, and help those members of the congregation who have turned to the Congregational Care Ministry in need. The education pieces for the Bereavement Support Group at Mount Olive Baptist Church are as follows:

Week 1:

Establishing a group covenant: This session was designed to help the Congregational Care team facilitators learn how to work with each other and to be on one accord as they assist the congregation members with dealing with grief. The following was agreed to as the group covenant:

Rule 1: What happens in the sessions stays in the sessions: The group agreed that information from these sessions would only be discussed amongst themselves. This would prevent anything that could be deemed unacceptable would never be shared with the congregation as a whole or those members who are not part of the group. This agreement allows people to feel free to express things that they may not feel too comfortable sharing and have the confidence that this information would not get out into the church public. This proves to be an

agreement that is very much necessary as occasionally groups have members of the church leadership involved and they feel as though they have an image to uphold.

Rule 2: Respect the privacy of others at all times: The group agreed that not only should the things that happen in the session remain in the session but also that sometimes respecting privacy means allowing another individual to have space. It was agreed that when individuals did not want to share, they would not be condemned or made to feel guilty.

Rule 3: Confidentiality is a must: This follows along the lines of number one and number two. If the members of the group do not feel that what they share is confidential, they may hold back on sharing information that might not only be helpful to the individual but others in the group as well.

A scripture to support confidentiality, the privacy of others, and keeping what happens in the session, in the session can be found in Proverbs 25:9: “Debate your case with your neighbor, and do not disclose the secret to another.”²⁸

Melvin Steinborn states: “To say that confidentiality is vitally important is not an exaggeration. Confidentiality is part of our responsibility as pastors and is one of the foundations of a good helping relationship. Upon this foundation is built trust, honest communication and freedom for the person to express personal thoughts, feelings and release. When people you are pastoring view you as a person in whom they can confide, they are extending to you a special gift of trust. You must handle such a special gift respectfully and responsibly.”²⁹

28. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), Proverbs 29:5

29. Melvin J. Steinbron, *Can the Pastor Do It Alone? A Model for Preparing Lay People of Lay Pastoring*. Ventura: Regal Books, 1987.

Rule 4: The discussions are limited to facilitators and participants only: This part of the covenant ensures that outsiders do not have the opportunity to provide what they may consider insight into the conversation. This helps to ensure that the counsel being provided is Godly counsel.

Rule 5: At no time will the facilitators pre-judge or formulate opinions of each other or those to whom they are ministering: This is an extremely important part of the covenant. It ensures that no one will formulate opinions of each other and that the group remains on one accord. It is not unusual for church members to judge one another without cause and sometimes even leaving people out based on pre-conceived notions. In his book *“Transforming Congregations for the Future*, Mead writes about the power congregations have and how influential they can be even when that influence seems to have demonic potential. He writes: “Congregations can care and teach us to care, but they can also be places where prejudices are nourished and grudges passed along to future generations.”³⁰ The group will have to hold each other accountable for this part of the covenant because it is an easy trick that the enemy will use to disturb the trust that has been built.

Rule 6: Never over-talk. This part of the covenant is necessary because it imperative that the facilitator and group members employ active listening skills. Over –talking or not waiting for someone to finish what they are saying implies that the listener is not listening to what is being shared. Wicks and Rodgerson suggest in the book *Companions in Hope*, that “Holding back can have great benefits, though. By not responding, a vacuum is set up within which the person can think, have the opportunity to continue, change the topic, vent emotions or just enjoy the comfort of another person’s presence. By controlling ourselves, we give them the

30. Loren B Mead,. *Transforming Congregations for the Future*. Bethesda, Md. : Alban Institute, viii

freedom to express themselves.”³¹ Experiencing someone over-talking could cause a member to stop sharing and opening up to the group. It is always important to remember that in group sharing, what is shared by an individual may not just be helpful to them but to other group members as well. Scripture that supports this covenant view can be found in Proverbs 18:13: “He who answers a matter before he hears it, It is folly and shame to him”³².

Rule 7: Listen with care and compassion: This part of the covenant is crucial to the effectiveness of the group. The facilitator must make sure that active, compassionate listening is a constant in each session. Compassionate listening requires patience, and times of being silent. Sensitive questions should be asked of the individual who is speaking to let them know that the facilitator is listening. The facilitator must always remind the individual to know that it is okay to share. Scripture that supports this covenant view can be found in Matthew 7:1-5:

Judge not, that you be not judged. For with what judgment you judge, you will be judged; and with the measure you use, it will be measured back to you. And why do you look at the speck in your brother’s eye, but do not consider the plank in your own eye? Or how can you say to your brother, ‘Let me remove the speck from your eye’; and look, a plank is in your own eye? Hypocrite! First remove the plank from your own eye, and then you will see clearly to remove the speck from your brother’s eye.³³

Neil Pembroke describes genuine dialogue in his book *Renewing Pastoral Practice: Trinitarian Perspectives on Pastoral Care and Counseling*. He points out that genuine dialogue can only take place when there is kenosis. He writes, “I must empty myself of self-concern for a moment in order to hear from my conversation partner.”³⁴ This type of emptying of self-concern is exactly what the facilitator has to do.

31. Robert J. Wicks and Thomas E. Rodgerson, *Companions in Hope: The Art of Christian Caring*. New York/Mahwah: Paulist Press, p. 12

32. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), Proverbs 18:13.

33. *Ibid*, Matthew 7:1-5.

Rule 8: Ask only open ended questions in order to solicit true responses: This is one of the most important parts of the covenant. Asking questions is what guides the entire conversation in the session. If questions are asked that do not solicit true responses and only allow for “yes”, “no” answers, there will be no discussion to draw off of in order to facilitate further discussion and sharing.

The covenant helps to assure that the team members are always on one accord and unified in efforts to provide the highest level of care.

Week 2:

Education concentrated on developing counseling skills such as active listening, reflecting, summarizing, empathizing, and interpreting.

Active Listening: The Congregational Care team facilitators were taught skills to help with listening with compassion. This included training on sitting in silence and allowing the bereaved to share without interjecting opinions, feelings, or personal experiences. The facilitators also learned to give non-verbal cues of actively listening, such as periodic nodding, offering appropriate facial expressions, and using “open” body language.

Reflecting: The Congregational Care team facilitators were taught how to allow the person grieving to share the story surrounding the death of the loved one including how the individual died. The facilitator will be able to identify how the individuals relate to the event of death by the comments they just make.

Summarizing: The Congregational Care team facilitators were taught how to summarize what the grieving individual has shared in order to ensure full comprehension and assuring the

34. Pembroke, Neil. *Renewing Pastoral Practice : Trinitarian Perspectives on Pastoral Care and Counselling*. Aldershot, England, Burlington, VT: Ashgate Publishing Limited, p45.

individual that what is being experienced in terms of their grief is okay. The paraphrased summarization is not correct, the congregational member now has a chance to clarify miscommunications or realize that the words they are using are signals for subconscious issues.

Empathizing: The Congregational Care team facilitators were taught how the different between empathy and sympathy. They were also taught to empathize with the grieving congregation members and to accept and acknowledge all of the feelings the grieving individual is experiencing. Empathizing is an important aspect in group sessions however, it can sometimes be difficult. The persons engaged in conversation must feel that others understand.

Neil Pembroke describes how difficult empathizing can be:

Secondly, in the communion between the divine persons the knowledge and understanding of each other is absolute, complete and perfect. Here we have an ideal for therapeutic empathy. We strive to know and understand the experience of the other as fully as possible. But we know that we can never reach the ideal. Our understanding is never total. Quite apart from our own limitations, we must contend with the fact that self-understanding of the other is not complete.³⁵

Interpreting: The Congregational Care team facilitators were taught how to interpret what was said in verbal cues by the grieving individual during the session as well as how to add non-verbal cues through body language to create a whole image of the situation.

The session from this week provided the facilitators with a great deal of information that they needed to absorb. It could possibly be considered the most important session. From this session, the facilitator should be able to effectively use the counseling skills taught. By utilizing these skills, they should be able to determine in which direction the group needs to go.

35. Pembroke, Neil. *Renewing Pastoral Practice : Trinitarian Perspectives on Pastoral Care and Counselling*. Aldershot, England, Burlington, VT: Ashgate Publishing Limited, 72.

Week 3:

Education concentrated on developing counseling skills in the areas of questioning, linking, confronting, assessing, and supporting.

Questioning: The Congregational Care team facilitators were taught how to use open-ended questions in lieu of closed ended questions. Open ended questions allow for the grieving congregational member to talk more. Talking assist in laying down one's burden and assists in the healing process. Palmer Becker describes the type of questioning that should be used. He writes:

Your goal is good dialogue, not a good lecture. Never give information the student can discover through asking good questions! Good sharing questions help members to feel accepted. Good discussions questions help students discover the truth of a Scripture or topic. Questions need to be open-ended. This means they cannot be answered by a simple yes or no. Questions from the group should usually be redirected back to the group for exploration or response.³⁶

Linking: The Congregational Care team facilitators were taught to discuss their own experiences of grieving thereby allowing the grieving congregational member to see how they are connected in their grief through shared experiences. Facilitators will also cautioned against using phrases such as "I know exactly how you feel" as grief is extremely personal and no two people, even twins, experience it the same way. Usage of this phrase can also be off putting to others and close off communications.

Confronting: The Congregational Care team facilitators were taught how to confront issues with care and only when necessary. Issues that may need confrontation are grief that has blocked the congregational member from caring for children or themselves, suicidal ideations that are either

36. Palmer Becker, *Called to Equip : A Training and Resource Manual for Pastors*. Scottsdale: Hearld Press, 52.

intentional or non-intentional such as medication mismanagement, or carelessness with safety issues within the environment such as leaving a gas stove on without a flame.

Assessing: The Congregational Care team facilitators were taught how to make assessments based on the discussions, body language, and sharing of the grieving congregational member and of themselves. In her list of some of the practices of a good listener, Marlene Wilson lists as her number two point that a good listener should “Remember that understanding involves more than know the dictionary meaning of the words that are used. It involves, among other things, paying attention to the tone of the voice, the facial expressions, and the overall behavior of the speaker.”³⁷ These assessments on the congregational members are to be used when filling out the post visit report, is used by the chairperson as a guide for spiritual care planning, and allows evaluation of effectiveness of the ministry. The assessment of the self allows the Congregational Care team facilitators to ensure that they have not crossed from empathetic to sympathetic and can maintain an effective ministerial relationship.

Supporting: The Congregational Care team facilitators were taught how to instill hope and help the individuals to know that they are not alone. This can be done in multiple ways such as praying with them, sitting with them quietly, literally pointing out others who stop by to help voluntarily, and bringing them to a place where they can be well received.

From this session, the facilitators should be able to utilize the skills learned to lead the group sessions in an effective manner. They should know how to effectively use the questioning technique in a manner that will promote discussion. The facilitator must be able to assess the needs of each individual and instill hope in a manner that each individual can receive. It will be

37. Marlene Wilson, *How to Mobilize Church Volunteers*. Minneapolis: Augsburg Publishing House, p 56

necessary for the facilitators to remember that each person grieves differently: experiencing the stages in different orders and at different times.

Week 4:

Establishing ground rules: Ground rules are an excellent way for Congregational Care team facilitators to deal with multiple people in one location. Ground rules should have group buy-in by allowing the group to brainstorm rules they would like to have. The Congregational Care team facilitators should ensure that the following rules are addressed in by the group through either asking developing questions or making suggestions at the end. These ground rules are:

Rule 1: Encourage confidentiality: The Congregational Care team facilitators were taught the importance of assuring the grieving individual that “what happens in sessions stays in sessions”. At various points grieving individuals will lash out and say things that they do not truly mean as a way of releasing anger; the sessions are the appropriate place to release this anger. Discussions that happen at session happen in a place of neutrality and safety but taking those discussions outside of the session removes the conditions of having the facilitator to as referee, a communicator, and a protector.

Rule 2: Respect each other by taking turns talking: The Congregational Care team facilitators were taught how to direct the sessions in a manner in which everyone is using active listening and no one is trying to over-talk anyone else. They Congregational Care team facilitators were also taught methods to deal with the issue of talking over one-another should it arise, such as the use of a talking stick. The facilitator must ensure that they are never the one to speak over another.

Rule 3: Listen to one another: The Congregational Care team facilitators were reminded to use active listening skills and waiting for others to finish before speaking. They should be mindful that they are listening with the intent to understand. They should also be careful that they are being understood.

Rule 4: Share the time so everyone feels heard: The Congregational Care team facilitators were taught how to manage the sessions in a way that no one person gets all of the focus. While this is easiest to do with a talking stick or speaking circle, ensuring that people each take a turn, that is not always the case. The Congregational Care team facilitators must be mindful of who has not had the opportunity to speak and give them the opportunity to do so. Some people do not like speaking in front of groups, if this is the case, the Congregational Care team facilitators should spend time with the individual before session, during breaks, and after the session to allow their needs to be addressed.

From what is learned in this session, the facilitators should be able to establish the ground rules for the group from the very beginning. They will need to make sure that everyone is familiar with and willing to abide by the ground rules. The facilitator should remember that they should go over the ground rules at the beginning of each session until the entire group is abiding by all rules that have been set.

Week 5:

The education this week discussed the stages of grief: Denial, Anger, Bargaining, Depression, and Acceptance. It is important to note to the team members that each person grieves in a personal and individual way. Each person expresses their emotions differently and goes through the stages at different rates. It is also important to note that team members will be

dealing with the living, or surviving, members of the family. The pastor will work with the actively dying members of the congregation.

Denial: This is usually the first stage of grieving, marked by varying levels of shock as the individual comes to terms with the changes brought on by loss. If the departing of the deceased was expected this could be a relatively short stage as opposed to the death of someone who was younger and healthy. In some cases, when the departed family member or loved one lingered in pain when alive there may be a sense of relief instead of denial followed by guilt for feeling relief. The goal for moving individuals from this stage is to help them accept the reality of the loss. Each individual will move at their own pace but it is important that they move and not get stuck in any one stage.

Anger: This stage can be aimless, making everyone a target, or targeted very specifically at whoever is perceived as having caused the loss. In some cases, the surviving individual may be angry at the deceased for having died. Anger can lead the individual to question death, life, and ultimately God. This questioning is normal but can be a sign of spiritual trauma which will need the pastor's attention. Anger is also a mask for pain, senses of abandonment, and loss. Anger is a healthy emotion that can assist the individual in having a focus while their emotions and mind try to cope with the loss. The goal of moving individuals from this stage is to help them to recognize that this is a normal stage and that although it is hard to admit, there is some anger towards God. The individual must be walked through this stage carefully and allowed to release the anger in a manner that is helpful; not harmful.

Bargaining: If the individual or their loved one is actively dying. This is the desire to live and is normal. Most commonly the thought process contains the idea that if a task is done or a promise is sworn the individual can be told that it is all a bad dream. Guilt is also common

during this phase, typically in the form of regrets. Common phrases include “I should have”, “I wish I could have”, and “if only I”. It is not uncommon for the guilt to cause people to revert back to the anger stage. The goal for helping individuals to move from this stage is helping them to realize that they are not in control; God is. These individuals must be shown that nothing that they did or did not do or could have or not have done, could change the outcome of what happened.

Depression: It is important to note that this depression is not clinically diagnosed depression; this is a natural depression that, despite how it feels, will not last forever. It is expected that one may consider the hollowness in life presented at by the loss of a loved one, or the experience an individual who is dying will not have. During this depression survivors may not see the reason to go forward in life filled only with that void. This is the time to watch for suicidal ideations. This is the time to give extra love and support. This is a stage that must be handled delicately. If not careful, individuals can get stuck in this stage. The facilitator must know how to look for signs that the individual may be stuck in this stage. Those signs include: difficulty functioning in daily life, neglecting personal hygiene, withdrawing from others, constant feelings of hopelessness, talking about dying or suicide, and inability to sleep. The facilitator must be able to address this with the individual without seeming to be invasive.

Acceptance: This is considered the final stage in grief. It is important that the team members can identify that accepting a loss is not the same as being “OK” or “normal”, it merely means that the individual has made a permanent adjustment in their life for this loss. At first people will not want to make any changes in their life but this gradually changes as this stagnation is unnatural for living beings. Acceptance comes slowly at first it is as simple as a smile, which will normally bring tears as the loved one is not physically present to share the

moment. Over time there are more smiles and fewer tears. This is the stage where the trained team member, or facilitator, can see that the individual may be ready to move on with life. This is the stage where the individuals accept the death of their loved one as a reality and recognize that this reality is permanent and will not change. This means they have to now learn to live with their new reality and learn to live with it.

From this session, the facilitator should be able to identify which stage each member of the group is experiencing at any given time. It is important to remember that some of the stages can exist at the same time. Once the stages have been identified, the facilitator should be able to walk with the group members to move them along from whichever stage they are experiencing.

Week 6:

Scriptures of support in times of grief: The Congregational Care team facilitators were taught that many parts of scripture are available to deal with the needs of God's children and the education session included many passages from the bible. The following passages were particularly discussed:

Isaiah 41:10: "Do not fear, for I am with you; Do not anxiously look about you, for I am your God. I will strengthen you, surely I will help you; Surely I will uphold you with My righteous right hand."³⁸ This passage demonstrates that God is willing to give you support to make it through difficult times and crisis situations. The grieving congregational member has only to turn to God to receive this support.

Isaiah 43:2: "When you pass through the waters, I will be with you; And through the rivers, they will not overflow you. When you walk through the fire, you will not be scorched; Nor will

38. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), Isaiah 41:10.

the flame burn you.”³⁹ This passage demonstrates God’s protection. While times are difficult the grieving individual may feel overwhelmed by the circumstances and events; this passage shows that God will see you through without the loss of self if you have faith and trust in Him.

Matthew 5:4: "Blessed are those who mourn, for they shall be comforted.”⁴⁰ This passage is the basis for this Grief and Bereavement ministry. This passage demonstrates that God will be us in times of mourning and grief; He is willing to give us love and comfort in times of need if we turn to Him.

2 Corinthians 7:10: “For the sorrow that is according to the will of God produces a repentance without regret, leading to salvation; but the sorrow of the world produces death.”⁴¹ This passage demonstrates that natural grief and sorrow is to be a cleansing experience through which people may repent without guilt. This repentance may be regret over fights with the deceased loved one, guilt over not having spent “enough time” with them prior to death, or guilt associated with the anger stage of grief.

Matthew 11:28: "Come to Me, all who are weary and heavy-laden, and I will give you rest.”⁴² This passage demonstrates that God is willing to give care and shelter while the spirit of the grieving recovers from the crisis of watching a loved one die.

From this session, the facilitators should have learned how scripture plays a role in providing comfort for those who are grieving and how to use these scriptures in an effective manner. These support scriptures should be used to encourage the congregation members who experience grief. The facilitator will have to be tuned in to the Spirit to know when and if these

39. *New King James Version* (Nashville: Thomas Nelson Publishers, 1982), Isaiah 43:2

40. *Ibid*, Matthew 5:4.

41. *Ibid*, 2 Corinthians 7:10.

42. *Ibid*, Matthew 11:28.

scriptures should be used. Sometimes those experiencing grief are angry with God and the last thing they want is for someone to quote a lot of scriptures to them.

Week 7:

Reporting and debriefing- The facilitators were given an opportunity to share what they learned in the training sessions and the role playing activities. The facilitators were provided an opportunity to ask additional questions and get clarification on any parts of the training that was not clear. This was also a time for them to share how these sessions have helped them deal with their own grief and for them to share and support one another. This type of sharing between the facilitators assisted with preparing them to speak without fear. Facilitators must be able to share without fear if they are to lead others to do the same.

Prior to the breakout sessions, team members are reminded that as a facilitator they are listening for: 1) death surround (was the death expected, sudden, traumatic, et cetera, or a prolonged anticipatory grieving); 2) relationships; and 3) was there time for goodbyes?

The breakout session schedule is as follows:

Week 1:

Discussion involved asking questions. Who is the person who died? Tell me about the death. What happened? Where did it happen? When? These questions are asked to help the individual to talk about the events that caused the grief and to possibly identify which stage they are currently experiencing. What were you doing and where were you when you learned about the death? These questions are asked to help the grieving individual to accept the reality of what

has happened. Having to actually talk about these things helps the individual to begin to move on from the stage of denial.

Week 2:

From this session, the facilitators should be able to assist the grieving individual by asking thought provoking questions which force the individual to realize the reality of their loved one's death. They should be able to facilitate group discussions in a manner in which each person will feel special and as though the death of their loved one is just as important as the next person's loss. The facilitators should also be able to use effective listening skills learned and showing empathy and compassion to each individual. By asking the following, facilitators can get the grieving to open and share:

Describe your relationship with the person. The grieving individual is asked to provide this description as a means of helping them to remember how they related to the deceased person.

Can you share what you loved the most about the person? Least? This provides an opportunity for the grieving individual to really open up and share; remembering the good times and the bad.

What things would this person do to cause you to lose your temper? Laugh? Again this provides the grieving individual to reflect on the good and the bad experiences shared with the deceased loved one.

Note: This session can bring out tears and laughter. Remember to use silence to allow them to express themselves, do not force them or press them to give answers. Have tissues available and in eyesight but do not offer them offer them. Allow true emotions to flow. As a facilitator you are listening for "reality" you want to help them remember their loved ones as

having been “real” there is no right way or wrong way to grieve. Everyone experiences their own grief.

Week 3:

Break out discussion: The facilitators were given role play activities and then allowed to discuss them as a group. The group was asked to identify the stages of grief as they completed the role play activities. Identifying the stages of grief through the role playing activities allowed the facilitators utilize the skills learned in the training and actually apply the techniques that were taught.

Week 4:

Break out discussion: The group was allowed to share what they learned and how to listen actively and how to deal with a range of emotions that the grieving individual may experience. This discussion provided an opportunity for the facilitators to utilize the listening skills that were taught. Some members of the group experienced difficulty with accepting that periods of silence are okay when you are using compassionate listening skills. The group was re-assured that while silence sometimes seems awkward, it is necessary when using active listening skills.

The Congregational Care team members were reminded that they cannot fix the pain but we can be present and offer comfort to those experiencing it. The facilitator is never to criticize, judge, and is always to listen. The Congregational Care team members are always to express appreciation for the courage it takes to share feelings and remember that everyone’s experience is unique. The Congregational Care team members’ job is to offer wisdom and support for their journey.

As indicated on the agenda, role playing activities will take place as time allows on session four and in place of break out discussions in weeks five, six, and seven. Role playing activities are designed to give Congregational Care team members the chance to see how the skills are effectively used allow practice of the skills set they are learning. In each scenario the grieved individual is played by an educator to ensure that the Congregational Care team members are all seeing the interactions from the team member's paradigm. Scenarios for the role playing are as follows:

Role Play #1: A 25 year old female congregational member has experienced the death of a spouse. The deceased was a cancer patient who had been sick for a year and was placed in hospice to be made comfortable during his active dying phase. The duration of the deceased's hospice stay was one month. The surviving spouse thought she were ready for his death because she were told that he had only two-to-three weeks to live. Family and friends supported her and she had the support of the Mount Olive Baptist Church family. However, it has been six months since his death and the support she once had has dwindled down to her parents and a few church folk. She feels alone and is having difficulty sleeping. Her doctor has ordered medication and it has not worked. She decided to seek help from this support group.

From this role play session, the students were able to use skills learned and identify that this individual could be in the beginning stage of depression as she begins to feel alone. The group determined that the Congregational Care Ministry would need to stay connected with this young lady; checking on her on a regular basis, offering to visit her and send her cards of encouragement. It was determined that special attention would need to be given to her especially over the next year as she experiences the first anniversary of every special event. It was also

determined that she should be watched closely to see if it would be necessary to refer her to the HOPE Biblical Encouragement Ministry for continued prayer.

A side note: the facilitators actually had to utilize what had been taught when the actual lead facilitator lost her husband when he went for a routine visit and was hospitalized with a diagnosis of cancer. He was given months to live but actually died in a few weeks: much sooner than anyone expected. It proved very difficult for the group to watch the one who had been instrumental in training the facilitators and had years of experience in ministering to the grieving, go through her own experience with grief in the midst of the training. The group did a wonderful job of listening, not pushing, and allowing her to go through the stages in her own way. A great deal of support was provided and continues to be provided.

Role Play #2: The congregation member is a 69 year old male who has been married for 50 years. He and his wife's only child, a son, was killed in Iraq two years ago. His wife is still finding it hard to talk about their son's death. The congregation member, being an ex-marine, has seen the perils of war and understands that war results in deaths. He has tried to comfort his wife, but the more he tries the more she resents him. He has come to this group for help in dealing with his wife, who has abandoned him. Now he is not only grieving the death of his son, but the loss of his wife.

From this role play session the students determined that it would be necessary for this man to be allowed time to share in the group sessions. The facilitator would need to encourage him and demonstrate that he is not alone in what he is experiencing. He would also benefit from learning the stages of grief so he can better understand what his wife is experiencing. Once he is able to understand the stages, he may be able to be patient with her as she goes through her own grief process. Sharing from the other group members might also prove beneficial as he hears the

struggles of others who are also experiencing grief. The group also determined that once she was up to it, the facilitator would ask the wife if she was interested in attending the sessions.

Role Play #3: The congregation member is a 54 year old male who has never been married. He devoted his life to his mother who demanded that he take care of her since the death of his father, her husband, 13 years ago. His mother died last year and he are finding it hard to have a life without her. She was the sole purpose of his existence. He did not have opportunities to develop lasting relationships or friends. Now he is alone and afraid to date or go out to events. Someone told him that this group could help him refocus and learn how to have “good grief”.

From this role play session, the students were able to determine that this individual was possibly experiencing anger. The loss of his mother made him realize that he had spent most of his life caring for her and had not had an opportunity to live his own life or focus on his own needs and desires. The group determined that group discussions would help this man realize that he is not alone with what he is experiencing and it is okay to feel the feelings that he is feeling. It was also determined that active listening and asking open ended questions may be necessary to help this individual to open up and share his feelings.

Role Play #4: The congregation member is a 30 year old female who survived a car crash that resulted in the death of her twin sister, five years ago. She was able to, somewhat, go on with her life, even though the accident left her paralyzed. She does not understand why God allowed this to happen. She and her sister were faithful church goes. However, she has not been to the church in five years and resents those who want to talk to her about how blessed she is to have survived the crash. She came to the group because she knew that the group consists of Christian men and women and you want answers from a “God Perspective” as to why this happened.

Through this role play activity, the group was able to determine that this young lady could be experiencing anger and may need to be watched to make sure that she did not move into an unnatural stage of depression. This assessment was made based on the fact that she seems to be withdrawing from others (her church family). She would benefit from compassionate listening; allowing her to have an opportunity to share her feelings. She needs to be asked questions that would help her to reflect on how things were in her relationship with her sister in hopes that this would help her come to grips with the reality of what has happened. She would also be watched closely to see if she would need the assistance of the HOPE Biblical Encouragement Ministry to walk with her through the grieving process. The facilitator would also need to provide her assurance that her feelings are normal and that she has no need to feel ashamed.

CHAPTER 6

CONCLUSION

The care of the congregation is not just the job of the pastor. As the body of Christ, congregation members are intended to care for one another. This can be accomplished through an organized congregational care system designed to keep any member from feeling left out or alone when they are going through trials in life.

The goal of this project was to develop an organized way for this care to take place by developing a Congregational Care Ministry Model. The original goal was to focus on bringing the many facets together and training lay persons to meet the needs through the family ministry, Intercessory Prayer Ministry, HOPE Biblical Encouragement Ministry, Bereavement support ministry and the Helping Hands Ministry.

The basis of the final Congregational Care Ministry Model was a combination Congregational Care teams the membership of which are made up of laypersons from within the church. These laypersons are led by church leaders, deacons or deaconesses, who act as chairpersons of the team. Each chairperson reported to the Minister of Congregational care who acts as a liaison, mentor, and guide. The Minister of Congregation Care is ultimately responsible for the Congregation Care teams. Each care team is responsible for the care, support, and spiritual wellbeing of those assigned to them for requested actions.

This project did accomplish bringing all of the ministries that meet the needs of the congregation under one umbrella by developing the Congregational Care Ministry. Under this ministry the Mount Olive Baptist Church has developed a plan to provide care for its members. There are several different facets through which this is accomplished. The system was developed to have these ministries work hand in hand and provide reports of accountability to the Congregational Care Council which is then given the pastor.

1. Health Ministry: the goal of the Health Ministry is to maintain the health of the congregation with an eye towards holistic wellness. Projects of this ministry include congregational education regarding breast cancer, high blood pressure, and other issues specific to the needs of the Mount Olive Baptist Church congregation. The Health Ministry uses biblical reference when possible to support health goals.

2. Bereavement Support Ministry: This ministry provides small group sessions on dealing with the stages of grief to assist the families who have experienced the death of a loved one. The development and implementation of the Bereavement Support Ministry has proven to be the most beneficial of all ministries to the congregation. There have been numerous deaths of family members of the congregation which has caused an increase in the need for support. The Bereavement Support Ministry has been able to minister to approximately 78 members of the Mount Olive Baptist Church who lost loved ones in the past two years. This has been accomplished through providing workshops and grief sessions.

3. HOPE Biblical Encouragement Ministry: This ministry provides encouragement to those who are experiencing trials and tribulations. Using the word of God, Christian Counselors

walk through the journey with the individual who is suffering; providing guidance and Godly counsel.

4. Intercessory Prayer Ministry: This ministry prays for the members who have requested the prayers of the church. Such members may be unable to pray for themselves due to illness while others may just desire an extra lifting to God of their prayers.

5. Healing and Recovery Ministry – This ministry provides simple services such as house cleaning, lawn mowing, and grocery shopping for those who are unable to do so because they are recovering from an illness or hospital stay.

6. Ministry to the Disabled: This ministry provides assistance to those who are actively sick or shut-in. Services provided may include house cleaning, lawn mowing, and grocery shopping for those who are unable to do so for a long term period.

7. Special Needs Ministry: This ministry provides assistance to those who do not fit into any of the ministry categories.

As a result of this project, the associate ministers were given more responsibilities with regards to caring for the congregation. Two associates are on duty every month and required to care for and contact members who are sick and shut in or who have other identified needs. This allows for the pastor to have more time to focus on preaching and teaching. The care of the congregation should be and is the responsibility of the members of the body.

The model demonstrates the process of how to ask for help and the steps taken to track the care and follow-up of congregational members. The model also discusses and provides examples of the recruitment and training of team members.

The objective of the survey was to discover which issues impact members of the congregation, if such ministries would be welcome or utilized, and if there were potential candidates for team members. The survey measured the issues and concerns of the congregation members and allowed for feedback on areas not covered by the survey itself.

The biblical basis of the model is pastoral and/or spiritual care. The model integrated the use of biblical support for layperson care within the congregation with published literature. The model provides guidance for the founding and implementation of a layperson based Congregational Care Ministry Model.

The research proved that Mount Olive Baptist Church congregational members are accepting of the assistance of laypersons in ministry and willing to volunteer to assist one another. The Congregational Care Ministry Model directly works with issues which the congregation and can have a positive impact of outreach and support to these member families.

The ministry model provides support for the pastor; the research performed indicated the general knowledge within the congregation that the pastor was overworked and needed assistance. The issues faced by congregational members become more compounded and complex if not attended to with concentrated and continued care. The ministry model increases knowledge and trains layperson team members educate, communicate, and effectively assist their fellow congregational with reconnection with God.

In the introduction, the statement of the problem, the statement of the intended methodology, and the review of literature, understanding of the problem and associated issues was provided. Also provided was a listing of literature that was associated with the field but did not cover the same spiritual aspects and ministerial programs as the ministry model.

Chapter 1, *Biblical Perspectives*, provided research on the various issues related in a layperson driven ministry. As the Congregational Care Model is a ministry model, the biblical perspective is essential to the foundation of this thesis. Biblical scriptures were referenced, as well as published literature, to establish a strong foundation for layperson ministry. The purpose of the information was to address the idea that only formally trained pastors can provide guidance, assistance, and pastoral care to congregational members.

Chapter 2, *Using Laypersons for Congregational Care*, discussed actual role being designed for the layperson within congregational ministries. This chapter discussed of the potential applications of this ministry model, the practicality of a singular pastor providing spiritual care to large congregations, and how a layperson can fill the gap within the congregation. The analysis of literature and biblical scripture provided a basis of knowledge and allowances within the bible and traditions.

Chapter 3, *Methodology, Presentation, and Findings*, discussed the methodology and design of the ministry model used in the groundwork (field experience). The chapter provided a discussion of the purposes of the ministry model and examined the following factors: hypothesis, research design, measurement, and instrumentation. The analysis of gathered data gave the reader with an understanding of the current purpose, design, function, and needs of the ministry model.

The instrument used to gather raw data for usage was a survey distributed to the members of the Mount Olive Baptist Church congregation. The survey focused on the needs of the congregation and the specific ministry programs offered by church. The results from the survey

were included within the thesis and affected the outcome and design of the model. The data collected from research was developed into charts for the ease of interpretation.

Chapter 4, Congregational Care Ministry Model, the ministry model was presented. The model was broken down into authorities, ministries, and access to the provided care to accomplish the goal of the model. Authorities were broken into the Minister of Congregational Care, the chairpersons, and the team members. This discussed who was responsible for what actions, follow-ups, communications, and results. Seven ministries were established and/or moved under the ministry model to provide spiritual care for the congregational members. How congregational members accessed the offered care was also established and charted.

Each ministry team was discussed, which care was to be given were established, the role of the team members and chairpersons was explained, and scriptures were cited for support.

This chapter also explored the expansive care which can be provided and used examples for demonstration purposes. The importance of establishing ground rules (covenant), creating positive and effective relationships, and seeking care within the local church or congregation as a means of support families was explained. It was determined that congregational members would need a covenant based on grace, empowerment, and love.

Chapter 5, Implementation, discussed how to take the designed Congregational Care Ministry model and put it into real world application. Areas of consideration were the recruitment, selection, and training of laypersons; the role and responsibilities of the Minister of Congregational Care and chairpersons' the actual steps to implement the ministry model; creating policies and records; and the actual training of the team members. Examples were provided including an extensive discussion of the Bereavement Ministry team members.

Life has many transitions and these changes can be both difficult and stressful; a ministry program that supports more than one aspect of life through the local church is an invaluable tool that can prevent the spiritual trauma of people or the separation of congregational members from the church or from a relationship with God. The objective of this ministry model was to provide spiritual and pastoral care to congregational members and their families in times of need. The research assisted in identifying these times of need via a survey given to congregational members to be utilized in the development of the model.

The implementation of a layperson based Congregational Care Ministry model was utilized at the Mount Olive Baptist Church under the care and observation of a trained chaplain. The summary conclusions addressed how the model was facilitated by congregational leadership to include pastors and deacons or deaconesses.

This ministry project provided a detailed understanding of the need for this ministry model which allows for the pastor to directly care for those who need it the most while communicating and guiding all other care. The goal of the researcher was to alleviate some of the responsibilities, duties, and stresses of the congregational pastor while ensuring that the needs of the congregational members were met. The laypersons within the congregation play a vital role in assisting their pastor and congregations meeting this goal using the Congregational Care Ministry model.

This ministry model was successful at Mount Olive Baptist Church and the congregation views it as more effective in reaching their needs. As a result of this ministry model has remained in place at the church for two years without any changes.

There has also been a successful collaboration between several ministry leaders of smaller congregations within a smaller nearby local community to assist with establishing a cooperative congregational care model to fit the needs of their aging population. These leaders worked together with the Mount Olive Baptist Church Minister of Congregational Care to design a model that could be implemented within their area and allow for additional churches to join. The hope is that more pastors and local congregations will have a desire to provide a communal model of ministry to meet the needs of God's children.

APPENDIX 1
PARTICIPATION REQUEST LETTER

Dear Mount Olive Member,

We are excited about a new service ministry that we be available in the very near future and would like to get your input as we plan and design the ministry in a way that it will be most beneficial to our members.

The Congregational Care Ministry is a holistic ministry designed to meet the emotional, spiritual, financial, and Physical needs of the MOBC congregation by utilizing the spiritual gifts of the body of united believers.

Please take a few minutes to complete the attached survey so that we will have the accurate data needed to assess how we can best meet the needs of our congregation.

Sincerely,

Pastor Darryl Thompson

APPENDIX 2

Survey Responses

These responses are presented within the thesis as charts. This raw data is provided for clarity of breakdowns. The following are the questions for the actual survey:

Please circle the number that reflects your feelings about the following statements.

1. Strongly agree
2. Agree
3. Uncertain
4. Disagree
5. Strongly Disagree

1. I would be fine with someone other than the Pastor visiting me in the hospital. Ex.

Deacon, a leader in the church, Associate Minister.

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Female	11	1	0	2	0
Unknown	11	7	0	0	1
Male	6	0	0	0	0

2. Mount Olive does a good job of meeting your needs.

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Female	9	9	4	3	2
Unknown	8	8	2	0	1
Male	2	3	1	0	0

3. When I feel a need to talk with someone, staff, associate minister, or someone in the congregation is available.

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Female	10	11	2	2	2
Unknown	7	8	1	1	1
Male	2	3	1	0	0

4. I have at least 2 to 3 close friendships in the congregation.

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Female	14	9	0	2	2
Unknown	9	8	0	0	1
Male	4	1	0	1	0

5. I sometimes feel isolated and alone here at our church.

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
--	----------------	-------	-----------	----------	-------------------

Female	3	3	3	4	13
Unknown	2	2	0	5	10
Male	0	2	0	2	2

6. Our worship service is uplifting and is meeting my spiritual needs.

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Female	15	8	2	0	1
Unknown	11	6	1	0	1
Male	4	1	1	0	0

7. I am taking advantage of the many opportunities I have to be involved in serving.

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Female	8	12	3	2	2
Unknown	10	8	0	0	1
Male	2	3	0	1	0

8. I know who my deacon is.

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Female	19	5	1	0	2
Unknown	8	4	1	1	5
Male	6	0	0	0	0

9. I am pleased with the attention I have received from the congregational ministry.

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Female	8	10	6	1	1
Unknown	7	7	5	0	0
Male	1	5	0	0	0

10. How would you like to see the congregational care Ministry assist you?

Just be available.

Reach out to son even if he does not reach back.

Show more love not judgment.

Help Find Jobs

Not sure.

More united functions.

Unknown deacon/deaconess.

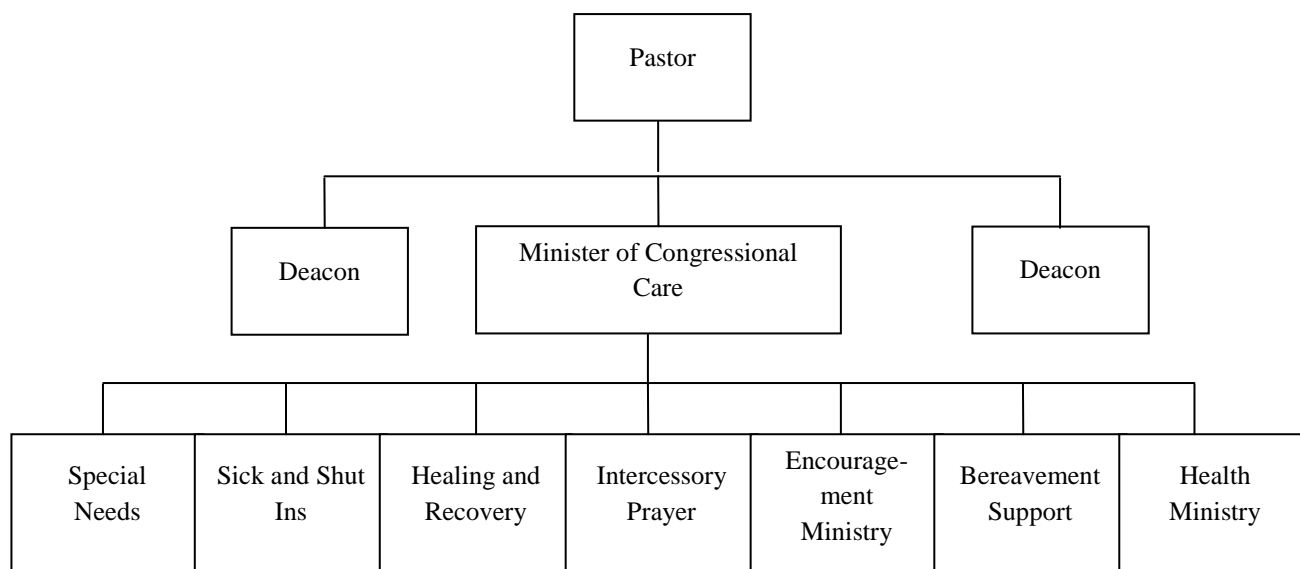
Fine, if help is needed, will ask.

Reduce number of meetings. Schedule meetings for one day or one week.

APPENDIX 3

Organizational Chart

This chart was presented within the thesis as Figure 11. It was placed here clarity when implementing in other locations.



APPENDIX 4

REQUEST FOR ASSISTANCE FORM

CONGREGATIONAL CARE MINISTRY FORM					
DATE:		Mt. Olive Service Attendance: 8:00 10:00 11:00 N/A			
PERSONAL & DEMOGRAPHIC INFORMATION					
Name:					Head of Household: Yes No
Female	Male	Age:	Date of Birth:	Marital Status: Single Married	
				Separated Divorced	Widow/Widower
Current Address:			City:	Zip Code:	
Contact Information:					
Home:		Cell:	Work:	E-mail Address:	
Spouse/Emergency/Primary Contact Person's Information:					
Name:		Relationship:		Contact Number(s):	
CARE NEED (CHECK ALL THAT APPLY)					
PRAYER		FINANCIAL ASSISTANCE		RECOVERY ASSISTANCE	
SALVATION/ASSURANCE		HOME VISITATION		GRIEF/BEREAVEMENT SUPPORT	
BIBLICAL ENCOURAGEMENT/COUNSEL		HOSPITAL VISITATION		OTHER: _____	

Form continued on the next page.

Description of Care Need (Reason for Care Need, Specific Description of the Type/Amount of Assistance, Name of Hospital, Length of Recovery, Etc.):

Desired Recovery Assistance: House Work Yard Work Hair Care/maintenance Errands Other _____

List assistance received from other resources: _____

CHURCH MEMBERSHIP/INVOLVEMENT

Church Name: _____ City/State: _____

Salvation: Yes No Baptism: Yes No Date of Last Attendance: _____

Ministry Involvements (include Leadership Positions Held): _____

Are you a Tither? (Complete if seeking financial assistance) : Yes No

RELATIVES/FRIENDS AT MT. OLIVE

Name: _____ Relationship: _____

Name : _____ Relationship: _____

HOUSEHOLD MEMBERS *PROVIDE A CHECK MARK FOR ALL WHO HAVE ACCEPTED CHRIST AS SAVIOR

Name: _____	Age _____	Name: _____	Age _____
Name: _____	Age _____	Name: _____	Age _____
Name: _____	Age _____	Name: _____	Age _____

Signature: _____ DATE: _____

Approval/Comments: Yes No _____

Signature: _____ **DATE:** _____

APPENDIX 5

CONGREGATIONAL CARE REPORT

Date	Name	Code	Joys and Concerns	Help

Contact Code:

1	Visited
2	Contacted by phone
3	E-mail contact
4	Spoke with individual at church
5	Special request (prayer, communion, etc.)
6	Other

Lines are added as needed for additional entries.

APPENDIX 6

PASTOR REPORT

Name	Location	Date of Last Visit	Date of Last Call	Prayer Request(PR) Comments

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PERSONAL

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Director of Enrollment Transition and Scholarship Management, Virginia Union University
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