

Focus Question Sets



Module 16

When to Use Each Focus Question Set

A: The Caring Relationship

Use this set to explore the current state of the relationship overall, including what's going well and what might need to change. This set can also help look at a relationship that is recently started, deteriorating, or possibly incompatible.

B: The Spiritual Nature of the Caring Relationship

Use this set to consider how God is at work in the relationship and how the care receiver's spiritual needs are being addressed. This includes exploring any challenges the Stephen Minister may face addressing spiritual issues.

C: The Direction of the Caring Relationship

Use this set to discuss the process and course of the caring relationship, as well as the Stephen Minister's and care receiver's expectations. Additionally, many questions in this set address issues related to closure.

D: The Stephen Minister's Feelings about the Caring Process

Use this set to help the Stephen Minister dig into feelings about the relationship. It's also valuable for considering the Stephen Minister's emotional involvement, including

where he or she may be sympathizing or overidentifying.

E: The Stephen Minister's Skills

Use this set to explore how the Stephen Minister is using caring skills such as listening, empathy, and assertiveness. It can guide the group in affirming the Stephen Minister and discussing where further growth is needed.

F: The Stephen Minister's Personal Growth

Use this set to discuss where the Stephen Minister has grown and how it's affecting his or her care. If the Stephen Minister faces a crisis of growth or may benefit from exploring his or her relationship with God, this set can provide guidance as well.

G: The Care Receiver's Situation

Use this set to explore how the Stephen Minister understands and is responding to the care receiver's specific situation and needs. It can help address possible conflict with the care receiver or a potential need for a community resource.

H: A Possible Mental Health Referral

Use this set when there are signs or concerns that a care receiver may need a mental health referral. These questions can help you determine the kind of resource needed and what steps to take to connect the care receiver to that resource.

Focus on the Caring Relationship

A: The Caring Relationship

1. What is enjoyable about your caring relationship?
2. What is challenging about your caring relationship?
3. What feelings do you have before, during, and after your visits?
4. How freely does your care receiver share? How might you help your care receiver share more freely?
5. In what ways is mutual respect evident in your caring relationship? In what ways might respect be lacking?
6. In what ways do you communicate genuineness to your care receiver? How genuine is your care receiver with you?
7. In what ways do you communicate warmth, empathy, and acceptance to your care receiver? How does your care receiver respond?
8. In what ways do you show unconditional positive regard for your care receiver, demonstrating that you value him or her as a person created by God?
9. What expectations do you and the care receiver have for the caring relationship? How might those expectations be affecting the relationship?
10. How well does the caring relationship focus on the process rather than results?
 - a. How well do you resist offering solutions, giving advice, or seeking results?

- b. In what ways might you be pressuring your care receiver to change?
- c. If your care receiver's situation is unchanged, how do you feel about that?

11. What's going well for you and your care receiver in terms of boundaries? In what areas might you or your care receiver be struggling with boundaries?
12. How much does your care receiver value meeting in person regularly? What might help your care receiver recognize the value of meeting in person?

B: The Spiritual Nature of the Caring Relationship

1. How do you see God's presence or healing power at work in your caring relationship?
 - a. How is Jesus challenging you through the caring relationship?
 - b. How have you encountered Jesus in your care receiver?
2. How do you convey Jesus' love through your words and actions?
3. How are you praying for yourself, your care receiver, and the caring relationship?
4. What questions about God or spiritual issues have come up in the caring relationship? What have you and the care receiver said when these questions have come up?
5. What faith issues seem important to your care receiver right now? How have you helped him or her explore them?
6. When have you used Christian resources like prayer, Scripture, or sharing a blessing with your care receiver? How has your care receiver responded to your sharing these resources?

7. What emotional or spiritual needs does your care receiver most want God to meet? In what ways have you responded to those needs?
 8. Does the care receiver need to hear God's words of forgiveness? If so, what opportunities might you have to share words of forgiveness?
 9. In what ways do you seek to be the caregiver and let God be the Caregiver?
 10. In what ways might you need to trust God in your caring relationship right now?
 11. How have you experienced the Holy Spirit's power and guidance in the caring relationship?
 12. How are you experiencing and expressing the fruit of the Spirit (love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control) in your caregiving?
- C: The Direction of the Caring Relationship**
1. Where is the relationship going? How might it be changing or need to change?
 2. What expectations do you have for the direction of the caring relationship? Where do those expectations come from?
 3. What expectations does your care receiver seem to have for the direction of the caring relationship? Where do those expectations seem to come from?
 4. What are your thoughts about how long the caring relationship might last? What factors may affect that?
 5. What were your ministry goals for your previous caring visit? How were those goals realized or not realized? What are your ministry goals for the next visit?
 6. In what ways do your current ministry goals reflect your care receiver's needs? In what ways do they reflect a focus on the process or on results?
 7. What goals have you helped the care receiver set for him- or herself? How are you doing with resisting the temptation to set goals for the care receiver yourself?
 8. What conversations have you and your care receiver had about closure? How have those conversations gone?
 9. What indications do you see that it may or may not be time for closure?
 10. What might be leading you or your care receiver to consider bringing closure prematurely? What steps might you take to address the issue?
 11. What might be causing you or your care receiver to be reluctant to move toward closure? What steps might you take to address the issue?
 12. How might you bring up the possibility of closure with your care receiver? How might you involve your care receiver in planning for closure?
 13. How has your care receiver responded to discussions about closure? What might help him or her feel confident about closure?
 14. What thoughts do you have about the process, timeframe, and goals for closure?

Focus on the Stephen Minister

D: The Stephen Minister's Feelings about the Caring Process

1. How did you feel when:
 - a. you first called your care receiver on the phone?
 - b. you arrived at the care receiver's door?
 - c. the visit was over?
 - d. the care receiver said . . . ?
 - e. the care receiver did or didn't do . . . ?
2. How do you feel about the quality of care you're providing?
3. Looking at the Mudhole from module 2, "Feelings: Yours, Mine, and Ours," which approach best illustrates how you're relating to your care receiver right now—sympathy, overidentification, or empathy? What leads you to that assessment?
4. What are your thoughts and feelings about how the caring relationship is developing?
5. How do you feel about the process of caring for this person?
6. What strong or difficult emotions do you feel about your care receiver during caring visits? How might these emotions affect the quality of care you provide?
7. How do you feel about the values, beliefs, or lifestyle of your care receiver? How might those feelings be affecting the caring relationship? What might you do about it?

8. How have you expressed your feelings about the caring relationship to the care receiver?
9. How are your feelings about the caring relationship affecting your caregiving?
10. What aspects of your caregiving right now reflect servanthood? What aspects reflect servitude?

E: The Stephen Minister's Skills

1. What went well in how you provided care in your most recent visit? What didn't go well? What might you say or do differently next time?
2. What caring skills do you use most often with your care receiver? Which ones are strengths for you? Which ones might you need to work on?
3. How well do you listen to the care receiver and gain a picture of his or her thoughts and feelings? Give some examples.
4. How are you doing with being fully present with your care receiver—physically, mentally, emotionally, and spiritually? In what ways can you be more present?
5. In what circumstances are you able to see things from your care receiver's perspective? When do you find it hard to do so?
6. How have you helped your care receiver process his or her feelings? What specific relational skills have helped with that?
7. What indications have you seen that your care receiver feels accepted when sharing about his or her circumstances, feelings, and opinions?

8. When are you most tempted to share platitudes, clichés, or fix-it responses? What can you do to resist that temptation?
9. What are the strongest parts of the Safe House you're building for your care receiver? What parts might need reinforcement?
10. In what situations have you been assertive with your care receiver? In what types of situations could you be more assertive?
11. What confidentiality challenges, issues, or concerns may be affecting the caring relationship or your ability to provide quality care?
12. How are you doing maintaining boundaries in the caring relationship? What challenges are you experiencing with maintaining your own boundaries or respecting your care receiver's boundaries?
13. What specific caregiving skills could you improve on to increase the quality of your caregiving? What additional knowledge, training, or practice might help you grow and improve in those areas?
4. How is this caring relationship challenging you to think through your own feelings and attitudes about what your care receiver is experiencing?
5. Based on your experiences in this caring relationship, what insights have you gained about yourself, about other people, and about God?
6. Based on your experiences in this caring relationship, how is your understanding of the purpose, goals, and process of your caring ministry changing?
7. Based on your experiences in this caring relationship, how is your understanding of what it means to be a Stephen Minister changing?
8. How does your growth and experience through caregiving seem to be affecting the caring relationship? How does it seem to be affecting your care receiver?
9. Looking at the Caregiver's Compass, how are you growing as a compassionate, full-of-faith, skilled, trustworthy, and Christ-centered caregiver? In which areas have you grown the most? In which areas do you most need to grow?

F: The Stephen Minister's Personal Growth

1. How are you stretching, growing, or changing from being in this caring relationship?
2. In what ways do you see God renewing or transforming you through this caring relationship?
3. In what ways are your trust and dependence upon God changing or growing because of this caregiving experience?

Focus on the Care Receiver

G: The Care Receiver's Situation

1. What do you see as your care receiver's needs? How does your care receiver see his or her needs? If there's a difference, how is that affecting your caregiving?
2. How have your care receiver's background and experiences affected his or her present situation?

3. What uncertainties do you have about your care receiver or your care receiver's situation?
 4. In what ways can you gain a deeper understanding of your care receiver's situation?
 5. Have your views of your care receiver or your care receiver's situation changed recently? If so, how have your views changed? What caused the change?
 6. Which of your care receiver's words or actions seem to give you the greatest insight into him or her? What do those words or actions tell you?
 7. Do any aspects of your care receiver's situation seem too difficult for you to handle? If so, which ones? What thoughts do you have about addressing these needs?
 8. Are you considering referring the care receiver to a community resource? Which one? (If you are considering a referral to a mental health professional, also see Focus Question Set H.)
 - a. What prompted you to consider referring the care receiver to a community resource?
 - b. What hopes or expectations do you have about making a referral to a community resource? What hopes or expectations do you think your care receiver has?
 - c. How might a referral to a community resource affect your relationship with the care receiver?
- would you have expected your care receiver to be doing by now?
2. Have you noticed any of the following from your care receiver?
 - Reduced ability to cope with daily life
 - Symptoms of severe depression (see Stephen Minister training module 13)
 - Signs that the care receiver might engage in self-harm or suicide
 - Signs that the care receiver might harm others
 - Signs that the care receiver may be in a situation involving abuse
 - Signs of withdrawal from daily life
 - Signs that the care receiver may be experiencing hallucinations or delusions
 - Significant weight loss or gain
 - Signs of addiction or substance abuse
 3. Are you considering referring your care receiver to a mental health professional? What prompted you to consider a referral?
 4. Which type of mental health resource might be appropriate in this situation? (As necessary, refer to chapter 5 of *When and How to Use Mental Health Resources*.)
 5. How might the care receiver respond to your suggestion of a mental health referral?
 6. What effect would a mental health referral have on your relationship with the care receiver?
 7. How might you talk to your care receiver about a mental health referral? Would it help to practice the conversation in your Supervision Group?

H: A Possible Mental Health Referral

1. Based on the Referral Form you received from the Referrals Coordinator, how

8. If your care receiver refuses to seek help from a mental health professional, what will your next step be? (As necessary, refer to chapter 7 of *When and How to Use Mental Health Resources*.)
9. What support from the pastor or a Stephen Leader would help you talk with your care receiver about a mental health referral?

Note: If at any time you have concerns that your care receiver or another person is at risk of harm, talk with your Stephen Ministry Crisis Contacts right away—or, if the threat seems imminent, contact emergency services.

