LIBERTY UNIVERSITY

JOHN W. RAWLINGS SCHOOL OF DIVINITY

# Doctor of Ministry Final Portfolio

Submitted to Dr. Mark Brown

In fulfillment of the requirements for the completion of

the Doctor of Ministry Degree

Department of Christian Leadership and Church Ministries

by

Cindy H. Carr

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**Contents**

**Abbreviations**

DMIN *Doctor of Ministry*

LUSOD *Liberty University School of Divinity*

# CHAPTER 1: MINISTRY PROBLEM AND JUSTIFICATION OF MICRO-PROJECTS

## Introduction

People who struggle with mental illness and addiction often find their way into faith-based communities. Pastors and church leaders have the challenge of developing ministries or referral networks to address these issues adequately. The focus has been on Micro-Projects that help put into context how non-clinical, faith-based communities can adequately support people who have a mental illness or addiction and their families. Each Micro-Project addresses the ministry problem that River of Life Ministries and other faith communities in the Harrisonburg, VA area lack understanding and available resources to adequately support people with mental illness and addiction.

## Ministry Context

Ministry is both rewarding and heartbreaking. It is the heartbreaking part of ministry that provides the context of this doctoral portfolio. I have forgotten many of those who found Christ under my ministry, but I remember every person by name who committed suicide, accidentally overdosed, suffered mental breakdowns, or lost their battle with addiction.

Prayers, Bible studies, retreats, powerful sermons, and prayer lines brought some comfort and hope but often did not disrupt the downward spiral of those suffering from mental illness or addiction. For many years I dismissed the outcome by believing the person was not strong enough, not committed enough, or chose the path they were on.

Eventually, that thought process did not align with the hearts of the people I served. I heard their cries to God to free them, wiped their tears, and advocated for them to receive support and understanding. Rather than focusing on the brokenness of the people I served, I

chose to take on the task of understanding their experience. In 2014 I began a program through the American College of Addictionology and Compulsive Disorders that allowed me to take a closer look at mental illness, addiction, and treatments for these disorders. During that time, I also spent a year developing what I thought recovery programs should look like.

The above led me to complete the DMIN program in Pastoral Counseling. There is a place in faith communities to support people who struggle with mental illness and addiction. However, there is a thin line between helping and hurting in this field. Therefore, I needed to clarify what aspects of this work required licensed professionals and what parts could be done by non-clinical, faith-based persons.

In conclusion, in this paper's doctoral work, Cindy H. Carr and others from River of Life will spend time building on the current ministry to those suffering from mental illness or addiction. The goal is to develop a Comprehensive Pastoral Counseling Protocol that can be implemented at River of Life and other faith communities that desire to serve those from this population.

## Ministry Problem

The problem this student is seeking to address is River of Life Ministries and other faith communities in the Harrisonburg, VA area lack understanding and available resources to adequately support people with mental illness and addiction. Four Micro-Projects were chosen to work on this problem statement.

DMIN851, Article Critique, allowed the doctoral candidate to research what aspects of treatment programs were conducted effectively by non-clinical persons. Of the ten articles reviewed, a few gave great insight into how clinical and non-clinical persons collaborate in caring for those with mental illness or challenges with addiction.

DMIN852, Panel Discussion, allowed the doctoral candidate to meet with three separate groups of people to discuss mental illness and addiction. Each panel focused on a different aspect of mental illness and addiction. The panelists included therapists, prescribers, educators, caregivers, pastors, and clients. Discussions ranged from treatment protocols to needs in the church, education, workplace, and family units. Therapists and faith leaders discussed how to collaborate to best support clients and families.

DMIN853, Workshop, allowed the doctoral candidate to evaluate the story of a client with bipolar and a family caregiver. Clarification was gained on how collaborative care for mental health can be accomplished between the faith community, therapist, psychiatrist, and family support persons.

DMIN854, Instructional Video focused on how biblical principles can be utilized as part of mental health treatment. The instructional video was aimed to empower faith communities to recognize the value they bring to treatment protocols when address mental illness and addiction.

## Explanation and Justification of Micro-Projects

Four Micro-Projects were chosen in a specific order to help address the stated ministry problem. DMIN851 Article Critique: Research gathered through Article Critique allowed the doctoral candidate to investigate and analyze treatment protocols as well as how non-clinical persons were assisting with the treatment of mental illness and addiction.

DMIN852 Panel Discussion allowed the doctoral candidate to interview multiple people who either work with those who struggle with mental illness or addiction, have a mental illness or problem with addiction, or care for those who do. “Listen to advice and accept discipline, and at the end, you will be counted among the wise.” (Proverbs 19:20). The discipline of listening to

others brought great value in identifying problems and solutions for faith-communities who wish to serve people who suffer from mental illness or addiction.

This micro-project helped clarify areas of concern when non-clinical people work with those with mental illness. All panelists agreed on the need for collaborative care between therapists, prescribers, faith communities, and families in supporting those in need. Collaboration can present challenges, but the value is worth overcoming any obstacles that present.

DMIN853 Workshop helped the doctoral candidate articulate and demonstrate the value of collaboration between faith communities, psychotherapy, psychiatry, and family. It demonstrated how faith communities can take an active role in treatment protocols yet highlighted the need for non-clinical persons to have the support of licensed professionals.

There is strong biblical precedence that conveys the Christian's responsibility to walk with those suffering from mental illness and addiction. Two examples are, "And let us consider how we may spur one another on toward love and good deeds, not giving up meeting together, as some are in the habit of doing, but encouraging one another-and all the more as you see the Day Approaching." (Hebrews 10:24-25). "Even when I am old and gray, O God do not forsake me, until I declare Your strength to this generation, your power to all who are to come." (Psalm 71:18). It is the heart of Jesus for believers to walk with all people, not just those who are easy to walk with.

DMIN854, Instructional Video allowed the doctoral candidate to articulate her findings on how to utilize biblical principles as part of mental health treatment. Prior workshops highlighted the importance on collaboration with licensed professionals. This Micro-Project focused on the power of the word of God flowing through faith-based people to serve this

vulnerable population. The video laid the foundation as to why it is important for people of faith to be willing to serve in this area. It also sought to instill confidence in the ability of non-clinical people to make a difference in the lives of those suffering with mental illness or addiction.

## Conclusion

The synergy of the four Micro-Projects helped clarify how to support those who suffer with mental illness and addiction. Faith-Based communities bring a lot to the table, but also need to rely on licensed professionals for education, and support when working in this ministry.

Pastors and church leaders are often first responders in times of crisis. Having an effective referral network in times of crisis allows for the best possible outcomes. Partnering with therapists, psychiatrists, and family members to provide a comprehensive pastoral counseling protocol for mental illness is feasible for River of Life Ministries and other faith communities.

Article Critiques revealed ways non-clinical persons assist in treatment programs. One well known and respected example of this is AA. This peer-led organization has earned the respect of the medical and legal system in supporting people who struggle with substance abuse. Other articles discussed the importance in having support when transitioning from hospitalization to community medicine and the comfort level of people reaching out to pastors and other faith leaders when discussing mental health challenges.

Each panel participant appreciated the open dialog on how to best support this vulnerable population. No one claimed to have all the answers and recognized the need for a collaborative approach. Everyone supported the role of faith-based communities being involved in this type of ministry.

The workshop highlighted the power of collaboration. The stories of Christopher and Michelle show what can happen when faith communities, therapists, psychiatrists, and families partner together to support persons in need. This workshop revealed some powerful things to include and avoid when working with people with mental illness.

Producing an instructional video allowed the doctoral candidate to combine information gathered from three previous Micro-Projects with biblical knowledge. The video inspires and encourages non-clinical persons to become involved in this type of ministry. She provided biblical evidence for Christians to consider that points to the responsibility of the church to serve this vulnerable group of people. She focuses her audience on the biblical principles that will provide connection, education, value and support for clients and their families.

The combination of the four chosen Micro-Projects provided information needed to develop a comprehensive pastoral counseling protocol that can be adopted by River of Life Ministries and other faith-based communities to address the stated ministry problem. Each project provided clarity as to what faith communities can include in their scope of work and what needs to be referred to licensed professionals. Collaborative Care for Mental Health can change the way faith communities view and address mental illness and addiction. It can train, educate, inspire, and empower non-clinical persons to effectively support this vulnerable group of people.

# CHAPTER 2: MICRO-PROJECT ONE

## Introduction

The first Micro-Project this student conducted to address the ministry problem was an article critique. Articles that related to the faith communities working with persons with mental illness and addiction were scarce. The search was altered to include non-clinical people working with those with mental illness and addiction. All people have gifts to bring to the table, regardless of their religious convictions. This doctoral candidate is interested in discovering how non-clinical people can be utilized to support those in need. Biblical principles can be applied to justify this work being completed as part of the pastoral counseling cognate.

## Justification

Treatment for mental illness and addiction should be a priority for local church congregations because God's Word offers a pathway to freedom from both, and Christians are responsible for continuing the healing work Jesus started when He walked the earth. (John 14:12-14). River of Life Ministries aims to develop a program to support these individuals and their families through pastoral care and counseling. DMIN 851 with Pastoral Counseling Cognate is well aligned to research and develop this program. The goal is to create the program within the local church and duplicate it to serve multiple churches and the community at large.

Research through article critiques provided information to integrate into this comprehensive pastoral care and counseling program. In addition, articles represent multiple countries and multiple settings, providing wisdom and counsel for program developers to consider. Few studies involve church settings; however, biblical principles are the program's foundation, which will be evident throughout the program.

There is biblical evidence to support healing and recovery through living aligned with God and applying biblical principles to life. In addition, some scriptures assign responsibility to the believer to help people in need, including those suffering from mental illness and addiction. However, not all mentally ill, or addicted people can benefit from a strong pastoral care and counseling program. Part of the program's strength is well-vetted referral networks to address complex issues.

Biblical Passages to support this defense are:

- Galatians 6:1-6 This passage instructs believers to carry each other's burdens yet carry their load.

- Proverbs 27:23 The wording of this scripture speaks to the heart of every pastor. "Be sure you know the condition of your flocks; give careful attention to your herds."[1] When mental illness and addiction are on the rise, those figures also represent members of Christian Congregations. The Church of Jesus Christ shares responsibility for caring for this population of people.
- 2 Corinthians 10:4-5 One of the challenges in mental illness and addiction is the mind. Scripture teaches believers to take captive every thought and make it obedient to Christ. Several other scriptures discuss the mind. (Philippians 4:4-8, Colossians 3:2, Romans 12:1-2)

Mentor and peer-support networks are essential when working with mental illness and addiction. Group support is one reason congregation life is an excellent platform for such programs to exist. Churches are full of people who have past experiences and a mission to invest

[1] Unless otherwise noted, all biblical passages referenced employ the New International Version, (Grand Rapids: Zondervan Publishing House, 1984).

in others. In addition, biblical knowledge partnered with mental illness and addiction training equips volunteers to support those with mental illness, addiction, and their families.

Components of comprehensive pastoral care and counseling protocol address mental illness and addiction by considering the whole person; physically, spiritually, psychologically, and relationally. Biblical scriptures are abundant to provide dietary wisdom, relational counsel, encouragement to honor one's body, and spiritual instruction. In addition, scientific research supports claims that treatment to the whole person effectively assists in treatment programs for mental illness and addiction.

Teaching those with mental illness and addiction how to leverage proper diet, exercise, mindfulness, meditation, prayer, healthy relationships, and strength-based counseling techniques can empower the person to take off the old self and put on the new self in Christ Jesus. In addition, teaching others how to relate to and support those suffering from mental illness and addiction will help build self-esteem and connectedness with program participants.

Many differ in their views toward addiction and mental illness. Some believe the cause is due to moral failure, demonic influence, or a medical condition; regardless of the reason, the church that seeks to participate in ministry to those addicted or mentally ill must have some points of agreement to allow for continuity of care.

As people seek recovery, they may relapse. Thought must be given to how the program addresses such issues as they arise. The program's mission, statement of faith, and scope must include steps for referral to other programs as needed. Referral processes exist within the program's framework and rely on well-vetted partnerships with other programs, including medical, psychological, intensive outpatient, and inpatient programs. Each participant who

receives a referral also gets a mentor who stays connected through the referral stage and helps the participant re-integrate into the church's program properly.

In addition, emergency services and easy access to medical and psychological programs allow the program to operate within pastoral care and counseling boundaries. This program by no means seeks to replace the need for these providers but collaborates to provide support to those suffering from mental illness and addiction.

The holistic, faith-community approach to pastoral care and counseling to treat mental illness and addiction fits within the church's responsibility and ability with proper planning, training, and support. Education and training are vital to operating this program successfully. In addition, cooperation between the church, psychologists, and medical providers will help the church operate within the bounds of the program.

## Peer Review

Peer and instructor review provides valuable insight and guidance as this doctoral student works to clarify how the local church can partner with psychological and medical professionals in the treatment of those suffering from mental illness and addiction. Week #1 instructor discussion offered challenges that redirected the focus of this DMIN 851 micro-project.

Originally Fieldwork was proposed, but James Zabloski encouraged narrowing the focus from community to congregation setting. He said one needs to develop something that works within a small setting then seek to duplicate it. This doctoral candidate selected the article critique option to help discover what programs currently address mental illness and addiction issues and find ideas for the local church's pastoral care and counseling program.

There was very little information to support this research in Christian journals, so the researcher chose articles within the secular and medical arena. Biblical principles are prevalent in

all aspects of life and literature. Part of the challenge will be defending biblical relevance in DMIN 855.

Pamela Malinchak offered valuable feedback in Discussion Thread: A Defensible Micro-Project Peer Review. Pamela responded to the Fieldwork Micro-Project; however, feedback is still relevant within Article Critique.

Pamala's line of questioning sought to clarify the exact focus of the work to support those suffering from mental illness and addiction. This program focuses on adults with treatable mental illness and addiction. In addition, the program supports substance abuse and mental illnesses that respond to non-clinical support and biblical teaching. It also partners with a local counseling center to assist with training and support. This counseling center provides licensed professional counselors, residents, and interns for the program participants who need clinical counseling. River of Life heavily supports this center with financial resources and board participation.

Gloria Walker states in her feedback, "As a chaplain in a hospital at present, we are cognizant of the fact that when people do not receive the type of care, they need by trained professionals that have done proper assessments, *moral injury* can occur."[2] There are challenges when using non-clinical staff to assist people with mental illness and addiction. However, medical, and psychological professionals alone cannot meet the rising demand for services in many areas. Cooperation and collaboration between faith communities and professional communities can offer support for both the patient and families. Well-defined roles, training programs, and structures can protect the vulnerable from moral injury.

Jeremiah Gile mentioned First Baptist Church in Jacksonville in his response. This church has resources to provide a counseling program that utilizes both pastoral and clinical

[2] Gloria Walker, DMIN 851 Discussion Thread: A Defensible Micro-Project Peer Review, 2021, 1.

counselors. First Baptist Church could be a program for a future case study to see how they handle the treatment flow between the two modalities. It is also interesting to see if they utilize laypersons as peer-support or mentors for those in treatment. Jeremiah mentioned the potential for smaller churches with fewer resources to partner with other counseling programs.

Each peer and instructor echoed similar concerns and caution to know proper boundaries for someone in pastoral counseling to take on a role to support those suffering from mental illness and addiction. For example, James Zabloski said, "A few Pastoral Counseling courses do not really qualify someone with what is considered a medical condition to remediate."[3]

All the comments mentioned above were impactful and are concerns for this doctoral candidate. Careful consideration on knowing the program's limitations and the need for medical staff and licensed clinical providers to assist are front and center in the research stage of the program. Jesus said, "Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me." (Mathew 25:40). The church needs to discover ways to serve this vulnerable population. God assigns complex tasks and gives the grace to complete them.

There is an opportunity for the church to use the current mental illness and addiction crisis to reach those not relying on God's relationship through Jesus Christ to discover their best life. Missionaries move to problem areas, become a part of a community, and solve practical issues. In turn, this leads to an opportunity to share the gospel with those they serve.

The church can focus on what it can do and build networks of support for those things outside the scope of the program's training and expertise. For example, the program can include things that positively support the mentally ill or addicted: peer-support, educational programs,

[3] James Zabloski, DMIN 851 Discussion Thread: A Defensible Micro-Project Peer Review, 2021,1.

12-step programs, Bible study, pastoral counseling by trained professionals that include strength-based counseling, programs on nutrition and exercise, and prayer groups.

Church environments can provide connectedness and a sense of purpose as one understands God creates them for his purpose. Some can heal simply by discovering biblical principles of renewing one's mind, taking care of the temple of the Holy Spirit (the body), and spiritual rebirth. Others who already walk with God can feel safe in their faith community to get the help they need. Healing ministry is part of the Christian's assignment as we do the works Jesus modeled while he was on the earth. Programs to support mental illness and addiction belong in the church, and church resources need to be used to help parishioners and those in local communities as they work toward recovery and healing.

## Implementation

Abbey, E.L., Keogh George, S.M. "Our Bodies are Temples: Health Programming in Christian Church Communities." *Journal of Religion and Health* 59, 1958–1981 (2020). https://doi-org.ezproxy.liberty.edu/10.1007/s10943-019-00905-8

The *Journal of Religion and Health* published an article written by Elizabeth L. Abby and Stacy M. Keogh George. The title, "Our Bodies are Temples: Health Programming in Christian Church Communities," accurately conveys the article's purpose. Abby and George investigate how Christian Churches provide health and wellness programs in one Pacific Northwest region in the USA. They consider theological motivations, sociocultural dynamics, and which churches serve through health and wellness efforts.

The authors evaluate how Christian churches in the Pacific Northwest region of the USA provide health and wellness programs to their parishioners and local communities. The article includes a Bible reference as to why churches should be involved in such efforts: 1 Corinthians 6:19-20 led the introduction followed by a definition from the World Health Organization of what health is. In total, the authors reference thirty-nine credible sources in addition to the Bible to write the article.

The research focused on Evangelical, mainline Protestant, and non-denominational Christian churches. The researchers used an electronic questionnaire for Phase 1. Eighty participants received the thirty-one-question survey via electronic email. Unfortunately, only seven participants (8%) completed the survey.

Phase 2 involved phone surveys of 25 churches within the same region. Sixteen (84%) agreed to participate. Unfortunately, phone interviewees could not prepare to answer questions, so some struggled to define health or biblically support their views.

Researchers compared data collected from Phase 1 and Phase 2 to other sources and reported the findings. This part of the article demonstrated a strong academic ability to research data and tie it into the results of this study.

One weakness of this research project was the authors' ability to conduct a survey that engaged church leaders to provide essential data for analysis. The participation may have increased if the surveyor had placed an introductory phone call introducing the study, followed by sending the survey electronically, then following up with clarifying questions. In addition, more comprehensive data collection would have given them more vital data to tie in their research findings from other sources.

In reviewing the electronic Christian Congregation Health Survey Questions, simple changes to the form could have increased participation. For example, using skip logic could have shortened the survey by allowing only relevant questions determined by previous answers to prior questions. In addition, simplifying questions could have also increased participation. For example, question #4 in the survey had 19 possible checkboxes for that one question.

One strength of this article is the number of sources brought into the writing and the quality of those sources. Researchers using this article can connect with information from The World Health Organization, USA-based National Congregation Study, Center for Disease Control, U.S. Census Bureau, books, and journal articles relevant to this topic.

In conclusion to this article, the authors listed several potential studies that could help further research on health programming in Christian church communities. They also make biblical references to the importance of taking care of one's body. 1 Corinthians 6:19-20 challenges people of faith to take health and wellness seriously and suggests it is a matter of biblical importance.

Akhtar, Mansoor, James, Norbert Casha, Julia Ronder, Mohamad Sekel, Catherine Wright, and Kimberly Manley. "Leading the Health Services into the Future: Transforming the NHS through Transforming Ourselves." *International Practice Development Journal* 6, no. 2 (November 2016): 1-21 doi: 10.19403/ipdj.62.005.

The *International Practice Development Journal* published an article written by Mansoor Akhtar, James Norbert Casha, Julia Ronder, Mohamed Sakel, Catherine Wright, and Kim Manley. "Leading the Health Service into the Future: Transforming the NHS through Transforming Ourselves" analyzes a leadership development program developed to increase self-awareness and emotional intelligence, build team collaboration, and help leaders learn to enable others. Upon successful completion and implementation of this program, the goal was for medical staff to better work as a team towards a shared purpose, drawing on the talents of staff, breaking down silos, and enabling everyone to flourish.[4]

The program required each participant to receive support from their divisional manager and commit to attending nine sessions. The program relied on principles of adult learning, self-assessment, and co-creation to develop insights and understanding. Attending workshops and participating in self-assessment was critical to the success of the program. Results of the assessments were processed in groups to allow for relationship building and honest feedback.[5] Divisional managers had to grant permission for participants to enter the leadership training program. This reader would have liked to see evaluations from division managers that address changes noticed in participants.

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[4] Mansoor Akhtar, James Norbert Casha, Julia Ronder, Mohamed Sakel, Catherine Wight, and Kim Manley. “Leading the Health Services into the Future: Transforming the NHS through Transforming Ourselves.” *International Practice Development Journal 6,* no 2 (November 2016): 1-21. Doi:10.19043/ipdj.62.005.

[5] Ibid.

Of the twenty-three participants selected for the program, eighteen (78%) completed the program. Only five (22%) shared written insights at the end of the program. Findings consider the five written insights, collaborative reflections, and collective reviews of data that emerged from the program.

The authors recognize only a few participants had access to critical companions during the program. Illustration #3, which represents one of the five written insights received, states critical companionship played a significant role in the participant's leadership development.[6] This reader wonders who had critical companions. Twenty-three began the program, five dropped out, eighteen completed the program, and only five wrote insights reflecting their program experience. Knowing who had the critical companions would allow for an analysis of how vital mentorship is within this leadership program.

In conclusion, the authors claim a clinical leadership program based on practice development methodology combined with clinical leadership concepts such as transformational leadership can positively impact participants in their role as clinical leaders. The five written insights confirm growth in all participants who completed the program, including the written assessment. However, there is no supporting data from the other eighteen participants (78%) to a positive outcome.

Additional analysis during future programs should work toward a more significant percentage of written insights after the program concludes. Collecting the same data through oral interviews may also increase the amount of data collected at the end of the study. Exit surveys for participants and peers would allow researchers to analyze how others perceived the program worked. Self-analysis alone is a negative aspect of this study.

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[6] Akhtar, “Leading the Health Services into the Future,” 1-21.

Chatterjee, Helen J. Paul M. Camic, Bridget Lockyer, and Linda J. M. Thomas. "Non-Clinical Community Interventions: A systematized Review of Social Prescribing Schemes." *Arts & Health: International Journal for Research*, *Policy & Practice* 10, no. 2 (June 2018): 97-123, doi:10.1090/17533015.2017.1334002.

The *Arts and Health: International Journal of Research* published an article entitled "Non-Clinical Community Interventions: A systematic Review of Prescribing Schemes." The authors of this article are Helen J. Chatterjee, Paul M. Camic, Bridget Lockyer, and Linda J.M. Thomas. As the United Kingdom faces financial and time constraints in meeting health and mental health issues, voluntary organizations and charities serve as third parties to provide adjuncts to primary care services. The authors conduct a systematized review of research materials evaluating social prescribing schemes. It is important to note that the word scheme in the U.K. means plan or project.

A database search from 2000-1015 using revealed 86 articles to review. These articles represent a mixture of research methods, including quantitative, qualitative, mixed, and random controlled trials.

Peer review journals and articles analyzed provided insight into referral programs to voluntary and charity organizations that offer services, including arts that support health and well-being, reading, education, exercise, access to programs conducted in nature, and healthy living initiatives.

The data review and reporting in this article show incredible attention to detail, and the authors articulate findings in an easily understood way. Charts and tables are added to the presentation to allow for a glance summary of the data collected. Table 1 charts the Scheme, Authors of the article, analyzed, intervention, participants, measures, and findings. Flow charts provide insight into methods of research and referral pathways for clients.

This research confirmed the findings of Kilgarriff-Foster and O'Cathain's scoping review that noted stakeholders perceived social prescribing as feasible and accessible in improving well-being and reducing the use of health services. Yet, there is "limited quantitative evidence of its effectiveness."[7]

One exemplary intervention was reviewed and singled out as a possible model for prescribing schemes; "Well London."

> The study utilized qualitative research within a mixed-methods approach…. The project focused on physical activity, healthy eating, mental well-being, and social cohesion measures…. The program compared 20 geographic target sites with 20 matched control sites from London's Census-defined poorest areas…. A random sample of 4000 adults was surveyed before and after the intervention across sites. The quantitative approach was complemented with qualitative interviews with intervention and control group residents.[8]

Researchers conclude one challenge is the links between primary health care services and voluntary and community sectors are underdeveloped. They also suggest a "stronger focus on collaborative commissioning of services and interventions is needed which would involve the strategic promotion of mental well-being, mental capital, creativity, and resilience as outcomes."[9]

Researchers were thorough in their article findings, analysis, and reporting. Studies reviewed lacked evidence-based outcomes and data to support the effectiveness of social prescribing schemes. Nevertheless, the ideas found in this article provide valuable ideas for a faith-based program that addresses mental illness and addiction.

Falchuk, Cheryl, Mary-Lou Martin, Deborrah Sherman, Deborah Corring, Rani Srivastava, Tony O'Regan, Sebastian Gyamfi, and Boniface Harerimana. "Healthcare Professionals'

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[7] A. Kilgarriff-Foster & A. O'Cathain, *Exploring the* Components and Impact of Social Prescribing. *Journal of Public Mental Health*, (2015) 14, 127-134. Doi:10.1108/JPMH-06-2014-0027.

[8] Helen J. Chatterjee, Paul M. Camic, Bridget Lockyer and Linda J.M. Thomas. "Non-Clinical community Interventions: A systematized Review of Social Prescribing Schemes." *Arts & Health: International Journal for Research*, Policy & Practice 10, no. 2 (June 2018): 97-123. Doi: 10:1090/17533015.1334002.

[9] Ibid.

Perceptions of the Implementation of the Transitional Discharge Model for Community Integration of Psychiatric Clients." *International Journal of Mental Health Nursing* 29, no. 3 (2020): 498-507.

The *International Journal of Mental Health Nursing* published an article entitled "Healthcare Professionals' Perceptions of the Implementation of the Transitional Discharge Model for Community Integration of Psychiatric Clients." Authors of this article are Cheryl Forchuch, Mary-Lou Martin, Deborrah Sherman, Deborah Corring, Rani Srivastava, Tony O'Regan, Sebathian Gyamfi, and Boniface Harerimana.

"The overall purpose of the study was to examine the effectiveness and sustainability of implementing the transitional discharge model (TDM) (Forchuk *et al.,* 1998). In keeping with the purpose of the study, this paper reports on the following research questions: 1) what are the experiences and perceived roles of healthcare professionals in the implementation of TDM? 2) What are healthcare professionals' perceptions regarding the effectiveness of TDM? 3) What are healthcare professionals' perspectives on the sustainability of the TDM implementation? The research included 216 participants from nine hospitals across the Province of Ontario, Canada. Within the nine hospitals, fourteen psychiatric units participated. Half were acute care, and half were tertiary care units. In addition, consumer Survivor Institute (CSI) provided peer support for seven hospitals, while two hospitals provided peer support from in-house peer support programs."[10]

[10]Cheryl Forchuk, Mary-Lou Martin, Deborrah Sherman, Deborah Corring, Rani Srivastava, Tony O'Regan, Sebastian Gyamfi, and Boniface Harerimana. "Healthcare Professionals' Perceptions of the Implementation of the Transitional Discharge Model for Community Integration of Psychiatric Clients." *International Journal of Mental Health Nursing* 29, no. 3 (2020): 498-507.

The hypothesis of this research was with peer support; rehospitalization rates would decrease among mental health patients—the peer supporters connected with patients in the hospital and continued with them after discharge.

The study spans two years using qualitative and quantitative data collected through client interviews focus groups with clients, health professionals and peer supporters, hospital administrative data, and the Institute for Clinical Evaluative Sciences. Notetakers were paired with facilitators during the focus group sessions to observe and document information on non-verbal language, group dynamics, and the general context of the discussions.[11]

The main findings in this research show promise for peer support programs being effective in the transition from hospital to the community for discharged mental health patients. "Benefits included transferring some roles to peer supporters in communities, the value TDM added to existing clinical practice, increased health professional's awareness of the integration process and the contribution to improving healthcare outcomes among client participants."[12]

In conclusion, health professionals felt the transitional discharge model could increase their awareness of the clients' integration process and provide the framework to build a discharge plan that can bridge the gap between the hospital and community care.[13] However, for such programs to succeed, programs need to attract peer-support workers to meet the need of this service. Faith-based communities have groups of people who desire to serve God by helping others. These communities could provide solutions for the shortage of peer-supporters by utilizing faith groups to be mentors and peer-support.

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[11] Forchuk, "Healthcare Professionals' Perceptions", 498-507

[12] Ibid.

[13] Ibid.

Hirshbein, L. "Why Psychiatry Might Cooperate with Religion: The Michigan Society of Pastoral Care, 1945–1968." *J Hist Behav Sci*. 2021; 57: 113– 129. https://doi-org.ezproxy.liberty.edu/10.1002/jhbs.22067

Laura Hirshbein, Professor at Michigan Medicine, published "Why Psychiatry Might Cooperate with Religion to Give History Between Pastoral Counseling and Psychiatry: The Michigan Society of Pastoral Care, 1945-1968" in the *Journal of the History of The Behavioral Sciences* (J. Hist Behav Sci.). Hirshbein's credentials as a doctor and professor bring credibility to her opinion on why psychiatry might cooperate with religion.

For this paper, Hirshbein uses data from the Michigan Society of Pastoral Care (MSPC) to explore interactions between psychiatry and religion at midcentury. MSPC modeled their chaplain training program after the Boston-based Institute for Pastoral Care. The article's content relies on multiple scholarly journals, including *Journal of Pastoral Care, Journal of Religion and Health, Journal of Presbyterian History, American Journal of Psychiatry,* and *History of Psychiatry.*

An analysis of the article's background and context gives the framework to understand how personal experience pioneered the push to clinically train pastors and chaplains to collaborate with psychiatrists to best support mentally ill, patients. Anton Boisen's personal experience, which took him between his role as a hospital chaplain and psychiatric patient, motivated him to compel clergy and psychiatrists to see the potential for fruitful collaboration in creating training organizations for clinical pastoral care. His efforts were instrumental in pioneering IPC in Boston and Counsel for Clinical Training (CCT) in New York. The Michigan Society for Pastoral Care (MSPC) gave structure between clergy and the hospital. During this

time, clergy were the students in need of training to cooperate under the leadership of the medical staff who were the authorities.[14]

Several challenges presented between clergy and psychiatry throughout the years that Laura Hirshbein explores but notes that decades after the divisions, "scholars within psychiatry rediscovered the importance of religion and spirituality to patients."[15] This importance was evident after WWII in an age of anxiety. "At this time of national distress, psychiatrists and clergy argued that they could work together to try to help."[16] As the world faces the COVID-19 global pandemic, society has hit with another age of anxiety. This crisis provides another opportunity for clergy to collaborate with psychiatrists and psychologists.

As psychiatry leaned more toward biological psychiatry, space was left for pastoral care to fill gaps in psychotherapy. "As psychiatrists became more focused on medications and brief interactions, pastoral counselors could legitimately say that they were interacting with the whole patient and asking big questions about meaning."[17]

The stated purpose of this article was to review the historical collaboration between Psychiatry and Clergy within the hospital setting throughout the 20th century. Using a combination of scholarly articles from multiple journals, Laura Hirshbein accomplished this goal. In addition, she introduced the reader to leaders in the movement and institutions that provided platforms for clergy training and opportunities to collaborate with psychiatry.

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[14] L. Hirshbein, Why Psychiatry Might Cooperate with Religion: The Michigan Society of Pastoral Care, 1945–1968. *Journal of History and Behavioral Science,* 2021; 57: 113– 129. https://doi-org.ezproxy.liberty.edu/10.1002/jhbs.22067

[15] Ibid.

[16] Ibid.

[17] Ibid.

Iheanacho, Theddeus, Callista Nduanya Ujunwa, Samantha Slinkard, Amaka Grace Ogidi, Dina Patel, Ijeoma Uchenna Itanyi, Farooq Naeem, Donna Spiegelman, and Echezona E. Ezeanolue. "Utilizing a Church-Based Platform for Mental Health Interventions: Exploring the Role of the Clergy and the Treatment Preference of Women with Depression." *Global Mental Health* 8 (02, 2021), http://ezproxy.liberty.edu/login?qurl=https%3A%2F%2Fwww.proquest.com%2Fscholarly-journals%2Futilizing-church-based-platform-mental-health%2Fdocview%2F2490899156%2Fse-2%3Faccountid%3D12085.

*Global Mental Health* published an article written by Ihbeanacho, and numerous others entitled "Utilizing a Church-Based Platform for Mental Health Interventions: Exploring the Role of the Clergy and the Treatment Preference of Women with Depression." This research is critical in Nigeria, with 250 psychiatrists serving the 1.8 million people in their country. The purpose of this research was to "explore the potential for a clergy-delivered therapy for mental disorders on the healthy beginning initiative platform and identify the treatment preferences of women diagnosed with depression."[18]

"Researchers used a convergent, mixed-method approach that integrated qualitative and quantitative data from two different but convergent participants groups." "The study explores the potential for a clergy-led intervention for depression among women in southeastern Nigeria. This approach is based on the fact that most adults in Nigeria are comfortable confiding in their clergy about emotional health issues."[19]

The study surveyed clergy and women with depression to determine their beliefs concerning mental illness. The survey for clergy included a collection of data through written

[18] Theddeus, Iheanacho, Callista Nduanya Ujunwa, Samantha Slinkard, Amaka Grace Ogidi, Dina Patel, Ijeoma Uchenna Itanyi, Farooq Naeem, Donna Spiegelman, and Echezona E. Ezeanolue. "Utilizing a Church-Based Platform for Mental Health Interventions: Exploring the Role of the Clergy and the Treatment Preference of Women with Depression." *Global Mental Health* 8 (02, 2021), http://ezproxy.liberty.edu/login?qurl=https%3A%2F%2Fwww.proquest.com%2Fscholarly-journals%2Futilizing-church-based-platform-mental-health%2Fdocview%2F2490899156%2Fse-2%3Faccountid%3D12085.

[19] Ibid.

form and group discussion and was conducted in Enugu, Nigeria. The women who participated completed a 14-item survey. The women surveyed attended the Obstetrics and Gynecology clinics in the University of Nigeria Teaching Hospital. The study was voluntary, with no compensation received.

The research concludes clergy can adequately provide support for depressed women. The surveys concluded they already provide counseling, psychoeducation and make referrals, as necessary. They claim to understand the biological nature of mental illness and have an overall positive attitude toward people with mental illness. Clergy believes that something can be done about mental illness and show a willingness to be involved in the process. However, the survey also revealed the belief that mentally ill people tend to be violent is rooted in supernatural causes, and there are inadequate psychiatric facilities to address the need.

The treatment preferences and perceived barriers survey revealed women preferred to be treated by clergy and had consulted with their faith leaders before reaching out for professional help. It also revealed that 100% of the participants believed faith could help their emotional problems. The findings in this study "support a potential clergy-focused, faith-informed adaptation of Psychotherapies for common mental disorders, such as depression anchored in community churches to increase access to treatment in a resource-limited setting." [20] Clergy-based initiatives are critical in areas with a shortage of mental health professionals, such as Nigeria.

Post Covid-19 pandemic presents demands globally that pressure the medical and psychological professionals who treat mental illness. Nigeria modeled ways to cope with this

[20] Iheanacho, “Utilizing a Church-based Platform.”

shortage using faith communities to partner with the work necessary to treat those with mental illness and addiction.

Le Roux, Steve, and George Lotter. "Fight, Flight or Faith: A Pastoral Model for Spiritual Coping." *In Die Skriflig: Tydskrif Van Die Gereformeerde Teologiese Vereniging* 55, no. 2 (2021): e1-e9.

*In Die Skriflig* published the article "Fight, Flight or Faith" in April 2021. The authors are affiliated with the Department of Theology, Faculty of Theology, North-West University, Potchefstroom, South Africa. Findings from a recent study on stress-coping and the defense response (Le Roux 2020:287) propose a pastoral, spiritual coping model that shows how certain religious beliefs and practices are to handle stressful life events.[21]

The article argues the Belief-Belong-Behave model for applying positive spiritual coping skills can mitigate perceived stressors and threats. In addition, the Belief-Belong-Behave model is easily taught and implemented for those who have a solid faith in Jesus Christ.

The article integrates biblical principles to show the reader how applying one's faith can positively affect how the body processes stress. Psalm 55 was analyzed to demonstrate how a faith response could apply to handling stress.[22] The authors also used the narrative from the Garden of Eden to present stress appraisal and defense using scripture.

The article reviews 15 components of the proposed Belief-Belong-Behave Model. (Belief) Faith in God, Dialog with God, Word of God, Hope in God, and Purpose from God. (Belong) Social support, corporate worship, discipleship training, missional servanthood, and pastoral care. (Behave) Pray first, take a Selah moment, choose faith over fear, think optimistically, and gain perspective.

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[21]Steve Le Roux, and George Lotter. "Fight, Flight or Faith: A Pastoral Model for Spiritual Coping." *In Die Skriflig: Tydskrif Van Die Gereformeerde Teologiese Vereniging* 55, no. 2 (2021): e1-e9.

[22] Ibid.

The article's conclusion claims the study "revealed that innate defensiveness during stress appraisal activities an automatic fight-or-flight response. However, through the overcoming power of Christ, it is possible for the Christian to find inner peace and hope that motivates a faith response to handle stress."

This article did not include any data on the study referenced to support its claim. Therefore, though the argument is compelling, it is unsubstantiated in this review. Efforts to find the original study mentioned by Le Roux were unsuccessful. However, the fifty-two references used to create the article's content provided scholarly data to help understand how the human body reacts to stress and how spiritual disciplines can positively affect the person practicing them.

The 15 point Believe-Belong-Behave model provides wisdom and insight to any Christian who wants to utilize faith principles to overcome life stresses. Therefore, it is reasonable to believe the articles claim that modern-day Christians could use faith in God to cope with stress more effectively.[23]

One strength of this article is the author's ability to take biblical references and analyze them utilizing the stress appraisal and chronic defensiveness chart. For example, Psalm 55 revealed relevant information about how the human body reacts to stress and how faith in God can help one cope.

Overall, reviewing this article was a positive experience. Authors provide resources on how to use one's faith to handle the stress that comes with life. However, the article lacked scientific evidence to support the claim that one could use faith to handle stress. Therefore, authors needed to provide more scientific data to support their claims.

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[23] Le Roux, “Fight, Flight or Faith.”

Roger, Edward B., and Matthew S. Sanford, "A Church-Based Peer-Led Group Intervention for Mental Illness," *Mental Health, Religion & Culture* 18, no. 6 (July 2015): 470-81. Doi:10.1080/13674676.2015.1077560.

*Mental Health, Religion & Culture* published an article, "A Church-Based Peer-Led Group Intervention for Mental Illness." Authors Edward B. Roger and Matthew S. Sanford describe the outcome for individuals in Living Grace Groups, peer-led group intervention for mental illness based in churches and integrate religion and spirituality.[24] Faith communities have advantages in offering support to those with mental illness. Active members of Living Grace Groups (LGG) represent a broad range of psychiatric difficulties. This study evaluates the effectiveness of a 10-week cognitive behavioral-based group recovery intervention for mental illness facilitated by peers. The curriculum incorporates psychoeducation, relationship and support building, and cognitive skills development.

Participants of this study included those attending Living Grace Groups. Of 116 attendees from fifteen groups, 101 (87%) agreed to participate. Of those, seventy-eight completed the initial pre-group survey, and thirty-five completed the post-group survey.

The authors used multiple self-reporting surveys to collect data for analysis. First listed is Depression Anxiety Stress Scale-21 (DASS21). This small version of the DASS has been approved for use as a routine clinical outcome measure and has demonstrated adequate internal consistency.[25] In addition, the Recovery Assessment Scale (RAS), Theistic Spiritual Outcome Survey (TSOS), and Religion and Spirituality (R/S) surveys also were used.

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[24] Edward B. Roger, and Matthew S. Sanford, "A Church-Based Peer-Led Group Intervention for Mental Illness," *Mental Health, Religion & Culture* 18, no. 6 (July 2015): 470-81. Doi:10.1080/13674676.2015.1077560.

[25] Ibid.

The combination of tests measured provided psychological, spiritual, and practical data for analysis. Researchers analyzed and easy-to-understand tables for readers to evaluate the results. Test results confirm that individuals with mental illness are present in faith communities and that those individuals desire help from the church. The evidence shows psychoeducational programs run within faith communities positively affect those affected by mental illness.[26]

In addition to the quality of surveys used and the academic excellence in reporting the data, the authors provided 38 scholarly writings for the reader to reference. One specific reference of interest is *Handbook of Religion and Health,* written by H.G. Koenig, M.E McCullough, and D.B Larson in 2001. This handbook address Spirituality, religion and mood disorders, suicide, anxiety disorders, obsessive-compulsive-related disorders, psychotic disorders, eating disorders, substance use disorders, behavioral disorders, marital and family issues, pain, and end-of-life care.

This research supports the legitimacy of spiritual and religious programs partnering with mental health professionals to reduce the burden of care for those with mental illness. In addition, such programs can already utilize spiritual and religious networks as a platform to overlay psychoeducation and support for mentally ill parishioners and community members.

The greatest weakness of this study was the lack of participants who completed the second survey. Circumstances interrupted the completion due to a leader missing the final session. Providing make-up sessions for participants could have increased the number of second-survey participants. In addition, group leaders could have reached participants through phone or electronic surveys to collect the data needed to complete the study.

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[26] Rogers, "Church-Based Peer-Led Group."

Tjaden, C. D., J. Boumans, Niels Mulder, and H. Kroon. "Embracing the Social Nature of Recovery: A Qualitative Study on the Resource Group Method for People with Severe Mental Illness." *Frontiers in Psychiatry* 11, (2020): 574256-574256.

*Frontiers in Psychiatry* published "Embracing the Social Nature of Recovery: A Quantitative Study of the Resource Group Method for People with Severe Mental Illness" in 2020. Authors are professionals in the field and well versed in the treatment of mental illness. Authors include Cahterlijn D. Tjaden, Department of Reintegration and Community Care, Trimbos Institute, Utrecht, Netherlands and Department of Social and Behavioral Sciences, Tranzo Scientific Center for Care and Welfare, Tilburg University, Tilburg, Netherlands; Jenny Boumans, Department of Reintegration and Community Care, Trimbos Institute, Utrecht, Netherlands; Cornelis L. Mulder, Department of Psychiatry, Erasmus Medical Center, Rotterdam, Netherlands and Antes, Parnassia Psychiatric Institute, Rotterdam, Netherlands; and Hans Kroon, Department of Reintegration and Community Care, Trimbos Institute, Utrecht, Netherlands and Department of Social and Behavioral Sciences, Tranzo Scientific Center for Care and Welfare, Tilburg University, Tilburg, Netherlands.

The objective of this study was to discover if the resource group method for people with severe mental illness might provide a useful framework to facilitate patient's empowerment and systematically engage significant others.[27] The study expanded two years and included eight resource groups which totaled 74 interviews and 26 observations of group meetings.[28]

Researchers collected data between November 2017 and December 2019. The data was recorded, transcribed verbatims, and anonymized.[29]

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[27] C.D. Tjaden, J. Boumans, Niels Mulder, and H. Kroon. "Embracing the Social Nature of Recovery: A Qualitative Study on the Resource Group Method for People with Severe Mental Illness." *Frontiers in Psychiatry* 11, (2020): 574256-574256.

[28] Ibid.

[29] Tjaden, "Embracing the Social Nature of Recovery."

The study confirmed Current Flexible Assertive Community Treatment (FACT) programs are enriched by layering a Resource Group (R.G.) on top of current treatments. Patients can nominate who will participate in their Resource Group. (Significant Others) Family, friends, other supporters' partner with their formal network to help the patient achieve goals. Significant others also receive care in this program.

One challenge to the program is the increased workload for mental health professionals. They reported the "program demanded extra time, particularly in the initial phase, to prepare the R.G. meetings with the patient thoroughly and to establish a good working relationship with significant others."[30] COVID-19 restrictions also interrupted researchers being able to be present in person for member-check meetings.

The definition of recovery is "a deeply personal, unique process of changing one's attitudes, values, feelings, goals, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness."[31]

The resource groups provide support for the patient and their significant others and show potential to connect medical professionals, patients, and support teams positively. In addition, his model is a good resource for churches that desire to support families with mental illness by becoming part of their resource groups.

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[30] Ibid.

[31] W.A. Anthony, "Recovery from Mental Illness, the Guiding Vision of the Mental Health Service system in the 1990's". Psycholosoc Rehabil J. (1993) 16:11-23. Doi: 10.1037/h0095655.

Woodhead, Erin L., Deborah Brief, Maureen Below, and Christine Timko. "Participation in 12-Step Programs and Drug Use Among Older Adults with Cannabis Use Disorder: Six-Month Outcomes." *Journal of Drug Issues* 51, no. 1 (2021;2020;): 38-49.

*Journal of Drug Issues* published an article by Erin L. Woodhead entitled "Participation in 12-Step Programs and Drug Use Among Older Adults with Cannabis use Disorder: Six Month Outcomes." The article's focus was to examine participation in 12-step programs for older adults, 50 and older, with Cannabis use disorder (CUD).

Authors include Erin L. Woodhead, San Jose State University, CA; Deborah Brief, Veterans Affairs (V.A.) Boston Health Care System, MA and Boston University School of Medicine, MA; Maureen Below, Veterans Affairs (V.A.) Boston Health Care System, MA and Boston University School of Medicine, MA; and Christine Timko, Center for Innovation to Implementation, VA Health Care Systems, CA and Department of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, CA.

This study aimed to determine outcomes for participants in 12-step programs who were diagnosed with Cannabis Use Disorder (CUD). The study ran over six months. Participants were 50+ years old, agreed to be followed for six months, had access to a landline or cell phone service, and were V.A. patients who received medical management and/or opioid use withdrawal and were randomized to receive enhanced telephone monitoring or usual care post-discharge.[32]

The independent variable was the presence of CUD at baseline, and dependent variables were cannabis and drug use days, and four indices related to 12-step participation (readiness to attend meetings, number of meetings in the past three months, number of steps worked, and

[32] Erin L. Woodhead, Deborah Brief, Maureen Below, and Christine Timko. "Participation in 12-Step Programs and Drug use among Older Adults with Cannabis use Disorder: Six-Month Outcomes." *Journal of Drug Issues* 51, no. 1 (2021;2020;): 38-49.

involvement) at the follow-ups.[33] Retention rates for this study are high. Of the 171 participants who completed informed consent forms, 91.8% were alive and not incapacitated at three months, and 92.4 percent at six months.

One weakness of this study is it only included veterans from one health care system within the V.A. who were primarily white males. This study also relied on self-reporting only. Broadening the data collection to consult with family and friends would offer additional information as to how CUD affects the older adult age 50-64 with Cannabis use Disorder (CUD)

The study concluded that adults 50-64 with CUD are less likely to participate in 12-step programs and used drugs more days than the non-CUD participants. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), CUD is the continued use of Cannabis despite clinically significant impairment.[34] It is unclear from the study what the attitude of the older adult cannabis user is or their intention of the use.

In a rapidly changing legal climate where controversy surrounds the use of Cannabis, education and personal assessment may be critical to get buy-in from the client as to the need to stop using Cannabis. People who commit to 12-step programs voluntarily have recognized they have a problem with an addiction they are powerless over.

More information is needed to determine if this is the case for participants in this study who were diagnosed with Cannabis Use Disorder. In addition, as Cannabis laws change, more emphasis will have to be given on how Cannabis negatively affects the user versus the legal ramifications of usage.

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[33] Woodhead, Participation in 12-step programs.

[34] AJ Gordon, JW Conley, JM Gordon, "Medical Consequences of Marijuana use: a Review of Current Literature." *Current Psychiatry Reports* (Review) 15 (12) 419 (2013), doi:10.1007/s1 1920-013-0419-7-PMID 2423478. S2CID 29063282.

## Analysis of the Micro-Project

Article critique micro-project for DMIN 851 provided insight into key considerations when developing a comprehensive pastoral care and counseling program within a small rural congregation setting. The lack of articles related to this type of work forced the doctoral candidate to broaden the scope to relevant articles within other contexts. The wisdom gained is considered considering biblical principles to structure the pastoral care and counseling program framework.

The article, "Our Bodies are Temples: Health Programming in Christian Church Communities," led this author to consider integrating the following biblical principle into the local church program. "Do you know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own." (1 Corinthians 6:19).

Educational programming directed to those with mental illness and addiction to teach them how to respect and treat the body can be a powerful step toward healing. Daniel G. Amen, in "The End of Mental Illness," challenges the reader to reframe the discussion from mental health to brain health. "Once people understand that the brain controls everything they do and everything they are, they want a better brain so they can have a better life."[35] This book introduces the reader to lifestyle changes that can support recovery from mental illness and addiction.

"Leading the Health Services into the Future" gives insight into the importance of training to increase self-awareness and emotional intelligence. In addition, it stressed the

[35] Daniel G. Amen, "The End of Mental Illness, How Neuroscience is Transforming Psychiatry and Helping Prevent or Reverse Mood and Anxiety Disorders, ADHD, Addictions, PTSD, Psychosis, Personality Disorders, and More." Carol Stream, Tyndale House Publishing, (2020), 5.

importance of collaboration and sought to help leaders learn to enable others. These concepts are critical when building a pastoral care and counseling team that focuses on mental health and addiction. Teamwork is necessary between team members and medical and licensed professionals to make sound decisions for participants.

"Non-Clinical Community Interventions: A systemized Review of Social Prescribed Schemes" discusses programs run by voluntary and charity organizations to provide support and healthy living initiatives. Some of the programs mentioned are health and well-being, reading, education, exercise, the arts, and nature programs. One of the challenges when working with those with mental illness and addiction is to help them build new habits and new interests. Faith communities are an excellent place for this work to take place.

"Healthcare Professionals' Perceptions of the Implementation of the Transitional Discharge Model for Community Integration of Psychiatric Clients" introduces a transitional discharge model for those leaving the hospital. Using peer support to help one leaving the hospital setting and engaging in community health services proved to be beneficial and lower the rate of rehospitalization. In addition, non-clinical people receive training to work as advocates and support staff to assure follow-through and support after discharge.

"Why Psychiatry Might Cooperate with Religion to give history between Pastoral Counseling and Psychiatry: The Michigan Society of Pastoral Care, 1945-1968" shows some of the historical challenges as clergy and psychiatrists attempt to work together. This article is an excellent reminder to the doctoral candidate to proceed with respect and humility in reaching out to the medical and licensed professional field for support. Clergy and psychiatrists are experts and professionals in their respective fields. Turf wars on who is superior will not help support

mutual clients. Finding prescribers who respect the church's work will be an essential piece of the program for success.

Other articles provided ideas on how non-clinical people and faith communities can help participants manage life stresses that lead to mental illness and addiction. Faith groups have an advantage in offering support because they can leverage current social and religious groups to connect to God and others, which is essential to help those suffering.

Clarification has come as this doctoral candidate completed the cumulation phase of the article critique. The program will not address severe mental illness but may expand to support the caregiver of the severely mentally ill. The program will target mental illness and addiction that is treatable and responds to lifestyle changes. The program also targets those who can experience positive change through learning and applying biblical principles.

Pastoral care and counseling programs should not treat severe mental illness and some types of addiction without direct supervision of medical or clinical staff. However, providing a program that targets mental illness and addiction from a biblical and lifestyle approach will help some. As COVID-19, political unrest, and financial instability threaten our society, more people need support, and the church can offer answers to many who can heal through biblical knowledge and lifestyle changes.

In personal reflection, the process of analyzing articles, receiving, and giving peer reviews, and compiling this paper has served as a significant first step in the planning stages of this program. This doctoral candidate will continue to research and collect data needed to develop a pastoral care and counseling program to serve those suffering from mental illness and addiction. It is unclear what micro-projects will be most beneficial as the doctoral candidate completes the next three micro-projects.

# CHAPTER 3: MICRO-PROJECT TWO

## Introduction

The second Micro-Project this student conducted to address the ministry problem was Panel Discussions. The doctoral candidate desired to have open dialog with multiple people concerning her stated ministry problem. She invited therapists, prescribers, caregivers, clients, educators, family members and church leaders to join in the discussions. Working with a diverse group allows a synergy between people when collaborating on how to best serve people with mental illness and addiction. The panelists are willing to work with the doctoral candidate post-graduation to develop a Comprehensive Pastoral Counseling Protocol that can be used within faith communities when working with this population of people.

## Justification

Seeking a DMIN with a pastoral counseling concentration requires research in medical model and Biblical models of healing. Gathering people from multiple walks of life help to pull ideas together. Multiple scriptures support the Biblical foundation needed for this work. Below are multiple scriptures that support the works Biblical foundation.

- "Very truly I tell you, whoever believes in me will do the works I have been doing, and they will do even greater things than these because I am going to the Father." (John 14:12, NIV)
- "I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for me." (Matthew 25:40)

- "By this everyone will know that you are my disciples if you love one another." (John 13:35)
- "And let us consider how we may spur one another on toward love and good deeds, not giving up meeting together, as some are in the habit of doing, but encouraging one another—and all the more as you see the Day approaching." (Hebrews 10:24-25).
- "Even when I am old and gray, O God do not forsake me, until I declare Your strength to this generation, your power to all who are to come." (Psalm 71:18).
- "We are therefore Christ's ambassadors, as though God were making his appeal through us. We implore you on Christ's behalf: Be reconciled to God." (2 Corinthians 5:20)
- The wording of this scripture speaks to the heart of every pastor. "Be sure you know the condition of your flocks; give careful attention to your herds." (Proverbs 27:23) When mental illness and addiction are on the rise, those figures also represent members of Christian Congregations. The Church of Jesus Christ shares responsibility for caring for this population of people.
- 2 Corinthians 10:4-5 One of the challenges in mental illness and addiction is the mind. Scripture teaches believers to take captive every thought and make it obedient to Christ. Several other scriptures discuss the mind. (Philippians 4:4-8, Colossians 3:2, Romans 12:1-2)

Jesus ministered to all marginalized people when he walked the earth. Scriptures are clear that believers that walk the earth today are to continue the work Jesus did. The church has no biblical precedent to relinquish responsibility for those who suffer from mental illness or addiction to the medical treatment model. Collaborating with licensed professionals to discover

the best protocols to treat mental illness or addiction is drastically different from the hands-off approach found in many churches.

The church of Jesus Christ has an excellent opportunity to serve as missionaries to those in mental health crises. Many complex problems have been tackled in the past that led to evangelistic opportunities. Faith-based communities can provide connection, education, purpose, support, and healing to anyone facing mental illness or addiction.

Biblical justification for a panel discussion for DMIN852 Micro-Project is found in Proverbs 19:20, "Listen to advice and accept discipline, and at the end, you will be counted among the wise." When faith communities, therapists, psychiatrists, and families collaborate to best support those with mental illness, new ways of treatment will be born.

Biblical wisdom alone will not solve all challenges surrounding mental illness and addiction. Faith communities who desire to participate in this type of outreach must align themselves with other professionals to provide education and support when necessary.

The doctoral candidate invited people from many segments of society to participate in panel discussions. This variety helped to help clarify how to work to solve the stated ministry problem. Panel #1 had two licensed professionals, one caregiver, and one with bipolar disorder. Panel #2 included a church administrator, a principal from a local high school, a business owner who frequently employees' people who have a mental illness or addiction challenges, and an instructor from a local university who is also a DNP and has extensive experience treating psychiatric patients. Finally, panel #3 included four licensed professionals.

Proverbs 11:2 states, "When pride comes, then comes disgrace, but with humility comes wisdom." When addressing mental illness and addiction issues, faith communities must humble themselves and realize this is highly complex. Respect must be given to those who have made a

career in treating those with mental illness and addiction. The goal of each panel discussion was to discuss the problems and solutions related to working with this population of people.

Christopher Ritchie was invited to discuss his 8-year journey with bipolar disorder to allow the panels to have a real-life situation to consider in discussions on how to best collaborate between faith communities, therapists, psychiatrists, and families when assisting clients. In addition, Michelle Bly, caregiver, was asked to share, so the panelists had a real-life situation on the needs of one offering full-time care to someone with a traumatic brain injury. In this situation, the faith community has a dual role. Both the one with the TBI and the caregiver have different needs.

Therapists, prescriber, faith leaders, educators, clients, and family support members have equal voice in discussion how to best serve those who suffer with mental illness and addiction. Each person appreciates the wisdom, knowledge, and perspective brought by others.

## Peer Review

Peer review is a significant part of the micro-project process. It is great to have others share experiences, encourage, and point blind spots. At the time of the Culmination Phase Assignment, two peer review discussion threads have been completed. Module #1 discussion required doctoral candidates to defend their choice of micro-project to the class. Jeremiah Gile reviewed Cindy Carr's discussion thread. This discussion thread offered several valuable pieces of information. Specifically, Jeremiah included a hyperlink for The Salvation Army in Harrisonburg, VA. Cindy had no idea they could be a resource for counseling services. In Harrisonburg, VA, they provide homeless shelter, food pantry, and toy drives at Christmas.

One comment made by Jeremiah has been echoed throughout multiple assignments in past classes before starting micro-projects and in other micro-projects. His statement read, "Addiction and mental illness are outside the scope of traditional ministry and most pastoral counselors." This doctoral candidate desires to argue for more involvement from traditional ministries and pastoral counselors. Many biblical principles provide the framework for the treatment of mental illness and addiction. One example is found in 2 Corinthians 10:5, “We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ”. Daniel Amen supports the principle in this Scripture in his book *The End of Mental Illness.* In this book, he states, "Negative thoughts cause your brain to immediately release chemicals that affect every cell in your body, making you feel bad; while the opposite is also true-positive, happy, hopeful thoughts release chemicals that make you feel good."[36] Faith communities can with confidence train disciples in

[36] Daniel G. Amen, *Your Brain is Always Listening*, (Carol Stream, IL: Tyndale Momentum, 2021), 98.

the biblical principle to take captive thoughts and align them with the knowledge of Christ. This will make a positive impact on their mental well-being.

Module #4 peer review offered insight from Faith Bays. Faith had conducted a panel discussion in the past and made it safe to proceed. Anything could have happened. Panelists could have canceled; an emergency could have come up. Regardless of what happened, Faith encouraged Cindy to accept God's blessing in it all. The reality of this possibility was driven home just four days after our panel discussion. One of the participants from panel #1 had a family tragedy on Tuesday, July 27, 2021. The daughter she spoke of during the panel, Tonya, died that day. Her funeral was on Friday, July 30, 2021, just one week past our panel discussion. Michelle had provided the home for panel discussion #3 to be recorded. As Cindy preached Tonya's funeral in the same location, we had conducted the panel discussion just one week earlier; her mind briefly went to the "what if" question. What if this had happened just one week prior? The completion of the assignment must continue, even amid life, grief, and loss. Ministers face this type of disruption regularly. Doctoral studies are not exempt from crisis.

In reviewing the Justification for Micro-Project (Panel Discussion), Dr. Zabloski stated this choice could be fun and a lot of work. Coordinating multiple schedules and mitigating numerous challenges proved this statement to be true. However, it was a lot of fun and valuable in solving the stated ministry problem., Dr. Zabloski reminded Cindy in module one to offer suggestions to classmates through book suggestions, weblinks, podcasts, articles, etc. This was a good reminder that the quality of other doctoral candidates' final presentation partially rests on the feedback given by other doctoral candidates.

In the video, "Why Peer Review?" in module 4, Dr. Zabloski discussed why peer review is necessary. In this lesson, he listed the following reasons for peer review.

- Allows information to be presented to others who have no vested interest in the work. These people can give us an honest opinion.
- It allows for options and feedback from people who see things differently.
- Great insight is given from peers.
- It provides an opportunity for doctoral candidates to both give and gather information.

It is easy to become self-absorbed and forget the importance of giving your best to strengthen others. "Why Peer Review?" motivated this doctoral candidate to make sure she brings her best to the table when reviewing the work of others.

Instructor feedback for the implementation phase pointed the doctoral candidate back to the framework of the micro-project. Each panel discussion went over the allowed 30 minutes. His input included an excellent blend of praise and critique. One thing I appreciate about the instructor is his candor. With very little emotion, he just states the facts. This allows the doctoral candidate to review the work and make necessary changes moving forward.

This candor rang loud and clear in his comments when grading the Culmination Phase. This was not my best work, which has led to re-doing the assignment to present for DMIN855. The original read of his statement, "I don't know what you were thinking here, but a lot of this paper is off-kilter." stung. However, the instructor review allowed the doctoral candidate to reflect and on what happened. I had initially completed the assignment using the instruction within the module. Unfortunately, I had forgotten the new teachings that had been provided earlier in the module. When the mistake was caught, the doctoral student had a decision to make. Re-do the assignment or take the hit. With everything in life and ministry, the decision was made to present the assignment in its original form regardless of grade. Honest peer and instructor feedback allow for evaluation and self-reflection. It gives fresh ideas and the opportunity to become stronger.

## Implementation

### Implementation Phase

Once panelists had confirmed their involvement, a date, and time and line of questioning was locked in. With this group of panelists, it was decided that Discussion #1 would involve all licensed providers. Discussion #2 would include non-clinical professionals and at least one person who is currently being treated for a mental illness. Discussion #3 would combine caregivers, both licensed and non-clinical. Questions were selected with this flow in mind. The studio, camera person, and all equipment were secured at a local high school. Everything had fallen into place, and the doctoral student felt confident in the plan, the panel, and the location.

### Elaboration Phase Challenges

Shortly after the Elaboration Phase was submitted, the doctoral candidate learned one of the participants would not be allowed on school property. Christopher is a registered sex offender. This charge directly resulted from the mental illness he discussed in the workshop for DMIN 853 and panel #1 discussion for DMIN 852. Christopher's story was critical to both Micro-Projects. As a result, a second location was secured for the workshop and panel discussion #1. This required an additional setup for the camera crew. In addition, it needed the plan to be totally redeveloped using the new lineup of panelists. This explains why the program from Elaboration Phase to Implementation Phase radically changed.

The challenges were overcome, and some positive interaction was added to the event. DMIN852 Workshop and DMIN853 Panel discussion #1 involved Christopher. The home of Michelle Bly was used for the first video shoot. This began at 1:30 pm, and panels #2 and #3 were not scheduled to start until 5 pm—this allowed time for refreshments and casual interaction

between the events. Had the plan been implemented as originally designed, this opportunity to personally connect between panelists would have been lost. Both venues drew different audiences also. This allowed more people to be positively affected by the event.

The implementation of the panel discussion Micro-Project was successful for many reasons. Every panelist who committed to participating showed up on time and brought great ideas on how collaboration can occur between faith-based communities, therapists, psychiatrists, and support teams. The diversity of the panels allowed the conversation to touch many aspects of the mental health crisis from multiple viewpoints. Panelists included client currently treated for bipolar disorder, caregiver, therapist, DNP, school administrator, church administrator, college instructor, and business owner who has provided jobs for persons in need. The conversation created a synergy between panelists that gave each participant hope that this group could begin a collaborative team that imagines new and exciting ways to support those challenged with mental illness and addiction.

The doctoral candidate was concerned about using a recent college graduate to video and edit the project. This decision turned out to be an excellent choice. Caleb Swortzel worked diligently to prepare both sets for recording. He acquired all necessary audio/visual equipment. He lined up assistants to run a second camera and set up the studio before the event. He also edited each of the workshops as instructed by Cindy Carr. Of the three panel discussions, only discussion #3 blended the wide-angle and closed-angle cameras. This decision was made due to the tight timeframe from recording to assignment due date.

Panel Discussion #1

**Panel Participants: Licensed Professionals, Caregiver, One with Bipolar Disorder.**

- April Helper, Executive Director, Adagio House, Harrisonburg, VA
- Christopher Ritchie, Parishioner with Bipolar Disorder, Harrisonburg, VA
- Chris Fasching-Maphis, DNP, PMHN-BC, FNP-BC, Harrisonburg, VA
- Michelle Bly, Parishioner/Caregiver of children with mental illness, New Market, VA

**Recorded Panel Discussion #1**

https://www.youtube.com/watch?v=jLiF6dHtNkA

**Details from Panel Discussion #1**

Panel #1 Discussion centered around how the faith-based community can help serve those with mental illness and addiction. Cindy began by introducing each panelist. April Hepler, Executive Director at Adagio House, provides counseling services for River of Life Ministries. Chris Fasching-Maphis, DNP, serves as Cindy's mentor and advisor when Psychotropic medications are needed to treat mental illness. Both April and Chris are invaluable when River of Life seeks to refer parishioners to counselors or drug prescribers. Christopher Ritchie (CJ) is a client of Adagio House, a parishioner of River of Life, and has walked through many manic episodes leading to hospitalizations, felony charges, and career challenges. Michelle Bly is a caregiver for children with mental illness and addiction.

The panel used CJ's story of living with bipolar disorder and Michelle's story of a family traumatically affected by mental illness and addiction to discuss how collaboration between faith-community, therapy, psychiatry, and family support can support those with mental illness and addiction. After this foundation was laid, the panel began to discuss the current mental health crisis.

Below are some thoughts from the panel as to what is driving the current mental health crisis in our world today:

- Toxic lives
    - Poor nutrition and other lifestyle choices
    - Excessive social media/screen time
    - Lack of supervision
    - People are looking for a quick fix in medication instead of working to prevent or solve the problem.
- Lack of Education
    - The stigma around mental illness
    - People are unaware of the resources available.
- Lack of community and elders in our society
    - We need each other.
    - We need to mentor and be mentored.
        - Anyone who has love can be taught to mentor.

The panel also discussed the importance of not rushing to judgment. Time is required to explore all avenues before concluding as to how to help. When someone presents with symptoms of mental illness, a collaborative approach is needed. A complete medical workup to rule out medical conditions should precede any mental illness diagnosis. Unfortunately, insurance companies require a diagnosis to be given for payment. April discussed the difficulty in having to label someone long before a definitive diagnosis can be reached.

The panel concludes by reviewing available resources. Chris mentioned the traditional medical models as a resource. She also promoted programs like 12 step programs, peer support

programs, and faith-based programs. April Hepler shared that her organization has done research to discover local resources and are listed at https://www.adagiohouse.org/additional-resources.

CJ's final comments reflected on the power of accepting people where they are. He was touched when his church received him regardless of the challenges he faced. He now strives to show the same mercy. Michelle shared her frustration when her son reached out for help and was turned away from two hospitals. Laws have changed in Virginia since that time. He would not be turned away under the current laws.

Panel Discussion #2

**Panel Participants: Leaders Affected by Mental Illness and Addiction**

- Chris Fasching-Maphis, College Instructor, Harrisonburg, VA
- Lori Swortzel, High School Principal and Faith leader, Harrisonburg, VA
- Angie Barker, Worship Leader and Pastoral Care Lead, River of Life, Harrisonburg, VA
- Chris Hirtriter, Administrative Pastor, Harrisonburg, VA

Panel #2 Discussion focuses on mental illness and addiction from a professional perspective. Panelists represent K-12, Higher Education, Congregation, and Workforce. Questions are designed to evoke conversation between Christians as they strive to love and support those with mental health issues.

**Recorded Panel Discussion #2**

https://www.youtube.com/watch?v=zN7MUVr8MQo

**Details From Panel Discussion #2**

The panelists for panel discussion #2 were chosen from four segments of society that encounter persons dealing with mental illness and addiction. First, Lori Swortzel serves as a principal in a high school. For 26 years, Lori has taught in all segments of education, K-12, and

college classes. As a principal, she now deals with multiple students that struggle with addiction and mental illness. Second, Chris Hirtriter is an administrative pastor in Harrisonburg, VA. He encounters mental illness and addiction within his congregation and community and often finds available resources lacking. Third, Chris Fasching-Maphis is an instructor at a local university and usually has students talk about problems they face in their lives. Fourth, Angie Barker is a local business owner and leader at River of Life Ministries. She provides love, support, and job opportunities to those she seeks to help.

Lori opened the panel discussion by talking about the issues she encounters related to mental illness and addiction. She sees patterns of addiction play out in the lives of their students. They come with baggage without the mental capacity to deal with that baggage. In addition, many of the students have parents that struggle with addiction that causes chaos in their homes.

Chris Hirtriter sees addiction and mental illness from the young to the old within the congregation. He deals with this across many cultures. His congregation has an outreach to the middle eastern culture. This culture deals with a lot of shame when facing mental illness or addiction.

Chris Fasching-Maphis sees drug use as a coping strategy for students to deal with college demands. Students use drugs to help them perform in school and to help them engage in relationships with others. The university where she teaches is overwhelmed with demand for services. As they attempted to meet demands, they introduced group therapy, but students preferred one-on-one treatment. Both Lori and Chris Fasching-Maphis admit the professional staff cannot meet the need. Lori's campus has two therapists for 2,500 students.

Angie speaks to how mental illness and addiction go hand in hand. In the workplace, the attitude of one affects the whole. She strives to love and support but working with those affected by mental illness or addiction often causes work struggles and a lack of efficiency.

The panel reviewed resources that are available to help those with the mental health crisis. Lori introduces The Mandt System that is taught in the Virginia School System. Staff members are trained to work with the escalation cycle. Staff is trained to recognize when the student is escalating and offer student choices to help de-escalate.

Chris Hirtriter has helped build a group within his church to assist with mental illness or addiction. They took advantage of training programs offered to non-clinical parishioners to help educate them. They also rely heavily on community programs and licensed professionals within their church when they need to refer. Chris admits the team within the church has been overwhelmed with the demand since COVID-19 hit our country.

Lori spoke to the increased needs due to COVID-19 as well. Students in need of services could wait up to six months for the services they need. Chris Fasching-Maphis reminded the group of 12-step and peer support programs. Some of these resources can bridge the gap as one waits for professional assistance. This is also an opportunity for faith-based communities to bridge the gap.

Chris Fasching-Maphis stated, "certain models we have set up in society are not working, they are not sustainable, we are not getting great outcomes anyway, so I think we need a paradigm shift in how we are meeting the needs." The panel imagined what could be implemented, changed, or discontinued to make a difference with this thought in mind. Ideas included therapeutic communities to help develop skills. Help people discover other ways of dealing with stress like exercise, support groups, and other relaxation techniques. Creating

communities with open communication that are trained to notice signals of distress can also be helpful. Educate communities to know what to look for can help in early states before the crisis point can also help. Finally, faith-based communities can provide friendship, love, and support.

Concluding remarks echo the need for this type of discussion. Hirtriter said, "communication is huge." Lori focused on the messaging that comes from the media. "There is a need for people in this field to provide positive media messaging." Chris Fasching-Maphis was delighted to hear that faith-based communities are hungry for education and that MANT is being taught in schools. She also encouraged Angie in her desire to love people and help them. She reinforced the importance of people who want to dig in and offer support. Angie stated that she believes many want to help, but their lack of knowledge intimates them.

Panel Discussion #3

**Panelists Participants: Licensed Clinical Professionals**

- April Helper, Executive Director, Adagio House, Harrisonburg, VA
- Hanna Hall, Clinical Director, Adagio House, Harrisonburg, VA
- Chris Fasching-Maphis, DNP, PMHN-BC, FNP-BC, Harrisonburg, VA
- Jane Fetterman, LPC, CPRP, CSAC-Supervisee, Outpatient Services Supervisor, lives in Harrisonburg, VA

Panel #3 was chosen to participate in Cindy H. Carr's Doctoral of Ministry program. This panel discussed current treatment protocols for mental illness and addiction and how faith-based leaders can advocate for parishioners to access available treatment. In addition, the panel shared problems within the current medical model of the mental health treatment model and brainstormed ways to address those problems.

**Recorded Panel Discussion #3**

https://www.youtube.com/watch?v=jw9sAaVJ91c

**Details from Discussion #3**

Cindy started the panel discussion by asking what challenges the licensed providers face in their field. The panel brought issues like lack of community connection and the unwillingness of clients to participate in groups. The microwave culture wants everything instantly. Many clients do not want to do the hard work outside the counseling session. Clients that thrive make good lifestyle choices like walking, drinking water, healthy dietary choices. There is maintenance work necessary to keep people healthy. Our society needs to support these lifestyle changes. A practical issue that providers face is paperwork. It is time-consuming and labels people prematurely. These labels follow them for the rest of their life. Many times, insurance companies limit care without medical knowledge. This leads to clinician frustration and burnout.

Envisioning a better system, the panel imagined a more holistic approach. Therapeutic communities would exist where clients could come and have time to stabilize and learn about their illness. Healthier environments that are easy to access are essential. For example, mainstreaming the intake where the information can be shared to avoid a client repeating the story multiple times during the same treatment event could build a trusting environment between the treatment team and client.

The importance of connection continued to make its way into multiple panels. Again, this is an area faith-based communities can excel in. Cindy spoke of the opportunity and

responsibility for faith-based communities to make this ministry a priority. Emotional regulation and the tools to self-soothe can easily be provided within faith-based communities. Additionally, educational systems can work on these topics in their curriculum.

Personal responsibility must also be communicated to those who come for help. April explains to her clients, "if you come in here and just spend an hour a week with me, we are probably not going to get too far. But if you come in here and we talk about the things you can take home and do and shift in your life, you will start to see change." April believes if more people move to groups, the group can support each other between sessions. Chris Fasching-Maphis shared the hesitancy college students have in participating in groups. Hannah brought the group back to the importance of being faithful to clients who only work in therapy sessions. We need to meet people where they are.

Cindy shared her conviction that faith-based communities may be able to help get people engaged. "We may be able to help them find connection, purpose, their talents, and skills that God baked in so they can live their best life." Cindy also talked about the importance of helping these people find others to help. The anointing that flows when we give to others can help us overcome our struggles.

Cindy led the panel to review the importance of collaborative care for mental health. One panelist stated she wanted to partner with faith communities but had some hesitation due to the risk of toxic theology harming the clients. Cindy shared similar concerns when she must refer

clients to psychologists. Proper vetting is critical when choosing a collaborative team that supports the client/parishioner in healthy ways.

## Analysis of the Micro-Project

Cindy's overall impression is this micro-project confirmed her comment from Discussion Thread: A Defensible Micro-Project Peer Review DMIN 852:

> This doctoral student strongly believes that River of Life Ministries and all faith-based communities have the ability and responsibility to address the rising crisis of mental illness and addiction. Furthermore, addressing this problem can provide an evangelistic platform to disciple many as instructed by Jesus Christ while He walked the earth. The panel discussion with professionals, clients, and clergy will help clarify safe and effective ways to collaborate with licensed professionals to benefit those who suffer from mental illness and addiction.[37]

The organization phase provided a good outline, but much changed as steps were taken to implement the panel discussions. The first step taken was invitations to the event. Cindy needed clarity as to the participants before finalizing the questions or venue. One of the topics was omitted at the suggestion of the instructor. How lifestyle affects mental illness was deleted from the mainline of questioning; however, several licensed providers pointed the panel back to the importance of a healthy lifestyle as part of a holistic treatment protocol.

Each panel provided insight to the Doctoral candidate as she worked to solve her problem statement. The Problem is River of Life Ministries and other faith-based communities in the Harrisonburg, VA area lack understanding and resources to help people who struggle with addiction and mental illness. Once it was discovered that one of the panelists could not be present at the school, the entire event should have been moved to a location where all three-panel discussions could have been recorded. Additional time was added to each panel because the

[37] Cindy Carr, Module 1, Discussion Thread: A Defensible Micro-Project Peer Review.

groundwork had to be repeated. This could have helped each panel to fit within its thirty-minute time restraint.

Combining all panels would have allowed everyone to be on the panel or in the audience for all three events. It could have allowed one 90-minute recording instead of 3 separate recordings.

As the doctoral candidate analyzed the reason behind the separate sites, she realized her desire to help the videographer build his portfolio compromised the quality of her project. The quality of the panels at the high school studio was slightly better, but not enough to make a difference.

## Recommendations for Future Use

Cindy Carr completed two micro-projects during the Summer D term. The Workshop and Panel Discussions were conducted simultaneously. The workshop helped the doctoral candidate analyze the work done for one parishioner over the past eight years. This work was done in collaboration with the faith community, therapy, psychiatry, and family support. The graphic for the workshop handout conveys the vision of the doctoral candidate.

In a future Micro-Project for DMIN854, the doctoral candidate desires to conduct an instructional video to instruct non-clinical persons on mentoring and supporting those with mental illness and addiction. With the instructional video being limited to thirty minutes, research must be done to clarify the most critical aspects of this type of training. Several topics have been considered.

- Training in de-escalation
- Grounding scriptures for those with mental illness and addiction
- Group discussion content for those with mental illness and addiction
- Signs that mentor needs to involve additional leadership or refer a client
- How to keep current a referral network
- How to work collaboratively with faith community, therapy, psychiatry, and family support units.

The doctoral candidate desires to launch the comprehensive pastoral counseling protocol developed during an assignment in PACO830. To convey this vision more fully, portions of the PACO830 assignment to build a Personal Theoretical Orientation of Counseling are included in the final analysis of the Micro Project Culmination Phase. DMIN-852 Panel Discussion Micro-Project helped clarify needs steps to see this vision to fruition.

# CHAPTER 4: MICRO-PROJECT THREE

## Introduction

The third Micro-Project this student conducted to address the ministry problem was to host a workshop. Ministering to people with mental illness or addiction has been part of the ministry at River of Life since its conception in 1996. Yet, much is unknown about serving this vulnerable population. The problem Cindy seeks to solve through doctoral work is River of Life Ministries and other faith-based communities in the Harrisonburg, VA area lack understanding and resources to help people who struggle with mental illness and addiction.

## Justification

The DMIN853 Workshop will demonstrate collaboration between faith communities, psychotherapy, psychiatry, and family. The hope is to have this work inspire others to become involved in ministry to support people suffering from mental illness and addiction. It will help clarify how non-clinical people can help with this complex problem that affects everyone in our society. Biblical precedence is undeniable as to the Christian's responsibility to walk with those suffering from mental illness and addiction. The workshop manual provides multiple Biblical references to support this claim.

Workshop participants are from diverse backgrounds to promote discussion on collaborative care for mental health. The personal story of Christopher is used as content to help the workshop participants and host consider how faith communities can assist licensed providers with mental health treatment protocols.

## Implementation Phase

### Workshop Attendees

Workshop attendees were intentionally selected to assist with the stated workshop goal. Several parishioners from River of Life were chosen to convey best the work and the challenges the church faces as it works with the stated population of people. Licensed professionals were asked to be a part of the audience to speak directly to the problem, and other attendees represented the community. Below is a list of those in attendance:

April Helper, Executive Director, Adagio House, Harrisonburg, VA

Chris Fasching-Maphis, DNP, PMHN-BC, FNP-BC, College Instructor

Angie Barker, Worship & Pastoral Care, River of Life, Harrisonburg, VA

Christopher Ritchie, a parishioner, was diagnosed with bipolar disorder.

Four additional participants joined the group in the off-camera audience. Each participant has been affected by mental illness or addiction in some way.

### Location/Date/Time

Michelle Bly graciously hosted this event at her home in New Market, VA, on July 23, 2021, at 1:30 pm. The home setting offered comfort and a resort-like environment to help those in attendance relax and take in the beauty of nature around them. After the workshop concluded, refreshments were provided to encourage further conversation and relationship-building between the workshop attendees.

### Workshop Details

The workshop was recorded by Caleb Swortzel who is a recent graduate of Regent University. Caleb majored in Cinema and Television with a particular interest in editing. Caleb

used two cameras to allow for a wide-angle shot and close-ups as different people were talking. Cindy recorded the event on an IPAD to enable instant access to the content for assignment purposes.

Workshop content provided a platform to launch the panel discussions as part of the DMIN 852 Micro-Project assignment. The same licensed professionals were used for both micro-projects. Running and recording both events on the same day was tiring but very rewarding. Having licensed professionals allowed non-clinical caregivers the opportunity to pull from their wisdom and knowledge. It also allowed the licensed professionals to talk with people on the front lines and hear what support is needed.

## Workshop Discussion

Most of the workshop consisted of a discussion between Christopher (parishioner diagnosed with bipolar disorder) and Cindy H. Carr (Pastor and doctoral candidate). The audience added comments at the end of the discussion.

This powerful dialog covered content spanning over eight years, multiple hospital stays, felony charges, and career changes, leading to the person Christopher is today. It also highlights the effort of one church that refused to give up on Christopher regardless of the challenges that came from walking with one who struggled with mental illness.

The workshop presenters discussed successes and failures and their willingness to learn from every chapter of their walk together. They shared their struggles and defeats and discovered the importance of teamwork when working with someone with mental illness. Once the faith community, psychiatrist, therapist, and family began to collaborate, a crisis plan was developed that worked. Hospitalization and legal issues were avoided with an emergency plan when the

next traumatic event happened in Christopher's life. The event was experienced, processed, and put behind him within a matter of a few days. He was able to collect himself and find a new job where he has continually received promotions.

Christopher believes his ability to successfully maneuver through a significant traumatic experience directly resulted from the collaborative approach to treating mental illness. Sharing his experience in this workshop was a powerful experience for him and has allowed him to overcome the stigma and shame attached to mental illness. He proudly shares with others his journey and encourages others in their struggles with mental illness and addiction.

The audience weighed in at the end of the workshop discussion. Christopher's story moved them. April Hepler from Adagio House was able to hear the positive results one of her therapists had made in Christopher's life. She also encouraged Christopher to recognize each of us has stuff; he is not alone in his journey. Finally, Angie and Christopher shared some of the challenges they encountered as Angie provided supervision and employment for Christopher.

Chris Fasching Maphis starts her response with, "If we are going to solve the mental health crisis, we need to see more collaboration." This doctoral candidate desires to be instrumental in inspiring faith-based communities to lead in the fight against mental illness.

Each workshop participant received a handout entitled Collaborative Care 4 Mental Health: Faith: Community, Therapy, Psychiatry, Family Support. The handout stated the workshop goals, biblical references, training links, and inspiration for non-clinical people as they consider working with people with mental illness. (Handout has been scanned into this document and can be found on page 6-12.

Workshop DMIN 853
Friday, July 23, 2021


River of Life Ministries
[redacted]

Pastor Cindy Carr

## Workshop Goal

This workshop aims to inspire non-clinical people to **confidently mentor and support** those suffering from mental illness and addiction. This work can be intimidating because of the complexity, but with adequate **understanding, education, training, and proper expectations**, everyone can help someone. This biblical principle is found throughout scriptures as Jesus instructed disciples to continue the work Jesus had begun while on the earth. Believers are to make disciples and to mentor others.

The workshop will highlight biblical precedence for the church to engage in this work and provide ideas on what non-clinical people can do. Information will be provided to support how one can **safely engage** with one who suffers from mental illness or addiction. This vulnerable group of people does not have to be shunned or feared. They can be engaged and **inspired** through the local church's work to teach them how to rely on their strengths instead of weaknesses. Mentorship can help them discover passions and purpose and help connect to the Body of Christ. **Advocacy** is also needed when working with mental illness and addiction. They are often marginalized and need someone to help arrange for medical care, work opportunities, transportation, housing, and social opportunities.

## Confidently Mentor and Support

Biblical Precedence

***Philippians 1:6 Paul*** confidently tells us, ***"And I am sure of this, that he who began a good work in you will bring it to completion at the day of Jesus Christ."***

Practical Steps

Definition of Mentor-an experienced and trusted advisor.

- Who has mentored you? _____.
- Who have you mentored? _____.

## Be Equipped

Biblical Precedence

Philippians 2:13, **For it is God who works in you to will and to act to fulfill his good purpose.**

2 Peter 1:3, His divine power has given us everything we need for a godly life through our knowledge of him who called us by his own glory and goodness.

Romans 9:11-12, "God chooses people according to his own purposes; he calls people, but not according to their good or bad works."

Hebrews 13:20-21, Now may the God of peace, who through the blood of the eternal covenant brought back from the dead our Lord Jesus, that great Shepherd of the sheep, **21** equip you with everything good for doing his will, and may he work in us what is pleasing to him, through Jesus Christ, to whom be glory forever and ever. Amen.

Practical Steps

- Understand -Center for Disease Control and Prevention Mental Health
    - **https://www.cdc.gov/mentalhealth/learn/index.htm**
- Educate
    - The American Association of Cristian Counselors/Light University
        - **https://www.aacc.net/**
        - **https://lightuniversity.com/**
- Train
    - Learn as you work with those who actively work with those challenged with mental illness and addiction. (Pastor, counselor, caregivers with experience.)
- Align expectations (Realistic goals benefit those with mental illness)
    - https://www.healthyplace.com/blogs/toughtimes/2017/10/setting-realistic-goals-benefits-mental-health

Your next steps-Is God leading you to take steps toward helping someone who struggles with mental Illness or addiction? If so, Who? _____. Set one practical goal for yourself to move you toward being a positive voice in this person's life. _____

_____.

Safely Engage

Working with people with mental illness and addiction is best done collaboratively. When faith-based communities, psychotherapists, psychiatrists, family, or other support networks work together, we obtain the best results. It is critical to stay in your lane. Never take on more than you are equipped to provide, and always reach out to your support team if you have questions or need backup. Mental illness is not treated in silos but is a community effort.

## Inspire

Faith-based communities have a great opportunity to anchor those we serve in HOPE. Below is a list of things we can offer that will mean so much to those who find themselves vulnerable, fearful, and alone.

- Offer friendship.
- Assign small obtainable tasks
- Include in social gatherings to help build connection
- Involve in a bible study to help develop a biblical foundation when appropriate
    - Connect to God and others
    - Discover gifts, talents, and purpose
    - Introduce to Abundant living through life in Christ
- Include in-service opportunities to instill value
- Demonstrate how to do life by faith in Jesus Christ
- Accept the person right where they are. Trust God to make needed changes
- Actively listen, do not try to fix everything. YOU CANNOT.
- Make seeing a Dr. or Therapist safe, refer when appropriate
    - When referring, make the call for them to see what the process is. People who struggle with mental illness or addiction are generally not able to advocate for themselves. However, they can call themselves once you have cleared the path and know who they should call and helped them understand the process. (If you are unclear how to do this, get them involved with the pastor or church leader for this step.)
- Never give up, never shame, never manipulate. God's mercies are new every morning

Practical Steps:

Spend some time in prayer concerning how you can help those who suffer from mental illness and addiction. Consider what you are already doing; when you work within your strengths and help others work within their strengths, everyone wins.

List your Strengths (Natural talents, giftings, and callings)

_____

_____

_____

_____

_____.

What could you offer one who struggles with mental illness or addiction?

_____

_____

_____

_____

_____.

Who is your support team to assist as you do this work?

_____

_____

_____

_____

_____.

## Personal Note from Workshop Host

Understanding mental illness and addiction has been a lifelong passion for Cindy H. Carr, Doctoral candidate who is currently enrolled at Liberty University. Pastoral counseling was a natural fit for the focus of her work because, during her 35 years of ministry, Cindy has sought to compassionately give a hand up to anyone who struggles with mental illness or addiction. This passion comes from real-life experience.

At the age of 5, Cindy's mom overdosed and was hospitalized for a period of stabilization. Unfortunately, this was not a one-time event but repeated several times until the early death of her mom in 1983. Cindy was 19, and her mom was 44 at the time of her death. This experience taught Cindy that mental illness is often driven by many factors beyond the person's control.

Barbara Ellen Nicely Hyler had several traumatic events in her life and had Cushing's Syndrome, which caused her to have multiple psychiatric symptoms. She suffered from many side effects of the numerous medicines prescribed. Upon her death, she was on 18 different medications. Some drugs were to treat illnesses, while others were to treat side effects from medications. Despite Barbara's mental and medical challenges, she was an outstanding mother who taught her children the importance of family, hard work, and God. The gifts she left behind still empower many to live their best life.

Every person helped, every research paper, every project, and every ministry birthed by Cindy H. Carr finds motivation and passion from the memories held in her heart of Barbara Ellen Nicely Hyler. She was too young to help her mom through her most difficult days but will live her life to helping others who face the battle of mental illness.

(END OF WORKSHOP HANDOUT)

## Previous Doctoral Work Inspires Overall Vision

## PACO 830

Doctoral students who have chosen the Pastoral Counseling Cognate must choose three classes within their cognate in preparation for the work completed during the doctoral candidacy. PACO830: Individual & Family Issues in Pastoral Counseling assigned the task of analyzing and creating a personal theoretical orientation of counseling.

In partial fulfillment of the requirements for completing PACO 830, Cindy H. Carr presented a comprehensive pastoral counseling protocol. She combined biblical principles, counseling theories, spiritual direction, life coaching, and medical evaluation to develop a custom program to support those with mental illness and their families. She argues treatment protocols should consider physical, psychological, spiritual, and relational needs. With the looming medical and mental health crisis, she believes the church has an excellent opportunity to step in and lead the way to revolutionize treatment for those who have a mental illness.

This protocol is a multi-theory approach that includes Strength-Based Counseling, Emotional Freedom Technique, Spiritual Direction, Brain Health Coaching, nutrition and wellness coaching, and Biblical Principle. It is a team approach where the pastoral counselor utilizes a network of licensed counselors, physicians, psychiatrists, massage therapists, acupuncturists, spiritual directors, bible study leaders, mentors, and community services to address specific needs for clients.

In part III of this assignment, Cindy shared a practical application using a pseudo name where she reviewed part of Christopher's story. In reviewing this assignment prior to the workshop, the idea of using Christopher in the workshop to demonstrate what a collaborative

approach looks like developed. Unpacking his story with an audience of professionals and non-clinical persons brought a value to the workshop that could not have been obtained any other way. It allowed a conversation to start that will continue. It is Cindy's hope that that conversation leads to lasting change within treatment programs that serve those challenged with mental illness and addiction.

PACO840: Crises and Current Issues in Pastoral Counseling

The Suicide "Pair" Certification Program required in PACO840 introduced the doctoral candidate to Light University and the American Association of Christian Counselors. This connection opened a new world of support and training resources. Several parishioners are taking advantage of the free Mental Health Coaching Certification through Light University. Pastor Cindy and her husband have registered to attend the AACC Waymaker Conference in September to find resources to help as they continue to develop the Comprehensive Pastoral Counseling Protocol developed in PACO830.

Dr. Daniel Amen will be speaking at this conference. His work inspired Cindy to include Brain Health Coaching as part of her comprehensive pastoral counseling protocol. In his book The End of Mental Illness, Daniel Amen claims that reframing mental health as brain health changes everything. He addresses practical strategies that can end mental illness as we know it. This book contains scientific knowledge that faith-based communities can promote to help in the fight against mental illness and addiction.[38]

[38] Daniel G. Amen, The End of Mental Illness, Carol Streams, IL, Tyndale, 2020).

## Peer Review

### Attendee Feedback

During the time of fellowship and refreshments, the conversation continued around treating mental illness with a collaborative approach. There was a strong consensus that this group of people wanted to talk more about the topics. People offered support to one another for current issues. Some attendees committed to meet additional times to support and encourage each other in their journey to provide care for those struggling with mental illness and addiction. Christopher discussed the desire to speak to groups about his journey to encourage those mentally ill and their support teams. His story conveys hope, healing, and the abundant life Christ promotes.

River of Life parishioners who were involved with Christopher's care had the opportunity to evaluate the work they had done. So much was learned since 2013 when they began to walk with Christopher. Their ability to guide and mentor him increased as their understanding of collaborating between psychiatrist, therapist, family, and faith community grew. This congregation desires to grow in its ability to offer collaborative support to others in the future.

### Peer Feedback

Lola Munroe directed Cindy to an article in the *International Journal of Mental Health and Addiction,* "Mental Health and Addiction: New Times and Challenges." In this article, the author states,

> The IJMHA will seek a diversity of knowledge in mental health and addictions. Diversity that values an interdisciplinary approach integrates several areas, such as Epidemiology, Genetics, Public Policies, Social Sciences, Pharmacology, Behavioral Sciences, Neurosciences, and others. The main purpose is to consider the integral and contextualized vision of health in general. This diversity is also desirable by disseminating knowledge stemming from different researchers, research topics, groups

> studied, and regions of the world. From the integration, diversity, and the global vision of knowledge, we believe we can compile and disseminate research in the broadest possible way that, at the same time, is sensitive to the specificities of each context studied.

Faith-based communities need to become recognized and invited to the table as medical professionals and researchers seek to integrate and collaborate. The church cannot sit this crisis out. It must push its way to the forefront and become an active participant to bring solutions to the current mental health crisis.

Lola Munroe asked for clarification on what lack of understanding and resources the church lacks when facing needs that arise from mental illness and addiction. Licensed providers who have invested years into the research and training to treat mental illness and addiction. We need their knowledge. Non-clinical participants can provide friendship, advocacy, faith, hope, and support in many ways. The workshop manual offers several ideas on how non-clinical people can get involved in ministry to persons with mental illness or addiction issues. However, they need collaboration and supervision from licensed professionals to safely work with this population of people.

Joseph Presume offered two scriptures that support the biblical relevance of this work. Matthew 25 and James 1 task the Christian to provide ministry to vulnerable people. Christopher's story in the workshop demonstrated ways faith-based communities can advocate for and strengthen this vulnerable population.

## Instructor Feedback

This doctoral candidate received a phone call to address a question and a video message in the feedback of one of the assignments. One struggle with the online DMIN structure has been the lack of human interaction. She appreciated this personal communication from an instructor.

## Analysis of the Micro-Project

Prior assignments have helped the doctoral candidate clarify her vision for working with mental illness and addiction. The workshop micro-project helped demonstrate and articulate the vision. The workshop also helped to define things that are important to do. But conversely, it also revealed some important things not to do.

### Doctrinal Dogma vs Biblical Precedence

As Christopher, Cindy, and Angie prepared for the workshop, they reviewed their shared journey. In this review, each person revisited their joint venture. Together they discovered the importance of protecting the vulnerable from doctrinal positions that would separate them from their support team. For example, both Angie and Cindy were unaware that Christopher's employer had advised him to separate from his church because a female pastor led it. They also were unaware he was advised to discontinue his medications because they were not pleasing to God. This insight led to deeper discussions on the importance of keeping biblical messaging simple and grounded in love as faith-based communities work with mental illness and addiction.

Every believer has doctrinal dogma that guides their Christian values and worldview. Evidence of this is found in the New Testament in several places. Paul addresses the brothers and sisters in the Corinthian church as those who were still worldly, mere infants in Christ. He called them out for the jealousy and quarreling among them. He reminded them that both Apollos and Paul were only servants who plant or water, but it was God who made things grow. (1 Corinthians 3:1-9). Romans 14 is dedicated to the topic of accepting others without quarreling over disputable matters. This biblical principle is of utmost importance when working with mental illness. Their world is already cluttered with chaos, uncertainty, and instability. Those

seeking to help them cannot get in the weeds in areas that will add confusion to them. Jesus taught the disciples the principle of love.

This doctoral student teaches the importance of love, acceptance and patience when working with people who have a mental illness or addiction. Here are a few scriptures that guide a Christian service to people with mental illness.

1. "By this everyone will know that you are my disciples, if you love one another." (John 13:35)
2. "And let us consider how we may spur one another on toward love and good deeds, not giving up meeting together, as some are in the habit of doing, but encouraging one another—and all the more as you see the Day approaching." (Hebrews 10:24-25).
3. "Even when I am old and gray, O God do not forsake me, until I declare Your strength to this generation, your power to all who are to come." (Psalm 71:18).
4. "We are therefore Christ's ambassadors, as though God were making his appeal through us. We implore you on Christ's behalf: Be reconciled to God." (2 Corinthians 5:20)

Meet the Workshop Participants

Cindy Carr, Chris Fasching Maphis, Angie Barker, April Hepler, Christopher Ritchie

Cindy Carr is a doctoral candidate at Liberty University on track to graduate in December 2021. Cindy served full-time in ministry until 1993, when she chose a bi-vocational path to allow her to connect with the community. Since that time, she and her husband has engaged in many business opportunities that provide a vehicle to minister to many. Her passion for helping people with mental illness and addiction fuels her commitment to the doctoral program. It is essential to discover a way to improve the current model of treatment for these vulnerable people.

Chris Fasching Maphis, DNP, has worked to help people struggling with mental illness her entire career. Chris has worked behind Cindy for nearly 30 years to provide support from a medical perspective. Countless times these two have teamed up to assist in complicated cases. Both cherish the value of this relationship. Future possibilities inspire them as they seek to find ways to support clients and families in their most difficult times.

Angie Barker is the worship leader at River of Life and is involved in the lives of many who struggle with mental illness and addiction. Christopher's story highlights the countless ways she provided support in his time of need.

April Hepler is the executive director of Adagio House. Adagio House provides professional counseling for River of Life Ministries when a referral is needed. This partnership has strengthened through the years as both Cindy and April strive to support one another in countless endeavors. They are currently in discussions on how to take training into churches and corporations to help others know how to support those with mental illness.

Christopher Ritchie has been a part of Cindy Carr's life since first grade. He was in the same room as her daughter Kindergarten, and Christopher clung to Cindy anytime she was present. Little did they know this relationship would become a lifelong journey. Christopher has worked hard to understand and overcome the challenges that come with mental illness. Regardless of what the future holds, Christopher knows his church family will walk with him every step of the way.

Cindy Carr with Michelle Bly

Michelle opened her home and her heart to provide a place for this workshop to take place.

## Discussions around Training and Mentoring Programs

Programs through Light University are great to provide knowledge; however, proper mentorship happens when one works beside someone with experience as they work with mentally ill persons. Cindy discussed the value she has found in the mentoring relationship between her and Chris Fasching Maphis. Chris is a DNP who worked as a Psych nurse and a psych NP for many years. Her current role as an instructor in the nursing program at a local university continues Chris's role as a mentor and instructor for those interested in working in the mental health field. The principle of mentoring and being mentored was discussed. Chris mentored Cindy, who in turn mentored Angie. April Hepler reached out to Angie at the end of the workshop to offer to continue her training and allow her to work in the mentoring program at

Adagio House. The mentoring program has suffered due to a lack of interest. Faith-based communities may be able to help recruit members to serve in this capacity. If parishioners participate in the mentoring program at a local counseling center, their training can also be utilized to help with parishioners in their time of need.

## Advocacy

The importance of advocacy for people who are unstable due to mental illness was covered in the workshop in detail. Several times in the years, River of Life companioned Christopher he needed medical advocacy, legal advocacy, vocational advocacy, and family intervention. Pastor Cindy was able to fill much of this role due to her bi-vocational experience as a business owner, private investigator, and ties to the community. However, this is one area that a strong referral network is needed. When working with mental illness and addiction, medical crisis and legal challenges are often part of the story. Unfortunately, our current system punishes people with mental illness and addiction issues rather than support, treat, and rehabilitate. Jesus Christ needs ambassadors in every part of the broken system to advocate for change.

## Vocational Training

When Christopher was removed from the classroom in handcuffs his lifelong dream to teach died. This left him with no way to provide for himself or gain value through his work. One way to restore hope was to train him for other meaningful work. This was necessary multiple times for Christopher before he stabilized. Collaboration between his psychiatrist, pastor, counselor, and family have helped him recover from multiple episodes of instability.

## Emergency Plan

The collaborative team has become stronger over the years and has worked together to build an emergency plan for those times when crisis disrupts Christopher's life. The team had the opportunity to see how this plan would work early in 2021 as he was police escorted from his job at a local factory. In the past, this would have thrown Christopher into a cycle of decline that would have ended in multiple stays in hospitals and more legal trouble. In the workshop, Christopher shared with the audience the effectiveness of the emergency plan. Within a week, Christopher was employed and has received multiple promotions at his current job. His company offers education assistance that will allow Christopher to complete his master's degree without accruing debt and has discussed numerous career paths for him to consider.

Christopher described the tools his therapist has helped him discover that help him throughout the day. He described his church family as his 24/7 emergency line. He has someone he can reach at all times of the day or night. People who love him are checking in to make sure he is keeping a good balance in all aspects of life. Simple reminders to drink water, rest, take a walk, process emotions, and not overexert helps him to keep on track.

## Analysis of Practical Aspects of Workshop

### Recording the Workshop

The doctoral candidate had more anxiety over the recording of the workshop than any other aspect of the workshop. Two cameras were used to provide wide-angle and close-up shots on speakers. Additionally, an IPAD was set up in case something happened to the other two cameras or the recordings. The workshop was 115 minutes which is 230 minutes that needed to be mixed to provide the best video solution. Once the IPAD footage was reviewed, the doctoral candidate reached out to the videographer and asked that only wide-angle be uploaded to

YouTube. This will provide a recording that is good enough for evaluation. This decision will save time in editing and make the budget for the videographer more affordable.

The videographer was an hour late to the workshop venue. However, he worked diligently and was ready to shoot within 10 minutes of the original goal. Cindy adjusted the schedule to keep the day on track. Originally workshop host had planned refreshments between the workshop for DMIN 853 and Panel Discussion #1 for DMIN 852. She delayed refreshments until both recordings were complete.

**Computer Hard Drive Failure**

Adobe Audience was downloaded to a laptop for use. The hard drive had to be replaced on the computer the night before the workshop. Two additional computers were prepared in case there were other computer failures the day of the event. A computer technician was contracted to be on call in case further problems occurred. Fortunately, his services were not needed, and one of the alternative computers worked fine.

**Difficulty Uploading to YouTube**

Other issues included difficulty uploading recording to YouTube. The program ran an entire day at the videographer's home and only uploaded 38 percent. The doctoral candidate recommended relocating to a place with higher upload speed. Her IPAD copy was used to prepare the Cumulation Phase Assignment. The video volume was low, but the picture was clear, and this avoided losing the weekend to work on the project.

**Clothing Selection**

Research into what to wear on camera revealed that black, white and prints were not good to wear on camera. Additionally, the lavalier mic had to clip to something. The doctoral student found she had nothing to wear. As time drew near, she slipped away to see if she could remedy

the wardrobe crisis. This trip led to another crisis that has yet to be explained or understood as to how it could happen. While trying on clothes in the dressing room, a notification from canvas popped up on her phone saying she had submitted an assignment. She had somehow uploaded a picture meant for her daughter into the assignment board. This is the projects most embarrassing moment.

**Fellowship/Refreshment Time after Workshop**

Conversation during the fellowship part of the workshop was as meaningful as the workshop itself. Each person present took time to process the content, elaborate on ideas shared, and discuss next steps. Everyone in attendance agreed more discussion was needed around the topic of Collaborative Care for Mental Health. Faith Communities, Counselors, Psychiatrists and other psychiatric providers, families, and other support systems are all needed to support people with mental illness and addiction. Non-clinical people were encouraged as clarity was given on how they can help, and licensed attendees found hope in the prospect of faith-based communities providing companions for those in need.

Food choices were made to strengthen and support without causing the crash that happens with high carb and high sugar foods. Everyone loved the fresh assortment of fruit, vegetables, cubed and sliced turkey, chicken salad, pimento cheese, water, and seltzer. Some had not used fresh sliced peppers as a bread replacement when eating chicken salad and pimento cheese. This made for great conversation. Small bread cubes and crackers were also provided for those who love some carbs with their food.

**Venue**

The home of Michelle Bly is stunning and relaxing as it sits on the edge of a golf course on the west side and a lake for fishing and paddle boating on the east side. Michelle had attended to every practical detail before our set-up crew arriving. Refrigerators were clean to make room for refreshments. The home was softly decorated with candles and other decorative pieces.

Michelle handled the last-minute decision to change where we were recording well. The set-up crew flipped her dining room table around, covered the door to block the glare, and set up chairs in the living room for the off-screen audience. The original spot chosen to record became a staging area for the camera crew. Michelle's family gladly put things back in order as the team pealed out to head to the studio, where panel discussions for DMIN852 were being held. Christopher remained behind because he is not allowed on school property due to the felony charge that placed him on the sex offender registry. He shared this in the workshop and hates he had to miss this part of the day. He eagerly awaits the recordings to be uploaded to YouTube to see how the rest of the day went.

## How This Micro-Project Strengthened Overall Ministry Problem

The workshop micro-project brought a group of people together to discuss collaborative care for mental health. Scripture supports the value of wise counsel. "Iron sharpens iron, so one

man sharpens another. (Proverbs 27:17). "Even when I am old and gray, O God do not forsake me, until I declare Your strength to this generation, your power to all who are to come." (Psalm 71:18). "He who walks with wise men will be wise." (Proverbs 13:20). For many years, Cindy Carr has relied on workshop participants individually over the years but had never brought this team of people together. Feedback from participants reveals a need for all parties to collaborate. Mental Health Professionals chose their field because they want to help people. The current system is challenged in many ways. The possibility of faith-based communities helping licensed professionals is as exciting as licensed professionals helping the faith-based communities.

Many resources were discovered through conversation with the audience. The challenge will be to obtain permission as a faith-based community to have access to the resources. Some faith-based communities have not respected licensed professionals or their work. This became clear in Christopher's story. One possible way to overcome this objection is to ask for an introduction from people in the field who know and trust faith-based community leaders. Christians can hold on to sacred beliefs, participate in programs that do not fully align with their theology and gain knowledge. Wisdom and Knowledge increase as a person learns to filter out the bad and use the good. When Jesus walked the earth, he worked hard to demonstrate the importance of embracing diversity. His acts of kindness toward those who did not align with Godly principles did not compromise his integrity, vision, mission, or outcome.

## URL to Workshop Recording

**https://www.youtube.com/watch?v=EOBSTkQsngw**

Time restraints did not allow for the editing I had envisioned for this workshop. But the rawness of the event makes it real.

# CHAPTER 5: MICRO-PROJECT FOUR

## Introduction

The fourth Micro-Project this student conducted to address the ministry problem was an instructional video conveying how biblical principles can be utilized as part of mental health treatment. This instructional video will strengthen the overall goal to empower faith-based communities to participate in treatment of mental illness and addiction. This doctoral candidate makes a strong argument that the church has responsibility to this vulnerable group of people and provides ideas on how to collaborate with licensed professionals when referral and education is necessary.

## Justification

The problem I seek to resolve is that River of Life Ministries and other faith communities in the Harrisonburg, VA area lack understanding and available resources to adequately support people with mental illness and addiction. Previous Micro-Projects focused on how faith communities can collaborate with therapists, psychiatrists, and family members to assist in treating one with mental illness or addiction. In DMIN-854 Instructional Video Micro-Project, the doctoral candidate argues for the church to take a leadership role in treating such issues. The church respects what the medical model brings to the table; however, confidence in what the church offers is beneficial.

An instructional video entitled "How to Utilize Biblical Principles Effectively as Part of Mental Health Treatment" can provide Christians a starting point when working with mental illness and addiction. Though a 15-minute video cannot cover much ground, it can plant some seeds on the importance of biblical principles and ambassadors for Christ engaging in this type

of ministry. For this Micro-Project, God is the expert, and His principles are the theory used to help people overcome mental illness and addiction. In addition, Bible principles are supported by scientific research to elaborate on steps one can take to improve their overall mental health status.

This doctoral student believes that the world is out of alignment with God causes much of what is defined as mental illness and addiction. Throughout biblical history, generation after generation, God's created beings have sought to do their own thing, and many write God out of their earthly narrative. Disconnection from God and others who believe in God put a strain on one's spirit, soul, and body. The world's current condition demonstrates a global disconnection from God and a departure from His principles. This chaos causes some to struggle in a world that does not exemplify the nature of God. Thus, Christians are not exempt from the mental health crisis that covers the earth today.

Though solving all the world's problems are outside the scope of this Micro-Project, helping people connect with God and others will help stabilize the human experience. Teaching biblical principles on discovering purpose, giftings, and talents will help one find meaning and success in all they set their hand to. Validating biblical principles on respecting one's body, controlling one's mind, and optimizing one's relationships will help de-escalate the stress and worry that plagues one who has not learned to walk in the peace of God that passes all understanding. Finally, discovering the treasures within Scripture will certainly uncover wisdom to help solve the stated ministry problem.

Several biblical examples support the theory that God's principles can positively affect mental health and are scientifically proven.

- Caroline Leaf states, "Yet thinking good thoughts cannot excuse an unhealthy diet. The digestive system itself is a rich source of neurotransmitters, which carry signals inside the brain and body. In fact, 95 percent of the serotonin and half the dopamine in the body are produced in the gut."[39]
    - 1 Corinthians 6:19-20, "Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you are bought at a price. Therefore, honor God with your bodies." (NIV)
- Daniel Amen states, "Negative thoughts cause your brain to immediately release chemicals that affect every cell in your body, making you feel bad; while the opposite is also true-positive, happy, hopeful thoughts release chemicals that make you feel good."[40]
    - Romans 12:2, "Do not conform to the pattern of this world but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is his good, pleasing, and perfect will.
    - 2 Corinthians 10:5 We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ.

Daniel Amen and Caroline Leaf are Scientists, Doctors, and leaders in the quest to overcome mental illness. Each has books and training information to help those who have mental illness and desire to work with this group of people. Their research is peer-reviewed and tested in their practices. Both are scheduled for future conferences for the American Association of

[39] Caroline Leaf, *Think & Eat Yourself Smart*, (Grand Rapids: Baker Books, 2016), 118.

[40] Daniel G. Amen, *Your Brain is Always Listening*, (Carol Stream: Tyndale Momentum, 2021), 98.

Christian Counselors. Both share the belief that that non-clinical people can be taught to overcome mental illness and support others as they do so.

Missionaries specialize in meeting practical needs to earn the right to share the gospel of Jesus Christ. We can do the same in the treatment of mental illness and addiction. We can use it as a vehicle to deliver the gospel to those in need. People of faith can be taught to utilize biblical principles effectively as part of mental health treatment.

## Peer Review

Discussion Thread: A Defensible Micro-Project Peer Review received comments from two peers. Kamia consulted with her husband, a chaplain of the U.S. Army, and has a doctorate in counseling. He said,

> Scripture instills faith in the individual and gives them the strength they need to process the trauma and revisit it. By revisiting the issue, they can detect its cause, which enables the healing process to begin. He also pointed out that by becoming aware of the issue and uncovering its roots, the individual can cope with their current situation and move forward. His comments go right along with a point you made in the middle of your discussion. You said that Scripture can help heal those with mental illness and addiction and can be used to prevent or avoid some areas of mental illnesses and addictions.

These words perfectly articulate work done in previous micro-projects that promoted collaboration between the faith community, therapists, psychiatrists, and families to support those with mental illness and addiction. Christians can help instill faith in an individual and help them feel connected to God and others. They can teach them biblical principles that help them understand their value and worth on the earth. People of faith can partner with family and other support systems to provide the day-to-day ministry and oversight needed as one walks through challenging times. Therapists can focus on the process of revisiting the trauma and all the steps that it entails. When medical support is needed, referrals can be made to evaluate and prescribe medicines as needed.

When this team of people is connected and able to collaborate concerning the client's care, the team can support the client. For this collaboration to occur, the client must allow each party to participate in their care, and proper forms must be signed.

Kamia also provided a link to the EMDR Institute. EMDR is one of my favorite therapies, and I often refer to certified therapists in either Eye Movement Desensitization and Reprocessing (EMDR) or Emotional Freedom Technique (EFT). Francine Shapiro, the founder of EMDR, authored a book I often recommend to clients, *Getting Past Your Past.* In this book, Shapiro explains how personalities develop and why we become trapped in feeling, believing, and acting in ways that don't serve us. She provides examples and exercises that one can practice outside the counseling office. She also gives specific situations when one should seek out a trained EMDR practitioner. This book is the best self-help book I have found in training individuals in imagery, breathwork, relaxation, and performance optimization.

Emotional Freedom Technique is another energy psychology protocol that can be taught to be practiced independently. One significant difference in training for these protocols is that EFT allows non-clinical practitioners to be certified, while EMDR is reserved for licensed therapists.

Jeremiah Jones provided a review for module #1 as well. Nearly every question he asked is one I have been asking God. I have sought God for clarity on what to do next as it relates to doctoral studies.  I see so clearly the framework for a ministry of this type. God has brought me amazing people to teach me how to work with those suffering from mental illness and addiction. I even have licensed professionals who partner with me every day. I would love to be a part of something bigger that could serve as a training center for anyone from the faith community who desires to serve this population.

I have connections with prison ministries, halfway houses for men and women, and multiple counseling centers. I own a technology company that can easily pull the things Jeremiah suggested together to launch this ministry. Yet, I find myself stuck without a clear direction as to what is next after completing my DMIN854 Micro-Project. So, for now, I wait on the Lord and allow Him to renew my strength.

In response to Discussion Thread: Collaborating and Advising Peer Review, Kamia states,

> "People seem to respond more when they know that we care about them as a person. In other words, if they know we care about the whole person (physical, mental, emotional, and spiritual). For example, if an individual's physical needs are met, they will be more open to receiving spiritual or mental help. I have learned that if I communicate with an individual and allow them to do most of the talking, I can better understand their physical, mental, emotional, and spiritual needs."

This statement conveys what I have experienced in ministry. Kamia highlights one of the most important principles when working with those who struggle with mental illness or addiction. This group of people suffers from such shame and guilt. If the faith community takes a hardline approach, we could re-traumatize them. However, meeting practical needs, lending a listening ear, and loving them will open doors that God can walkthrough.

In preparing to present the Instructional Video, I shared the content during a River of Life Ministries church service. The feedback from the congregation was affirming and positive. This group of people makes the type of work discussed in each micro-project possible. When God brings one into our midst, they are ready and willing to show God's mercy and grace. Their support of me as their pastor is uncommon because they are often left as I seek out the one lost sheep. Other groups in the past have not been so giving of their pastors' time. After serving in ministry for over 35 years, I walk with a group that truly understands the mission of pursuing those who are broken, lost, and without hope.

Dr. Gregory Faulls, the Instructor, has given feedback on content and practical aspects of assignments. For example, in the Instructional video, lighting was problematic, and there was a noticeable mic problem. I continue to have struggled with Turabian format when writing as well. His insight will help as I edit in preparation for DMIN855. Though his post entitled, "Getting to know your professor a bit more," is not directly peer review, it certainly was an appreciated post amid research and months of online learning. I appreciate the human touch.

## Implementation

URL Link to Instructional Video**:**

**https://www.youtube.com/watch?v=TFP557juGjs**

Combining biblical principles with scientific research required reviewing multiple books, articles, and biblical scriptures. The doctoral candidate completed Daniel Amen's Brain Health Coaching Certification to understand his research better. She also read his two newest books, *The End of Mental Illness* and *Your Brain is Always Listening.* Amen's work provided substantial scientific research that biblical principles could support. Caroline Leaf's work was also considered. Two of her books addressed relevant content; *Your Mental Mess* and *Think & Eat Yourself Smart.* Additionally, multiple books authored by Don Clifton were considered. Only concepts that could be backed both biblically and scientifically were used for the instructional video.

### Scientific Research

Dr. Daniel Amen in *The End of Mental Illness* challenges the reader to reframe the discussion from mental health to brain health. He states, "Get your brain right, and your mind will follow. In study after study, improving the physical functioning of the brain improves the

mind.[41] "Based on his brain-image work at Amen Clinics, with more than 170,000 scans on patients from 121 countries, neuroscientists and psychiatrist Daniel Amen, MD, has learned that most psychiatric illnesses are not mental health issues at all. Rather, they are brain health issues that steal your mind"[42] When people reframe their conceptions of mental illness, people see their problems as medical, not moral. This shift also decreases stigma, shame, and guilt, increases compassion and forgiveness from families, elevates hope, increases compliance with treatment, and more adequately describes the biology of the problem.

Additionally, this book covers a bright mind's approach to eliminating mental illness. “Bright Minds” is an acronym covering multiple scientific principles. Listed below are the names of chapter titles addressing these principles. Each principle sheds light on how to optimize brain health and elevate mental illness.

- “B-Blood Flow (Optimize the Foundation of Life)
- R-Retirement and Aging (When You Stop Learning, Your Brain Starts Dying)
- I-Inflammation (Quenching the Fire Within)
- G-Genetics (Know Your Vulnerabilities, but Your History is Not Your Destiny)
- H-Head Trauma (The Silent Epidemic That Underlies Many Mental Illnesses)
- T-Toxins (Detox Your Mind and Body)
- M-Mind Storms (Soothing the Abnormal Electrical Activity That Drives Mood Swings, Anxiety, and Aggression)
- I-Immunity and Infections (Attacked from Inside and Out)

[41] Daniel Amen, *The End of Mental Illness*, (Carol Stream: Tyndale, 2020), 5.

[42] Ibid.

- N-Neurohormone Issues (Miracle Grow for Your Mind)
- D-Diabesity (Reverse the Epidemic that's Destroying Brains, Minds, and Bodies)
- S-Sleep (Wash Your Brain Each Night to Have Brighter Days)"[43]

Much of the information in this book was too detailed to bring into the instructional video. However, the concept of reframing the discussion of mental illness is influenced by brain health supports the core of the instructional video's content. The segment on honoring and respecting one's body refers to some of the principles found deep within the book.

Amen covers the topic of Automatic Negative Thoughts in his book *Your Brain is Always Listening*. He challenges the reader to recognize their negative thoughts and gives practical advice on how to overcome them. Multiple scriptures confirm this scientific principle in the instructional video.

Carolyn Leaf covers the importance of proper diet, adequate rest, and controlling thoughts in her books. In *Think & Eat Yourself Smart* Leaf reveals several things that have scientific and biblical foundations. In chapter one, Leaf compares the consumption of real foods to the Modern American Diet. After listing several diet plans, she points out that the common denominator is they use real food.[44] There is no diet plan that is suitable for every body type. Each person needs to discover which fuel is best for them. This idea is echoed in Scripture in 1 Corinthians 10:23, "Everything is permissible, but not everything is beneficial."

Following a diet plan that empowers one's body to function at its maximum capacity is the responsibility of every Christian. Our body is the temple of the Holy Spirit, and each of our

[43] Amen, *The End of Mental Illness*, 101-275.

[44] Leaf, Think and Eat Smart.

lives to do the work God assigns and bring glory to Him. This responsibility includes researching to discover which foods are best for each person.

It is doubtful that anyone would conclude that the Modern American Diet (MAD) would fit into the beneficial category for one's body.

> MAD is aptly named since it is high in refined sugar, salt, and saturated fat, which are added to make the processed foodstuffs edible and attractive. A diet high in added sugars correlates with a greater risk of obesity, dementia, stroke, cancer, tooth decay, insulin resistance related to diabetes and metabolic syndrome, heart disease, an overload of both unhealthy triglycerides, and oxidized LDL cholesterol-the list goes on and on.[45]

Lifestyle discussions are relevant when addressing mental illness because every life decision affects the brain. "Positive lifestyle changes, which can be both exasperating and exhausting, are worth the effort. Science and Scripture are in sync (and so they should be, God gave us science to better understand ourselves and the world we live in) when it comes to the benefits of lifestyle changes."[46] Leaf provides the knowledge, attitude, and skillsets needed to affect one's life through lifestyle decisions positively.

The book *Living your Strengths* was briefly referenced concerning discovering God's purpose for one's life. One part of River of Life's focus is to help people find both relationship with God and purpose. Helping one discover strengths is powerful and helps them build confidence and connection with God and others. This is critical work with those with mental illness or addiction because much of their focus is on their failure. When they succeed at small things, it leads to bigger wins. Helping people discover their God-given gifts and strengths can lead them to a life they can enjoy and thrive in. This will illuminate the need to medicate with

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[45] Ibid. 41.

[46] Leaf, *Think & Eat Yourself Smart*, 253.

substances and can also help balance hormones in the body that will lead to positive mental health.

*Living your Strengths* provides a code to allow one to take The CliftonStrenghts Assessment. Much scientific research went into developing this specific test.

> Don met with many academics and fellow researchers; Perhaps the most significant connection was with Harvard Psychology Professor Phil Stone. Dr. Stone was deemed a child prodigy, entering the University of Chicago at the age of 15 and erring two PH.D.'s by age 23. He taught psychology at Harvard for 39 years…. Dr. Stone's two recommendations for Dr. Clifton were to build the assessment for the coming digital age and to use a modified ipsative scoring algorithm, rather than the customary normative scoring, as in the Likert scale ((1-5) or multiple choice.

Again, science confirms Scripture. Years of academic study produced a fantastic assessment tool to help people discover what God had made very simple in our Scriptures. 1 Peter 4:10-11, "Each one should use whatever gift he has received to serve others, faithfully administering God's grace in its various forms. If anyone speaks, they should do so as one who speaks the very words of God. If anyone serves, they should do so with the strength God provides, so that in all things God may be praised through Jesus Christ."

In addressing the need for non-clinical faith persons to get involved in education, mentoring, and supporting those who have mental illness and addiction, an article was referenced from *Global Mental Health Journal*. In "Utilizing a Church-Based Platform for Mental Health Interventions: Exploring the Role of the Clergy and the Treatment Preference of Women with Depression," the authors state 250 psychiatrists are serving 1.8 million people in Nigeria.[47]

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[47] Theddeus, Iheanacho, Callista Nduanya Ujunwa, Samantha Slinkard, Amaka Grace Ogidi, Dina Patel, Ijeoma Uchenna Itanyi, Farooq Naeem, Donna Spiegelman, and Echezona E. Ezeanolue. "Utilizing a Church-Based Platform for Mental Health Interventions: Exploring the Role of the Clergy and the Treatment Preference of Women with Depression." Global Mental Health 8 (02, 2021), http://ezproxy.liberty.edu/login?qurl=https%3A%2F%2Fwww.proquest.com%2Fscholarly-journals%2Futilizing-church-based-platform-mental-health%2Fdocview%2F2490899156%2Fse-2%3Faccountid%3D12085.

In December 2018 University of Michigan School of Public Health Behavioral Health Workforce Research Center published a report entitled "Eliminating the Distribution of the U.S. Psychiatric Subspecialist Workforce." The article states, "The psychiatric workforce, in particular, is in the middle of a professional shortage, which is projected to worsen by 2025."[48]

Data was collected by purchasing an American Medical Association Masterfile data report. "The AMA Masterfile is a comprehensive database, drawing provider information from state medical licensing boards, the American Board of Medical Specialists (ABMS) Certification data, the Accreditation Council on Graduate Medical Education, and from the providers themselves."[49]

"The study showed that, of the 3,135 counties in the United States, 1,522 had at least one psychiatrist of the four types included in this study. (48.5%)."[50] That leaves 51.5% of the U.S. counties with no psychiatrist practicing in their county. The study mentions three ways the shortage of psychiatrists in the U.S. can be mitigated.

1. "Developing/bolstering programs that recruit/incentivize providers to practice in underserved areas.
2. Strengthening ties between psychiatric residency programs and rural practice sites to encourage new psychiatrists to later practice in those sites.
3. Remove barriers that prevent tele psychiatric services in rural areas."[51]

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[48] University of Michigan Behavioral Health Workforce Research Center. Estimating the Distribution of the *U.S. Psychiatric Subspecialist Workforce*. Anne Arbor, MI: UMSPH; 2018, 4.

[49] Ibid., 5.

[50] University of Michigan, *Behavioral Health*, 13.

[51] Ibid., 13.

This work demonstrates the lack of mental health providers in the United States and opens opportunities for faith communities to find solutions for this crisis. Throughout history, the church discovers a need, discovers practical ways to meet the need, and uses that platform to make God's work relevant on the earth. Therefore, it is critical to address the problem represented in the title of this instructional video, "How to Utilize Biblical Principles Effectively as Part of Mental Health Treatment."

After evaluation of scientific research and biblical contemplation, four main points were chosen.

- (Physical) Biblical principles lead one to respect one's body as the temple of the holy spirit. Wisdom on how to take care of the body can be obtained through biblical knowledge and scientific studies.
- (Psychological) Scripture addresses worry, uncontrolled thoughts, and trauma from past events. Both Scripture and scientific research agree on how controlling one's thoughts can help one overcome symptoms of mental illness.
- (Spiritual) Connect with God and God's purpose for one's life. People are created by God for God. When one walks in fellowship with God and uncovers their gifts, talents, passions, and purpose, it is easy to walk in the peace of God that passes all understanding.
- (Relational) God's principles cover healthy and unhealthy relationships. Applying these principles can help mitigate symptoms of mental illness and addiction.

A lesson plan was developed as part of the elaboration phase of this micro-project. In addition to the lesson plan, the doctoral candidate made notes before the taping of the video, highlighting and bolding points she wanted to be sure to address.

## Elaboration Phase Detailed Lesson Plan

This instructional video will discuss how to utilize biblical principles effectively as part of mental health treatment protocols. We will cover four specific aspects of the human condition: (Physical, Psychological, Spiritual, and Relational). In addition, biblical wisdom and scientific research will be discussed as it relates to helping those with mental illness or addiction. River of Life Ministries has partnered with Adagio House to refer anyone in need of psychotherapy. A referral network of psychiatrists also exists.

### Physical Segment

**Scriptures that Address the Physical Body**

- 1 Corinthians 6:19-20 “Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore, honor God with your bodies.”
- 1 Corinthians 10:23 “Everything is permissible, but not everything is beneficial or advantageous.”
- 1 Corinthians 10:31 “So, whether you eat or drink, or whatever you do, do all to the glory of God.”
- Romans 12:1, “I appeal to you, therefore, brothers, by the mercies of God, to present your bodies as a living sacrifice, holy and acceptable to God, which is your spiritual act of worship."

**Quote from *Thinking and Eating Yourself Smart***

"Yet thinking good thoughts cannot excuse an unhealthy diet. The digestive system itself is a rich source of neurotransmitters, which carry signals inside the brain and body. In fact, 95 percent of the serotonin and half the dopamine in the body are produced in the gut."[52]

**Commentary**

Faith communities that desire to help those heal from mental illness and addiction can educate on one's responsibility to care for their bodies. The human spirit and the Holy Spirit can only live in a body if it is a suitable habitat in which to dwell. When the body fails, life on earth is done. It is each person's responsibility to know and care for their body. Each body is different, so there is no one-size-fits-all approach to nutrition and exercise. The faith community can serve as educators and mentors as a custom approach to physical health is discovered. We can also serve as examples. (OUCH).

Psychological Segment

**Scriptures that Address Psychological Aspect**

- Romans 12:2 "Do not conform to the pattern of this world but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is—his good, pleasing, and perfect will."
- 2 Corinthians 10:5 "We demolish arguments and every pretension that sets itself up against the knowledge of God, and we take captive every thought to make it obedient to Christ."

[52] Caroline Leaf, *Think & Eat Yourself Smart*, (Grand Rapids: Baker Books, 2016), 118.

- Philippians 4:8 "Finally, brothers and sisters, whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable-if anything is excellent or praiseworthy-think on such things."
- Philippians 3:13-14"…Forgetting what is behind and straining toward what is ahead, I press on toward the goal to win the prize for which God has called me heavenward in Christ Jesus."
- 2 Timothy 1:7, "For the Spirit of God gave us does not make us timid, but gives us power, love, and self-discipline."

**Quote from *Your Brain is Always Listening***

"Negative thoughts cause your brain to immediately release chemicals that affect every cell in your body, making you feel bad; while the opposite is also true-positive, happy, hopeful thoughts release chemicals that make you feel good."[53]

**Commentary**

Discipleship and mentoring are biblical principles every Christian is responsible for participating in. One aspect of this process is teaching others to take their thoughts and align them to the knowledge of Christ, as stated in 2 Corinthians 10:5. This is an excellent opportunity for every believer who desires to help those struggling with mental illness and addiction. Help them change their thoughts; their brains are listening. One who wants to participate in this work should familiarize themselves with scriptures and scientific evidence that renewing your mind works to lead one to God's good, pleasing, and perfect will for their lives.

Spiritual Segment

[53] Daniel G. Amen, *Your Brain is Always Listening*, (Carol Stream: Tyndale Momentum, 2021), 98.

**Scriptures that Address Spirituality**

- Genesis 1:27, "So God created mankind in his own image, in the image of God he created them; male and female he created them."
- John 15:4 "Remain in me, as I also remain in you. No branch can bear fruit by itself; it must remain in the vine. Neither can you bear fruit unless you remain in me."
- Ephesians 2:10 "For we are God's handiwork, created in Christ Jesus to do good works, which God prepared in advance for us to do."
- Psalm 90:17 "May the favor of the Lord our God rest on us; establish the work of our hands for us-yes, establish the work of our hands."

**Quote from *Living your Strengths***

"There is something about the concept of talents and strengths that just feels right. When we discover our talents, when we give them a name, something resonates deep within us. It is as if our spirits react to this discovery with a resounding Yes! This is the way it is supposed to be - this is who I was created to be."[54]

**Commentary**

Part of making disciples is to help people understand God created them for Himself. This concept opens a world of excitement and potential that can help people overcome mental illness and addiction. The love and acceptance one feel from God and the power of purpose are life changing. Uncovering these basic biblical principles is one-way faith communities can support those with mental illness and addiction.

Relational Segment

[54] Albert L, Winseman, Don Clifton and Curt Liesveld, (New York: Gallup Press, 2008), 10-11.

**Scriptures that Address Relationship**

- John 13:35 “By this everyone will know that you are my disciples if you love one another.”
- Mark 12:30-31 “Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength. The second is this: Love your neighbor as yourself. There is no commandment greater than these.”
- 1 Peter 4:8 “Above all, love each other deeply because love covers a multitude of sins.”

**Quote from *Living into the Life of Jesus***

"Healthy communities nurture and respect the individuality of each of its members, work through the difficult process of forgiveness, and assist members in resolving conflicts and sustaining close friendships. In being formed to be more forgiving, we can be released from the prison of bitterness, a cancer of the soul that can destroy our life."[55]

**Commentary**

When considering how to utilize biblical principles effectively as part of mental health treatment protocols, personal relationship with God and others is an area of specialty in faith communities. The connection and love received from God and God's disciples are life changing. One no longer lives with shame and guilt once they have received the forgiveness that comes through faith in Jesus Christ. As they learn to apply that forgiveness to others, the bitterness that poisons their soul is released. As one knows the principles taught in Scripture and walks in them, they will find the abundant life that Jesus promised. The peace that passes all understanding will free them. The Joy of the Lord will become their strength.

[55] Klaus Issler, *Living into the Life of Jesus,* (Downers Grove: InterVarsity Press, 2012). 181.

Notes Used During Recording

In the notes, the original problem statement and the title of the instructional video were explicitly spelled out.

Problem Statement: The problem I seek to resolve is that River of Life Ministries and other faith communities in the Harrisonburg, VA area lack understanding and available resources to adequately support people with mental illness and addiction.

Title of Instructional Video: How to Utilize Biblical Principles Effectively as Part of Mental Health Treatment Protocols.

Notes included reviews of previous micro-projects. In addition, the Article Critique and Workshop micro-projects were referenced in the instructional video.

A conclusion section was added to provide bullet points on information Cindy deemed critical to include in the wrap-up of the instructional video. These points were as follows:
How do we Utilize Biblical Principles Effectively as Part of Mental Health Treatment?

- We educate ourselves on how biblical principles related to current scientific knowledge.
- We learn to listen and analyze what biblical principles will help the most first. DO NOT OVERWHELM someone with mental illness or addiction. Live, model, and teach the principles
- Keep theology simple: Love God/Others/Yourself THIS IS NOT THE TIME TO TEACH THE LAW BUT GRACE!!!!! GIVE GOD ROOM TO CONVICT!!!! YOU DON'T HAVE TO SHOW UP WITH A LIST OF DO NOTS
- Learn to give the gift of presence. Most people in this situation have been rejected and accused harshly. SHOW LOVE AND MERCY
- Don't move too fast; major on the major things, let the minor things go.

- Set proper boundaries: example: I cannot give you money, I go to bed at 9 pm, Sundays are family days for me) SELF CARE IS CRITICAL
- Know who you refer to when a referral is needed. The last thing you want is to be caught without a plan.
- Work in teams, let someone else know what you are doing and with who. Bounce ideas off your team!! NO SOLO actors in this type of work.

## Practical Aspects of the Implementation Phase

Caleb Swortzel was contracted to take care of all audio/visual needs for the instructional video. Caleb arrived on time at River of Life Ministries on Monday, August 30, 2021, at 10:00 am. Cindy requested the video be recorded outside. There were a few camera issues, but they were quickly resolved. The video was taken without the use of notes, and everything was done from memory. Cindy liked the feel of the informal setting but felt much of the critical content had been omitted from the instructional video.

A second video was recorded inside where Cindy could use notes. This gave the video a more formal feel, which was not optimal, but allowed her to include meaningful quotes from books and specific bible references. She chose to edit and present the second video to capture more of the biblical and scientific research into the micro-project. However, this recording had some technical challenges.

The lapel mic began to cut in and out at 11 minutes into the recording. The second backup mic was utilized but was not as clear and had a slight echo. Caleb was able to work with the two recordings and get one that was acceptable for this assignment.

The time constraint of 5-15 minutes was challenging. Caleb had been instructed to give Cindy a two-minute warning when she was nearing the 15-minute mark. At that point, she still

had half of the presentation remaining. This required her to summarize the spiritual and relational segments. Thus, 30 minutes would have been required to present the planned content adequately. Cindy knew this would be challenging, and in hindsight, she would have eliminated much of the introduction to allow for more critical content.

Once the instructional video was recorded, the raw footage was uploaded to prepare the written assignment for the implementation phase. Unfortunately, errors occurred when an attempt was made to upload the video to YouTube. This required Cindy to use an audio recording to prepare the written implementation phase paper.

Caleb Swortzel edited the recordings and overlayed the biblical references on the video. He also worked to mitigate the mic issue to the best of his ability. On Wednesday, September 1, 2021, at 2:45 pm, Caleb delivered the edited video to Cindy to upload to her YouTube Channel. The edited copy was easy to upload. It was determined the editing program compressed the data to allow for easy upload. Unfortunately, the raw footage from the camera was too big to upload successfully to YouTube.

In reviewing the instructional video, several things stood out to Cindy. First, to avoid tearing down all the church's sound equipment, a small stage section was set up for the recording. Second, had a different setting been chosen for the shoot, more room could have been utilized to hold the books needed for reference during the video properly. Many of the books fell because a small stand was used to keep them instead of a table that could have been adequately displayed.

Cindy could not get comfortable in that setting, and the discomfort was evident to her when reviewing the video content. Accepting the final product was a lesson in allowing an

assignment to be good but not great. Time restraints due to other life responsibilities prohibited more time being spent on this recording.

She also scheduled the recording at a time when church staff was unavailable to assist. This was a great reminder that she needs their gifts to help prepare the practical things necessary for ministry. When she used their assistance in previous micro-projects, many practical details were attended to without her knowledge.

## Analysis of Micro-Project

The research for DMIN854 Instructional Video Micro-Project was one of the most valuable exercises I have experienced in the doctoral program to date. In this micro-project, each scientific thought was weighted against scriptures to find alignment. Only those scientific principles that could be fully supported in Scripture were discussed in the instructional video.

I would not grade the video recording as generously as I would have previous micro-projects. A few technical issues with video and sound were not experienced when recording the panel discussions for DMIN852 or the workshop for DMIN853. I had plenty of time to re-record if one considers the due date of the assignment. However, I scheduled most of September for a vacation to allow my husband and me to regroup after a very stressful 18 months in business and ministry. When I leave on September 5, 2021, my heart desires to be able to leave everything behind and ride off with my God and my husband for several weeks of wandering.

How does such personal information find itself in an analysis of a micro-project involving how the faith community can support people with mental illness and addiction? Self-care is critical in the type of work proposed in this micro-project. As I researched for this project, I realized why this is out of the scope of many churches and pastoral counseling practices. Each

situation is unique, and it is nearly impossible to produce a template covering what to do, or how to, or when to. To do this type of work requires a solid working knowledge of Scripture, a team approach, humility, patience, grace, stamina, teams of professionals to rely on, and a congregation that is not concerned about their reputation.

One also cannot gauge success by traditional standards. The concept of one sows, one waters, but only God brings the increase is critical. I have buried many who desired to find freedom from mental illness or addiction. Comfort is found in knowing God was glorified in work done. The earthly outcome cannot measure success, but only in the obedience of the journey. If each day God's direction is followed, then you know you will one day hear the words, "well done, good and faithful servant." (Matthew 25:23).

Scientific materials utilized to produce the instructional video and subsequent written papers demonstrate collaboration between science and Scripture to support the church's involvement in treating mental illness and addiction. Daniel Amen and Carolyn Leaf promote lifestyle changes to improve mental health that aligns with biblical principles on treating one's mind, body, and spirit. Each principle highlighted had a solid scientific and biblical footing in the treatment protocols.

The work performed by the University of Michigan Behavioral Health Workforce Research Center confirms a shortage of psychiatrists to meet needs amidst the current mental health crisis. In addition, local licensed professionals confirm they are unable to keep up with the growing demands. This information reveals a need the church can step up to meet. As I analysis the data, the opportunity for the church grows brighter.

In reviewing principles found in *Living your Strengths,* I remember the story of one person in our church who is diagnosed with bipolar disorder. Each time he was knocked down by the consequences of actions taken during unstable times, the church helped him back up. When one door shut vocationally, a group gathered to brainstorm where another door could open. Helping one who struggles with mental illness find strengths and purpose is critical to help stabilize them. Many times, self-worth is compromised each time the illness shows its ugly head. Having a group of people to show unconditional love, guidance, and resources help speed recovery.

As mentioned earlier, the quality of this micro-project suffered because of some of the practical aspects of the assignment. The decision to record at River of Life was one of convenience. The school studio where previous videos were recorded was unavailable due to the school being in session. Other studios would have cost money or would have required scheduling around other people's projects.

The audio/visual technician was had accepted a job that required scheduling around his schedule as well. He was not available when staff from River of Life would have been able to assist. The stage was full of sound equipment, which compromised my ability to set up the stage comfortably and professionally. A decision was made to use some greenery and a small stand for books. In review, more time should have been taken to provide a professional recording and aesthetically pleasing set.

In reviewing the content of the instructional video, too much time was spent on the introduction, which cut out needed time for the content. The spiritual and relational segments had

to be combined and highlighted. None of the important scientific or biblical materials could adequately be covered in the instructional video.

The overall objectives of the instructional video were met. In addition, the video provided substance and instruction on “How to Utilize Biblical Principles Effectively as Part of Mental Health Treatment”.

# CHAPTER 6: ASSESSMENT OF THE PROJECTS

## Introduction

The doctoral candidacy process began with a stated ministry problem. River of Life Ministries and other faith communities in the Harrisonburg, VA area lack understanding and available resources to adequately support people with mental illness and addiction. The Micro-Project Portfolio Track helped work to address the ministry problem.

This track combined four Micro-Projects that included instructor, peer, and participant feedback to help discover available resources within the community. In addition, it helped clarify the role non-clinical faith persons can play when treating people with these challenges.

As each Micro-Project was researched, implemented, and evaluated, available resources and understanding were gained. As a result, River of Life Ministries has grown in its ability to minister to people who have mental illness and addiction due to participating in panel discussions, workshops, and instructional video.

## Assessments

The process of conducting four individual Micro-Projects with a focus on the same ministry problem statement was confusing when I began the Doctoral Candidacy process. It was not until the end of the fourth Micro-Project that I became aware of the significance of the number of Micro-Projects and their chosen order. DMIN 851 (Article Critique) focused on research and evaluation. The biggest disappointment during this Micro-Project was the absence of peer-reviewed scholarly literature recognizing the importance of the faith communities participating in mental illness and addiction treatment.

To assure this was not a lack of research skills, I followed the advice of Dr. James Zabloski and utilized Sean McNulty as a resource. Sean McNulty, Graduate Research Librarian

at Jerry Falwell Library, reviewed advanced searches techniques in multiple journals within the online library system. He also helped strategize how to reframe searches to find peer reviews for the article critique.

Had it not been too late, I would have changed my Micro-Project at that time. I could not analyze how faith-based communities were facing the crisis of mental illness or addiction in their churches because of the lack of scholarly, peer-reviewed work. Many articles and books flood the internet, but few were scholarly or peer reviewed.

A revision of the search to include the word non-clinical in addition to faith-based uncovered additional articles that could be analyzed to evaluate how non-clinical people could help those who suffer from mental illness and addiction. The ten articles chosen were diverse, multi-cultural, and full of ideas about how faith-based communities can assist in the care of those who suffer from mental illness and addiction.

Specifically, the articles helped clarify one part of the two-part ministry problem. It did not address how River of Life could discover resources to assist but did help explain how River of Life can adequately support people with mental illness and addiction.

Internal tensions continued to rise as peer and instructor reviews poured in. "Most clergy-based counseling is based on pastoral counseling, which addresses general life struggles and matters of faith and spirituality. Mental illness and addiction are both specialized areas of practice. They are generally outside the expertise of most pastoral counselors.[56] "As a chaplain in a hospital at present, we are cognizant of the fact that when people do not receive the type of

[56]Jeremiah Gile, DMIN 851 Discussion Thread: Collaborating and Advising Peer Review, 2021.

care they need by trained professionals that have done proper assessments, *moral injury* can occur."[57]

I received many words of caution when working with people with mental illness and addiction. I agreed with some of the input but challenged many churches' hands-off approach on this issue. I reached out to several local pastors to confirm the lack of clergy and church involvement when dealing with mental illness and addiction. Some had small referral networks, while others had no available resources in working with parishioners with mental illness.

The task to build a good referral network was addressed in research for Micro-Project #2 in DMIN852, Panel Discussions. Non-Clinical people can play a crucial role when treating mental illness and addiction. This work is best done in collaboration with therapists, prescribers, and families who support mental illness and addiction. DMIN852 Micro-Project (Panel Discussion) involved licensed providers, church leaders, educators, family support members, and the client.

Discussion between panelists broadened my understanding of how a faith-based community can help people with mental illness and addiction. Panelists discussed what they felt was driving the current mental illness and addiction crisis our society is experiencing. Disconnection from God and others, toxic culture, social stigma around mental illness and addiction, and lack of understanding of those who have a mental illness or suffer from addiction were mentioned. Each of the causes mentioned falls well within the scope of what a faith-based community could assist with.

One panelist challenged others to consider how their actions can trigger people who are struggling in life. No one is aware of what others are experiencing. How one responds to a

[57] Gloria Walker, DMIN851 Discussion Thread: A Defensible Micro-Project Peer Review, 2021.

situation can influence the outcome. "A soft word turns away wrath, but a harsh anger word stirs up." (Proverbs 15:1). Others brought up the importance of diet, exercise, meditation, and other methods of self-care. Many of these ideas help address the question of how faith communities can help.

The faith community can be instrumental in the prevention of mental illness and addiction. Through discipleship and mentorship, the church can provide companionship, education, accountability, and love. Mental illness and addiction that are situation-driven can often be circumvented by applying biblical principles and good lifestyle choices. For those who need medical or therapeutic support, faith communities must collaborate with licensed professionals to protect the church and those in need. It is critical for faith communities to know their limitations and respect licensed professionals and the expertise they bring.

The most significant impact in treating mental illness and addiction will be realized when society as a whole works toward understanding and resolving the problem. James Zabloski advises, "What we must be careful of is that we do not continue focusing on the symptom but get to the real problem."[58] Faith-based communities can play a critical role in the quest to get to the real problem and address it, but we cannot do it alone. Medical model evidence-based treatment protocols, peer support groups, and licensed providers all have a role they play as well. Jeremiah Gile states, "It is also good that you recognize the role of faith-based communities has some differences from the clinical world. Although counseling ministries have many similarities with the clinical side of counseling, each has its strengths and limitations."[59]

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[58] James Zabloski, DMIN852, Discussion Thread: Micro-Project Presentation Peer-Review, 2021.

[59] Jeremiah Gile, DMIN852, Discussion Thread: A defensible Micro-Project Peer-Review, 2021.

According to panel #2, social issues like homelessness, lack of supervision in the home, easily accessible illicit drugs, lack of mentorship, and cultural challenges drive the instability we are feeling in our society today. Social media romanticizes illegal drug use and dangerous behavior and paints an unrealistic view of others having carefree lives. Social media can reinforce feelings of rejection, abandonment, and insecurity.

Panel #3 focused on current problems within the system and brainstormed ideas on how we can better support those with mental illness and addiction issues. The importance of non-clinical support outside of the therapeutic office was evident. Therapists and providers are regulated by government agencies, insurance companies, or employer restrictions. Each licensed provider recognized the value of collaborating with non-clinical faith communities to support those who struggle with mental illness or addiction jointly.

Each panel discussion was instrumental in addressing the stated ministry problem, and the information will be used in considering the next steps. In addition, the research and implementation for DMIN852 helped steer the content for DMIN853 Micro-Project (Workshop).

DMIN853 Micro-Project (Workshop) highlights the journey of one parishioner from River of Life Ministries. Using content from CJ's story, the workshop host emphasized how one faith community shared the love of God and was instrumental in changing the life of someone with bipolar disorder. This work was not done in a silo but was done in collaboration with therapists, psychiatrists, family, and church. Many mistakes were made before a functional team could be assembled. Eventually, the team was in place, an emergency plan was established for times of crisis, and release forms were signed to allow collaboration between providers and the faith community. Since that time, several situations have taken place in CJ's life without incident.

DMIN853 workshop brought the most value in addressing the ministry problem. The work done with CJ will serve as a model for the next steps in providing ministry to this group of people. River of Life had been involved in ministering to CJ for the past eight years, but we had not stopped to analyze the journey with CJ. It was not until the preparation meetings for the workshop that many lessons were learned and recorded. In CJ's case, multiple members of River of Life were involved in the journey.

Once CJ lost his job teaching, we had to help him find purpose. Over five years, he worked for two business owners within the church. Other church families involved him in their families. Everyone responded in love when CJ made claims that were not in line with the Christian tradition. For example, when he declared to the entire congregation that Lady Gaga was the world's savior, not Jesus, there was not even one cross-eye or critical word spoken. People just kept loving, accepting and knew eventually that God's love would reach his heart.

CJ's life was changed through the love of a few people at River of Life Ministries in Harrisonburg, VA. With his testimony in mind, the instructional content for the workshop was created. Collaborative Care 4 Mental Health envisions faith communities, therapists, licensed prescribers, and families working together to provide the proper support for one suffering from mental illness or addiction. The workshop's goal was to inspire non-clinical people to confidently mentor and support those suffering from mental illness and addiction. The content provided helps non-clinical people understand mental illness. Educational materials were introduced to allow people to deepen their understanding and skills for this type of ministry. Most importantly, realistic goals were discussed when working within the mental health field.

The workshop participants and audience had the opportunity to interact with two licensed providers. This provided a vision for faith communities working in partnership with licensed

providers and family members. The workshop met the stated goals found on page 7 of the workshop handout and helped address the stated ministry problem. Much was gathered that will be used to clarify the next steps for River of Life.

The fourth and final Micro-Project was an instructional video entitled "How to Utilize Biblical Principles Effectively as Part of Mental Health Treatment." DMIN-854 was my weakest presentation but most energizing. Studying medical models, counseling theories, and problems that seem unsolvable can be exhausting. Yet, the hope that comes from searching the Scriptures for answers is life-giving. The solutions found for those who suffer from mental illness and addiction are abundant. It is not my claim that all mental illness can be resolved by biblical knowledge or application; however, it is my claim that much of what is labeled as mental illness on the earth today can be resolved by addressing four main points:

- (Physical) Biblical principles lead one to respect one's body as the temple of the Holy Spirit. Wisdom on how to take care of the body can be obtained through biblical knowledge and scientific studies.
- (Psychological) Scripture addresses worry, uncontrolled thoughts, and trauma from past events. Both Scripture and scientific research agree on how controlling one's thoughts can help one overcome symptoms of mental illness.
- (Spiritual) Connect with God and God's purpose for one's life. People are created by God for God. When one walks in fellowship with God and uncovers their gifts, talents, passions, and purpose, it is easy to walk in the peace of God that passes all understanding.
- (Relational) God's principles cover healthy and unhealthy relationships. Applying these principles can help mitigate symptoms of mental illness and addiction.

The fifteen-minute instructional video did not give the content justice, but research and content will be utilized as I consider the next steps. Too much focus on the introduction and not enough focus on each of the points weakened this presentation. Audio and video issues also compromised the quality of the production. Once the final video was available for review, I decided it was good enough.

## Conclusion

Each Micro-Project justifies the Biblical responsibility of the church to engage in helping those who suffer from mental illness and addiction. The tools available to the church are not inferior to those used by therapists or medical providers. We offer many things that cannot be received from other treatment protocols. One peer-review reads,

> People seem to respond more when they know that we care about them as a person. In other words, if they know we care about the whole person (physical, mental, emotional, and spiritual). For example, if an individual's physical needs are met, they will be more open to receiving spiritual or mental help. I have learned that if I communicate with an individual and allow them to do most of the talking, I can better understand their physical, mental, emotional, and spiritual needs.[60]

This is good advice for non-clinical persons who desire to help those with mental illness and addiction. Listening to others will help us better understand their needs. We cannot solve every problem and do not have to correct every misguided statement. For example, when CJ proclaimed to River of Life that Lady Gaga was the Savior of the world, not Jesus, no response at that moment was a powerful response. CJ was in a mental state of mind that required love and not words to reach him.

Working with mental illness and addiction will bring many awkward moments. It is not for everyone, but there are great challenges and rewards for those who answer this call to

[60] Kamia Brillon, DMIN854, Discussion Thread: A defensible Micro-Project Review, 2021.

ministry. The knowledge and experience gained through the Micro-Project Portfolio Track have provided a solid framework to build on.

The church cannot sit on the sidelines and usurp its responsibility to this vulnerable population. Whatever we do for the least of these, we do for Jesus. (Matthew 25:35-36). It cannot leave the burden of mental illness and addiction solely on the shoulders of medical professionals or therapists. But, with adequate training, support from licensed professionals, and commitment from faith communities, we can bring biblical principles into relevant treatment protocols for people suffering from mental illness and addiction.

These protocols can include partnering with treatment providers, advocating for those in need, education for both the client and the non-clinical minister, and true collaboration that can change the world of mental health. In addition, Scriptures teach respect for one's body, control of one's mind, commitment to God and others, emotional regulation, mindfulness, and much more that can lead to a life of peace, joy, and abundance.

Though knowing and applying Biblical principles cannot solve every mental illness or addiction, it can help stabilize many and lessen the load on a very taxed mental health system. Unfortunately, COVID-19 has put a demand on the mental health system that is unsustainable. However, the church can be a light in the darkness. The church can rise to the forefront by developing mental illness and addiction programs into their budget, providing space for treatment programs, bringing licensed providers on staff to train and equip laypersons in ministries and outreach programs to this group of people. The potential is vast and can be used as a bridge to lead broken people to our loving and forgiving Savior.

Working with licensed providers during DMIN852 Panel Discussions and DMIN853 Workshop introduced River of Life to existing Community Resources. Adagio House has a Guide

that focuses on wellness opportunities and advocacy services. Harrisonburg Community Health Center also provided resources on its web page. Harrisonburg/Rockingham Community Services Board provides 24/7 emergency services and currently works with several clients who are also River of Life Parishioners. Contact has also been made with peer programs that are suggested under certain situations. The information listed above has helped address one part of the stated ministry problem. River of Life understands what available resources are available and how to access these resources for clients.

The Scripture below exemplifies the responsibility of believers to be ambassadors for Christ found in scripture.

> So, from now on, we regard no one from a worldly point of view. Though we once regarded Christ in this way, we do so no longer. Therefore, if anyone is in Christ, the new creation has come: The old has gone, the new is here! All this is from God, who reconciled us to himself through Christ and gave us the ministry of reconciliation: that God was reconciling the world to himself in Christ, not counting people's sins against them. And he has committed to us the message of reconciliation. We are, therefore, Christ's ambassadors, as though God were making his appeal through us. We implore you on Christ's behalf: Be reconciled to God. (2 Corinthians 5:16-20).

As ambassadors for Christ, we have the privilege to walk beside those in need of our Savior, Jesus Christ. Thus, we can share that God has reconciled the world to himself in Christ and is not counting their sins against them. I look forward to continuing to work with the information from DMIN851-854 post-graduation as River of Life implements knowledge gained and engages with local resources uncovered during the Micro-Project Portfolio process.

# CHAPTER 7: MINISTRY NEXT STEPS

## Introduction

As the conclusion of DMIN855 draws near, the question of "what's next" presses deep within my heart and mind. The DMIN Portfolio project provided a year of research, evaluation, reflection, and collaboration. Setting intentional next steps will ensure the work is not buried on the bookshelf in the stack of good intentions with no action.

Specific next steps are Step#1-Develop a student and leader curriculum to utilize when faith communities run programs to support those struggling with mental illness and addiction; Step#2 Write a 28-day Intensive Outpatient including schedule, staffing needs, facility needs, and budget. Program Step#3-Conduct a feasibility study for this type of program in the Harrisonburg/Rockingham County area; Step#4 Meet with discernment group to discuss the potential of operating this type of program successfully in our local area; Step#5-depending on successful implementation, find a way to promote the program for other faith communities to duplicate.

## Next Steps

### Develop Curriculum

The DMIN Portfolio Project offered through LUSOD has helped in the research, organization, and articulation of information that can be written into a Curriculum for a Comprehensive Pastoral Counseling Protocol where collaborative care for mental health is taught. Additionally, this program will be used as River of Life Ministries works with those who suffer from mental illness and addiction with hopes to expand it to other faith community who desires to work with this specific ministry problem.

An outline of a Comprehensive Pastoral Counseling Protocol was developed during the Theoretical Orientation Assignment in PACO830, Individual & Family Issues in Pastoral Counseling. This counseling theory combined Strength-Based Counseling, Emotional Freedom Technique, Spiritual Direction, Brain Health Coaching, and Biblical Principles to support people who suffer from mental illness and addiction. These components can be learned and implemented by non-clinical persons who desire to work in this field. When combined with Collaborative Care 4 Mental Health as discussed in DMIN853 Workshop, powerful and safe ministry can be delivered to our target ministry group.

There will be two parts of the Curriculum. First, leadership manuals will step church leaders through developing and training leaders for ministry to those with mental illness and addiction. It will also instruct them to build a solid referral network and partnerships with local therapists, providers, and family support teams. Second, participant manuals will provide knowledge and action steps for people enrolled in the program. For example, there will be a section to list who their collaborative team will be in the participant manual, their emergency plan, and instructions on what steps the participant would like the team to take if they see warning signs.

A clear scope of ministry for non-clinical persons with direction on when to refer will be a part of the training materials. The content will also differentiate between types and degrees of mental illness addressed within the faith community. For example, non-clinical persons cannot treat severe mental conditions, but support for the family and other caregivers can be a part of this ministry.

In addition to information from PACO830, two Micro-Project assignments provide a wealth of knowledge to include in this curriculum. In DMIN853, a workshop handout was

provided for each workshop participant. The outline for this handout offers ideas for curriculum content. When preparing for DMIN854 Instructional Video, content addressed physical, psychological, spiritual, and relational needs. Also, biblical precedence was highlighted in this Micro-Project that can be included in training materials for both the leader and participant.

## Develop 28-day Intensive Outpatient Program

One thing that sets the envisioned faith-based program apart from traditional medical models is the reliance on biblical principles to treat those who suffer from mental illness and addiction. One challenge this brings is it will exclude the program's ability to bill insurance or apply for government grants. This will require strategic planning to ensure adequate support for the longevity of the program

The reward of building such a program free from such regulation is it envisions how utilizing the power of God and knowledge gained through scripture can provide a healing environment where the power of God can break every yoke of bondage. The 28-day program will utilize multiple resources from the faith community, medical model, holistic health, nutrition, and much more. The program will focus on one's strengths and build on them. It will not focus on addiction, illness, or failure. Instead, we will implement the scriptural principles found in Romans 4:17 to call those things that be not as though they were and Philippians 4:8 to think on those things that are noble, right, pure, lovely, admirable, and praiseworthy. This approach departs from the evidence-based approach of peer lead 12-step programs that have the addict identify as a life-long addict.

## Feasibility Study/Discernment Group

Conducting a feasibility study may help clarify how faith-based communities can effectively operate an intensive outpatient (IOP). Panelists from Panel #3 in DMIN852 have expressed interest in being involved in exploring future ways to collaborate. I hope to gather this group to imagine an Intensive Outpatient Program not regulated by government regulations or insurance restrictions. Next, we can review existing IOPs to see what programming would work within the faith-based context. Once that review is complete, the information can be blended with faith principles to outline a 28-day intensive program for people who struggle with mental illness and addiction. Once the program is complete local faith and business leaders will be engaged to see if there is enthusiasm and financial support for this type of work.

River of Life has access to a 9000 square foot facility on five acres that would be perfect to house this type of ministry. Some preliminary work is needed to ensure the zoning allows for an IOP program to be run out of the facility. If necessary, a special use permit for this type of ministry will be applied for. This process will take six months to a year. A preliminary annual budget, programming, and staffing needs will be compiled and presented to a local group of church and business leaders by the end of 2022 to see if there is interest in moving forward with this type of vision.

## Duplicate program

I hope that this program can be successfully implemented at River of Life and duplicated within other communities. Mental illness and addiction need a collaborative approach to support those suffering from the illness, their families, churches, communities, and society. The church can play a vital role in finding solutions to complex problems centered around this topic and this population.

## Conclusion

River of Life Ministries, its pastor, and leadership have significantly benefited from participating in the Micro-Project Portfolio process. Headway was made to address the stated ministry problem; “River of Life Ministries and other faith communities in the Harrisonburg, VA area lack understanding and available resources to adequately support people with mental illness and addiction.” A local referral network has been built, providing access to local resources, and an outline for a viable faith-based ministry exists.

Non-clinical persons working with those with mental illness and addiction may be out of the scope of many faith communities. However, there are safe ways to do so for those faith communities who desire to serve this population. Each step listed above will help provide clear direction, training, and partnership between faith communities, therapists, licensed prescribers, and families as we work toward the common goal to support those suffering from mental illness and addiction.

This work is critical in areas with a lack of licensed professionals to meet the growing demand for mental health services. The shortage of certified professionals is not just an issue in third-world countries; it is an issue on our country's local, state, and national levels. Church communities collaborating with licensed professionals will allow persons in need to take advantage of therapists, prescribers, and programs run by faith communities to support their recovery.

Connection, purpose, and value can be instilled through relationships in the faith community, and advocacy can be provided when needed. In addition, faith communities can provide homes, employment, skills coaching, training in scripture, and much more.

This growing need is an opportunity for faith communities to shine. We can take the Word of God and make it relevant when working to resolve real-life issues for our society. We can demonstrate the power of God as people discover their God-given purpose and learn to apply God's mercy and grace in their everyday life.

As stated earlier, not every mental illness or addiction can be irradiated by discovering the life that God intended one to live. However, suppose one can be healed through a relationship with Christ and a viable discipleship and mentorship program.

In that case, it is worth the effort to include this type of ministry in our church programming. Every church is affected by the rise of mental illness and addiction. Open, honest conversation within our faith communities will bring much-needed love and support to all who suffer from mental illness and addiction and their families.

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