Oaks Ministry Manual

Goals and practices for peer support ministry roles

through Oaks Ministry Collaborative

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FOUNDATIONS FOR OAKS MINISTRY

Oaks Mission & Vision

Oaks exists to equip the local church to be a rehabilitative and resilient community for people in the healing process.

The vision for how we do this is:

1. Equip people to engage with their own healing process with God.
2. Prepare and provide pathways for rehabilitative relationships within local churches through ministry structure, practices, advocates (one-on-one connections), groups, restorative prayer.
3. Equip the local church with biblical clarity on psychological issues through training and content.
4. Cultivate collaboration and unity between churches and healing professionals in the community through collaborative care structures, support, and mutual consultation.

Oaks Ministry Culture

> "Culture eats strategy for breakfast." – Peter Drucker

At Oaks, our culture shapes everything we do. We cultivate a ministry environment marked by trust, rehabilitative relationships, and resilience.

This means we show up intentionally — serving from a place of security, clarity, and grace. We cannot control how others show up, but we can steward how we show up: with honesty, consistency, and Christ-centered love.

Healing and healthy relationships do not happen in haste. They develop over time — through repetition, trust, and proximity. As staff and volunteers, we model this process by slowing down, staying grounded, and practicing healthy relational patterns.

1. Under-Promise, Over-Deliver

> Principle: Integrity builds trust.
>
> "Let your 'yes' be yes and your 'no' be no." – Matthew 5:37

- We aim to be clear and honest about our capacity.

- We commit to realistic expectations and consistent follow-through.
- We do not promise to do in one season what we cannot sustain long-term.
- This integrity builds trust and stability within the ministry.

Training Note:
When in doubt, pause before committing. Under-promising and over-delivering nurtures trust over time.

2. Acknowledge Your Limits

Principle: We lead with honesty, not perfection.

- We are finite human beings — and that's okay.
- When we cannot meet a commitment, we communicate quickly and clearly, offering what we can do instead.
- This transparency gives others permission to live honestly within their limits too.

Training Note:
Model grace by owning limitations early rather than apologizing late.

3. Redefine Excellence

Principle: Presence is excellence.

- Excellence is doing our best with the time and resources we have.
- Time is limited — and being faithfully present within your capacity is a form of excellence.
- Healthy boundaries and communication keep ministry sustainable.

Training Note:
Ask: "What does faithfulness look like in this moment?" rather than "How can I do it all?"

4. Prioritize Rest and Relationship

Principle: Healthy ministry starts with a healthy soul.

- We communicate honestly with leaders about our needs for rest and recovery.
- We take time off when necessary and pursue life-giving relationships where we receive, not just give.
- When our resources are depleted, we cannot offer sustainable care.

Training Note:
Jesus withdrew often to pray and rest — and still served others. We follow His rhythm.

5. Follow the Oaks Ministry Process

Principle: Structure sustains care.

- We respond to needs through the established Oaks process rather than reacting in the moment.
- If someone needs support or care:
  → Direct them to the Oaks intake process at oaksministrycollaborative.com.
  → Or contact admin@oaksministrycollaborative.com
- This ensures care is coordinated, sustainable, and shared across the ministry team.

Training Note:
Structure protects both the care receiver and the caregiver.

6. Respond to Anxiety with Reflection

Principle: Pause before reacting.

- When someone's pain stirs our anxiety, we take time to notice and process our own emotions.
- We resist "chronic anxiety," where our reaction becomes the bigger issue.
- By staying grounded, we bring peace instead of pressure into the relationship.

Training Note:
Before acting, pause to pray, breathe, or check in with your ministry supervisor.

7. Honor Others' Ownership

Principle: We do with, not for.

- We believe people are capable of engaging their own healing process with God.
- We come alongside — listening, empowering, and encouraging — without taking control or assuming responsibility for their outcomes.
- Healthy ministry relationships hold both bonding (connection) and boundaries (distinct selfhood).

Training Note:
Ask: “How can I come alongside you in this?” rather than “How can I fix this for you?”

8. Trust God’s Strength in Weakness

Principle: Our limits are His opportunities.

- We trust the truth of 2 Corinthians 12:9–10: “My grace is sufficient for you, for my power is made perfect in weakness.”
- Our weaknesses are not obstacles — they are openings for God’s strength to work through us.
- We depend on His Spirit, knowing our limitations can reveal His glory.

Training Note:
Dependence is not failure — it is faithfulness.

OAKS ROLES

purpose, principles, and practices

Oaks Roles: Interdependence & Interactions

At Oaks, our ministry functions as a connected ecosystem of care. Each role—advocate, group facilitator, restorative prayer minister, collaborative care clinician, and intake—plays a unique and essential part in the healing process.

We serve interdependently, not independently. Our unity and collaboration reflect the Body of Christ, where each member does its part (Ephesians 4:16).

This section explains how our roles interact, how to respond when approached for help, and how to stay grounded in our ministry culture of trust, clarity, and non-anxious presence.

1. **Intake Is the Entry Point**

    Principle: Structure protects both care receivers and volunteers.

    All care within Oaks begins through the intake process. Intake provides a structured space for care receivers to reflect on their needs and healing goals before connecting with others. After the intake meeting, the intake volunteer will contact potential advocates, group leaders, or clinicians, and follow up with next steps.

    This process helps prevent impulsive or rescuing responses to urgent needs, allowing both care receivers and volunteers to engage intentionally and within capacity.

    If approached directly:
    → Gently redirect individuals to the Oaks intake process through oaksministrycollaborative.com or email admin@oaksministrycollaborative.com.

    Training Note:
    The intake process ensures care is thoughtful, sustainable, and well-matched to needs.

2. **Respond Calmly in the Moment**

    Principle: Presence matters more than fixing.

    When someone approaches you directly—whether in crisis or with urgency—you can still respond meaningfully in the moment. Listen attentively, reflect what you

hear, and offer calm presence. Then, redirect them toward the intake process for formal connection and support.

You may:

- Pray with them briefly.
- Explain that reaching out to intake is the next best step.
- Offer to send an email connection to intake with their consent.

Training Note:
Pain often shows up as urgency. Your calm, grounded presence offers stability when others feel insecure and anxious.

3. **Empower Ownership and Protect Confidentiality**

Principle: Healing begins when people take their own step.

If someone recommends that another adult (18+) "should get connected," gently explain that the individual seeking care must reach out personally.
We do not contact potential care receivers on someone else's behalf, or communicate to care receivers through third parties.

This preserves confidentiality, honors readiness, and prevents rescuing impulses.

Training Note:
Say: "That's great you care about them. The best next step is for them to reach out directly through Oaks intake."

4. **Flexibility in Roles**

Principle: Ministry requires adaptability.

Sometimes, unexpected things happen—like a group that only one person attends. In those moments, respond with calm presence. Treat it as an intake opportunity rather than a failed event.

You might:

- Listen to their story and assess needs.
- Take notes for follow-up.
- Connect them later with an advocate or group.

You may act as both a group facilitator and a temporary advocate in that moment, while ensuring the person remains connected through Oaks' care pathways.

Training Note:
Your response in the unexpected moment models trust and safety more than attendance numbers ever could.

5. **Restorative Prayer & Collaborative Care**

Principle: Distinct interventions for distinct needs.

Restorative Prayer and Collaborative Care sessions are one-time or short-term referrals designed for specific needs—such as wounds inhibiting relationship with God or the spiritual healing process (including unforgiveness and unrepentant sin), or trauma, mental health diagnoses, and other professional consultation needs.

They are not ongoing relational processing spaces like advocacy or groups. These connections are made through the intake process or by direct referral from ministry leaders.

Training Note:
Restorative Prayer and Collaborative Care complement—but do not replace—relational care and community support.

6. **Healing and Connection Are Processes**

Principle: Ministry unfolds in steps, not checklists.

Healing is not a task to complete—it is a process to walk. If we view each need as an unfinished task, we will live in frustration and burnout. When we embrace process thinking, we develop patience, perseverance, and peace for the journey.

We remember:

- God works through process.
- Relationships form through process.
- The church itself grows through process.

Training Note:
Shift from "I need to fix this" to "I'm walking with them in this stage."

7. **When in Doubt, Ask and Connect**

Principle: Clarity builds confidence.

If you are uncertain whether something is within your role, it is okay to say:

"I'm not sure about that, but I'd love to help you in the ways I can."

Then, connect them to intake or a ministry leader for next steps.
Clarity and humility preserve both trust and boundaries.

Training Note:
You do not have to know everything—you just need to stay connected and responsive.

Ethics and Boundaries

The integrity of each Oaks volunteer role depends on maintaining clear ethical and relational boundaries in every interaction. Oaks volunteers must honor both the spiritual and emotional growth process of the care receiver and their own limits as peer ministers.

1. Confidentiality
   Oaks volunteers maintain confidentiality in all ministry interactions. Information shared by a care receiver may only be disclosed through Oaks' established reporting processes in cases of abuse, self-harm, or imminent physical danger.
2. Role Clarity and Limitations
   Oaks volunteers must remain aware that their ministry does not include professional counseling or church authority. They are companions who provide spiritual counsel and care, not clinicians. When issues arise that exceed their capacity or role, Oaks volunteers must refer the care receiver through Oaks leadership for appropriate pastoral or professional support.
3. Safety and Reporting
   Oaks volunteers are required to communicate promptly with Oaks leadership or their church staff contact for the Oaks ministry if a care receiver discloses information related to harm to self or others, abuse, or any other concern requiring mandated reporting. Oaks and church staff leadership will guide the appropriate next steps.
4. Mutual Accountability and Oversight
   Oaks volunteers participate in ongoing consultation and training to ensure alignment with Oaks' mission, ministry ethics, and role clarity. This accountability protects both the care receiver and the peer minister.

Training and Preparation

1. Foundational Training
   All Oaks volunteers complete initial training in peer support, trauma-informed care, biblical clarity on psychological issues and topics, confidentiality and boundaries, spiritual discernment, and Oaks' reporting and supervision structures.
2. Ongoing Consultation and Support
   Advocates participate in regular consultation groups or one-on-one supervision led by Oaks leadership or church staff. This ongoing process provides reflection, guidance, and support for healthy ministry practice.
3. Personal and Spiritual Formation
   Advocates are encouraged to maintain their own spiritual rhythms—prayer, community, reflection, and rest—as essential to serving well. Healthy ministry flows from a healthy minister. If a volunteer is going through a season of acute healing or suffering themselves, it is encouraged that they step back and receive the support they need during that time. Healing is a lifelong journey.

INTAKE & CHECK IN

Getting People Connected with Rehabilitative Relationship & Resources

The Intake and Check-In role serves as the entry point into Oaks Ministry Collaborative. This role might be a staff member in a church, or a volunteer. This role provides an initial space for reflection, discernment, and connection, helping individuals take their next step in the healing process within the context of the church. It is like a “coaching session” in the healing process—helping care receivers notice where they are now, what they have tried, what has worked or not, and what they feel like they need next in the healing process.

The primary function of intake is not to solve problems or provide ongoing care, but to facilitate clarity, ownership, and appropriate connection to resources, relationships, and support.

Purpose and Function

1. **Facilitate Reflection and Clarity**
   Intake creates a structured space for individuals to step back and gain a “bird’s-eye view” of their story, current needs, and hopes for healing.
   - Help individuals articulate where they feel stuck
   - Clarify what they are seeking and why
   - Identify meaningful next steps
2. **Empower Ownership in the Healing Process**
   Intake volunteers guide individuals to take responsibility for their own healing journey.
   - Encourage self-awareness and personal agency
   - Avoid positioning yourself as the solution
   - Reinforce that participation in Oaks is voluntary and self-directed
3. **Discern and Recommend Next Steps**
   Based on the conversation, intake volunteers help identify appropriate pathways for support. These may include:
   - Advocate (one-on-one support)
   - Group participation
   - Restorative prayer
   - Pastoral or clinical counseling referrals
   - Existing relationships or resources in the person’s life
4. **Facilitate Connection into Care**
   Intake serves as a bridge between need and connection. Volunteers help initiate next steps and ensure the individual understands what to expect in the process moving forward.

Core Guidelines

1. **Do not operate outside the intake process.**
   Intake conversations should occur in designated settings—not spontaneously in hallways, church gatherings, or informal conversations.
   - Direct individuals to complete the interest form or schedule an intake meeting
   - Protect confidentiality and boundaries by keeping intake within the ministry structure
2. **Require direct participation from the individual.**
   Intake can only occur when the individual personally expresses interest.
   - Do not initiate care based on third-party requests
   - This ensures readiness, consent, and ownership
3. **Avoid overpromising specific connections.**
   During intake, do not commit to a specifically named advocate, group, or counselor.
   - Present options clearly
   - Allow the individual to choose next steps
   - Follow up after the meeting once connection availability is confirmed
4. **Stay within the peer-support role.**
   Intake volunteers do not diagnose, assess clinically, or treat mental health concerns.
   - Use the individual's language to describe their experience
   - Focus on understanding context and needs rather than labeling
5. **Focus on collaboration, not evaluation.**
   Intake is not an assessment of the person—it is a collaborative conversation.
   - Ask questions that invite reflection
   - Allow the individual to guide what feels most relevant
   - Affirm their insight into their own life
   - Be clear about what Oaks can offer and not

Intake Process Overview

1. **Initial Interest**

- Individuals express interest through the website form or email
- Intake volunteers respond and schedule a meeting
- The individual initiates the process by taking this step

2. **Intake Meeting (Approx. 30 minutes)**
The intake meeting includes:

- Completion of intake form and confidentiality agreement

- Conversation around:
    - Current challenges and areas of feeling “stuck”
    - Personal history at a high level (without requiring detailed disclosure)
    - Existing supports and resources
    - Desired outcomes or goals for healing
- Discussion of potential next steps and available options

3. **Discernment of Next Steps**

- Present appropriate options without pressure
- Encourage the individual to select one next step to begin
- Clarify that connections may take time to coordinate

4. **Follow-Up and Connection**

- Send a follow-up email summarizing next steps
- Initiate connection processes (advocate, group, referrals, etc.)
- Document contact information and connections that we make within Oaks (advocates, counselors, or other next steps)
- Do not document other personal information, medical information, or meeting notes. It is beyond our scope of church community care to store HIPAA information.

Check-In Role

The check-in function provides brief follow-up after intake or during the connection process to ensure continuity of care.

Responsibilities include:

1. Following up on next steps and connections
2. Providing updates on timelines or availability
3. Offering encouragement and clarity while the individual waits for connection
4. Redirecting to intake if new or additional needs arise

Boundaries and expectations:

1. Maintain clear time and scope limits.
   Intake is a short-term interaction, not an ongoing support relationship.
2. Protect confidentiality.
   All connection information is shared only within designated Oaks systems for the purpose of coordinated care.
3. Use structured systems.
   All connections should be documented in the designated Oaks database.

4. Seek consultation when needed.
   If unsure about appropriate next steps or concerns arise, consult Oaks staff before proceeding.

Summary

The Intake and Check-In role sets the tone for the entire Oaks experience. Through clarity, structure, and collaboration, this role helps individuals move from confusion or urgency into intentional, supported engagement in their healing process within the church.

ADVOCATES

One-on-one Support Role

Advocates are one-on-one peer support volunteers who walk with individuals in their healing process. This role embodies the heart of Oaks Ministry Collaborative: to equip people to engage their own healing with God while finding connection and support in the context of the church.

Advocates provide relational, spiritual, and emotional support through presence, listening, reflection, prayer, and encouragement. They do not operate as professional counselors, therapists, or problem-solvers, but as fellow travelers who help care receivers grow in ownership of their own process of healing and discipleship.

1. **Engage People in Their Own Process of Healing**

    Principle: Healing and restoration are personal, Spirit-led processes that require ownership.

    Advocates help people take faithful stewardship of their own growth and relationship with God:

    1. Empower care receivers to take responsibility for their own healing process rather than relying on the advocate for solutions or interpretation.
    2. Encourage prayer, reflection, and personal engagement with God and Scripture. Help participants develop sustainable practices tuned to their healing process that will continue beyond the duration and context of the advocate relationship.
    3. Provide accountability and encouragement by helping care receivers set goals, identify next steps, and reflect on progress.
    4. Coach care receivers to recognize and engage their existing resources—relationships, community supports, and spiritual disciplines—that contribute to their healing.

    Training Note:
    Advocates are not responsible for outcomes, only for presence and faithfulness. The work of transformation belongs to the Holy Spirit in the care receiver's life.

2. Model Rehabilitative and Redemptive Relationship

    Principle: Healing happens through relationship—with God and others—through mutual sharing, humility, accountability, and love.

    Advocates model what redemptive and rehabilitative relationship looks like within the Body of Christ:

1. Walk with care receivers, do not do it for them. Advocacy is companionship, not control or enabling.
2. Model healthy relational patterns by:
    - Practicing mutual openness and honesty while maintaining natural bounds and limits in the purpose of the relationship.
    - Taking ownership of one's own emotions, thoughts, and actions.
    - Showing humility, curiosity, and compassion rather than assumption or advice-giving.
    - Offering care through listening, encouragement, presence and prayer.
    - Following the biblical process for reconciliation and conflict (Matthew 18:15–35) if issues occur. Seek additional help from Oaks leadership or church leadership if needed.
3. Clarify expectations, boundaries, and confidentiality early in the relationship. Revisit these periodically to establish trust and ensure shared understanding.
4. Remember that emotional sharing is processing, not dumping. Guide conversation toward reflection, insight, and transformation rather than momentary relief, self-focus, or rescuing.

Training Note:
If you are uncertain about a situation or boundary, reach out to Oaks staff for consultation. Advocates are supported through supervision and do not carry the weight of discernment alone.

3. Biblical Clarity and Contextualization of Psychological Issues

Principle: Holistic healing requires holistic understanding, which requires both discernment and theological grounding.

Advocates integrate psychological understanding and biblical truth to care for whole people—spiritually, emotionally, physically, and relationally:

1. Approach care holistically, recognizing that emotional and psychological dynamics are part of how God created humans to function.
2. Use tools and insights from psychology (as appropriate) as expressions of common grace that support spiritual growth and healing. (Do not employ therapeutic modalities that require certification or licensure.)
3. Provide a bridge for those exploring faith or healing by using simple, accessible language to describe spiritual truths without compromising clarity.
4. Engage Scripture as a guide and foundation. Read relevant passages together, reflect prayerfully, and invite care receivers to listen to the Holy Spirit's counsel for themselves.

5. Point care receivers toward God as the ultimate source of wisdom and transformation. Empower them to interpret, wrestle, and apply truth through prayer and reflection rather than depending on the advocate for interpretation.

Training Note:
We do not prescribe Scripture as a quick fix. We share it as a means of invitation and encounter with the living God who heals. Advocates act as companions who point people toward the Healer—not as interpreters who stand in His place.

Advocates embody Oaks' mission by equipping individuals to engage their healing process with God, practice healthy and redemptive relationships, and grow in biblical and psychological clarity.

Their primary task is to remain present, prayerful, and grounded, trusting that God will complete the work He begins in each person.

Advocate Boundaries and Referral Guidelines

Advocates serve within a network of care that includes group facilitators, restorative prayer ministers, and collaborative care clinicians. Staying within your lane protects you and your care receiver, honors ministry ethics, and strengthens the whole ministry system.

The goal is not to handle everything yourself, but to discern what belongs to you and what belongs to another role within the body of Christ.

1. **Stay within the peer-support role.**
    - Do not diagnose, treat, or interpret clinical issues.
    - Avoid giving prescriptive advice about medication, therapy, or trauma treatment.
    - Focus on presence, reflection, and encouragement.
2. **Refer to intake when needs exceed your role.**
    - If a care receiver expresses new or urgent needs (mental health crisis, suicidal thoughts, abuse disclosure, or severe relational conflict), connect them immediately to Oaks Intake (via oaksministrycollaborative.com or admin@oaksministrycollaborative.com).
    - Intake staff will coordinate next steps for prayer, counseling, or crisis support.
    - If someone shares an intent to harm themselves or another person, follow Oaks' mandatory reporting and safety procedures (included in this manual) and contact your Oaks church staff supervisor right away.
3. **Know when to pause or release an advocate relationship.**
    - If boundaries are being crossed, or the relationship becomes confusing, reactive, or emotionally dependent, reach out for supervision.

- It is better to pause and reorient than to continue in an unclear, unhealthy, or enabling dynamic.
- Remember: relationships are rehabilitative only when both people remain free and distinct.

4. **Collaborate, don't isolate.**
    - You are not meant to carry the care alone. Consultation and prayer with Oaks leadership are part of your role.
    - Seek guidance when you feel unsure, burdened, or emotionally affected by a care receiver's story or situation.
5. **Uphold confidentiality with integrity.**
    - Do not share care receiver information outside of Oaks supervision or group consultation through the volunteer cohort meetings, or in the context of collaborative care with other designated ministry leaders.
    - Within Oaks, you may share relevant details only for the purpose of consultation or coordinated care.
    - Store any information securely in your church's designated, secure Oaks space or secure electronic database only and avoid written communication of sensitive details through text or email. Do not store any medical records or personal information. This is not necessary for the support role.
6. **Remember the goal of advocacy**.
    - Advocacy is not fixing; it is walking alongside.
    - You are a companion pointing others to the ultimate Healer, not a rescuer.
    - Your role ends when the care receiver is equipped to continue their process of healing with God and community. You are still part of the community with this person, and even if your role changes, the connection and relational resource will still exist, even if you meet less frequently or intentionally.

Healthy advocates know when to rest, refer, and release. Boundaries are not barriers to ministry—they are the framework that allows redemptive relationship to flourish in trust, security, and longevity.

Closure of the Advocate Relationship

Principle:
Every advocate connection has a purpose and an intentional timeframe. Just as beginnings are important, so is closure. Healthy closure reflects integrity, stewardship, and trust in the ongoing work of the Holy Spirit beyond our role.

Advocate relationships are meant to serve a particular purpose within a defined period. When that purpose has been fulfilled—or when continuing is no longer possible—it is appropriate and honoring to both people to bring the relationship to a close in a clear, compassionate, and transparent way.

Guidelines for Closure

1. **Maintain integrity in your commitment.**
Advocates are responsible to fulfill their commitments as outlined in the Advocate agreement established at the beginning of the connection. Avoid overpromising or extending beyond your capacity, as this can create confusion and disappointment for both you and your care receiver.

2. **If your availability changes, consult Oaks staff or leader first**.
If a change in your life circumstances prevents you from continuing your meetings before the agreed-upon end time, contact Oaks staff. We will help you discern the best way to close the connection and ensure that continuity of care is maintained for your care receiver.

3. **Communicate closure in person whenever possible.**
As part of the closure plan developed in consultation with Oaks staff, meet with your care receiver in person to talk through the change. Avoid closing the relationship through email unless meeting in person is not possible due to lack of response or ongoing missed meetings.

4. **Recognize signs that a care receiver may be ready to end.**
If your care receiver repeatedly misses meetings, cancels last minute, or is disengaged from the process, use your next meeting to check in. Ask how they are doing, whether they still find your meetings helpful, and if they would like to continue. This should be a mutual, open conversation—not a failure. Consult Oaks staff if you are unsure how to approach this.

5. **Clarify expectations for your ongoing relationship**.
During your final meeting, discuss what future interactions will look like. Examples might include:

- "When we see each other at church, how would you like us to interact?"
- "Would you like to occasionally get coffee or stay in touch?"
  Clarity here honors both parties and prevents confusion or unspoken expectations.

6. **Inform Oaks staff once closure is complete**.
After your closure conversation, email Oaks staff to confirm that the advocate relationship has ended and include your care receiver on the message. This allows Oaks to update our records and follow up with the care receiver for any next steps or new support options.

Training Note:
Healthy closure models maturity, self-awareness, and trust in God's ongoing work in the care receiver's life. Ending well communicates safety, reliability, and respect. It is also a reminder that advocates are stewards—not saviors—in the healing process.

COLLABORATIVE CARE CLINICIANS

Bridging the Gap in Coordinated Church and Mental Health Care

Collaborative Care Clinicians serve as a bridge between the church and the helping professions. They embody Oaks' vision of integrating psychological wisdom and theological truth within the context of community and discipleship.

These professionals—such as licensed clinical social workers, counselors, or other credentialed mental health providers or students—volunteer their expertise not as practitioners, but as partners in ministry.

Their role is collaborative, consultative, and equipping in nature, always guided by both professional ethics and biblical principles.

1. Serve the Church, Stay Within Scope

> **Principle**: Professional identity is a gift; boundaries protect it.
>
> Clinicians serving with Oaks bring valuable insight and experience, but when volunteering as part of Oaks lay roles (for example, as a group facilitator, advocate, restorative prayer or intake volunteer), they function in the role of a peer support volunteer, not as a licensed provider.
>
> This means they do not offer clinical treatment, advice, or assessment within the ministry setting. Instead, they serve as spiritual and relational companions, supporting the church's ministry of presence, trust, and rehabilitation.
>
> **Training Note**:
> *Even when you are a clinician, your role determines your boundaries. In Oaks, you serve as part of a peer-based, ministry environment—not a therapeutic practice.*

2. No Diagnosing, Assessing, or Treating Within Oaks

> **Principle**: Clear boundaries create secure ministry spaces.
>
> Oaks is not a clinical practice. Collaborative Care Clinicians do not diagnose, assess, or treat mental health conditions under Oaks' name or within its ministry structures.
>
> Instead, clinicians may provide consultation for self-reported issues shared by care receivers and, when appropriate, facilitate referrals to licensed services outside of Oaks for professional diagnosis and clinical treatment.

These referrals occur through the proper channels of the receiving organization or clinician, including intakes, waitlists, and insurance processes as required by that practice.

Training Note:
When in doubt, clarify your role and refer out. Oaks provides a bridge, not a clinic.

3. Consultation and Support for Ministry Volunteers

Principle: Professional insight strengthens the body.

Clinicians may also serve as consultants to Oaks staff and volunteers.
Through the Oaks cohort consultation process, clinicians can provide guidance to help volunteers understand general mental health dynamics, boundaries, and care needs without breaching confidentiality or entering a treatment relationship.

These consultations help the ministry discern how to respond wisely and biblically to complex care situations. Consultation happens during volunteer cohort calls or with established church partners.

Training Note:
Consultation is not treatment—it is collaboration for the good of the whole ministry.

4. Equip and Coach the Church

Principle: The goal is not control but equipping.

Many clinicians have a passion for training and equipping others.
Within Oaks, professionals may serve the broader church community by:

- Teaching during Oaks trainings or events
- Coaching lay leaders and advocates in relational, emotional, and behavioral skills during the Oaks volunteer cohorts
- Supporting group facilitators or restorative prayer teams with insight about boundaries, trauma awareness, or emotional processing through trainings
- Coaching and equipping pastors and ministry leaders with consultation for complex pastoral counseling cases through established church partnerships.

In doing so, clinicians help the church grow in biblical clarity, psychological understanding, and compassionate ministry.

Training Note:
Your professional wisdom is a gift to the church when shared with humility, clarity, and care.

5. **Integration Through Collaboration**

Principle: The goal is mutual respect and shared mission.

Oaks Collaborative Care Clinicians model what it looks like for the church and professional care systems to work together—neither replacing the other but honoring the unique roles each plays in God's redemptive work.

We believe the Spirit of God works through both prayer and practice, both church and clinic, both community and profession. Through this collaboration, the church becomes more resilient, informed, and equipped to walk with people through the healing process.

Training Note:
Collaboration means mutual honor—each role contributes to the same mission of healing and wholeness in Christ.

GROUP FACILITATOR

Creating an Environment for Mutual Healing and Support

The Group Facilitator serves as a peer support leader who creates and maintains a structured, safe, and relational environment for healing within a group setting. This role focuses on guiding group process, fostering participation, and maintaining alignment with Oaks' principles of ownership, connection, and spiritual engagement.

Group facilitators do not function as teachers, counselors, or experts. Their primary role is to hold the space, guide the process, and help participants engage both personally and relationally in their healing.

Purpose and Function

1**. Create a Safe and Structured Environment**
Facilitators establish and maintain a consistent group rhythm where participants feel safe to share and engage.

- Set clear expectations through group agreements
- Maintain boundaries and group norms
- Ensure all participants have space to engage

2. **Guide Process, Not Content**
Facilitators are responsible for how the group functions, not controlling what participants share.

- Keep conversations aligned with the group's purpose
- Gently redirect when conversations become unhelpful or off-topic
- Avoid dominating or over-directing discussion

3. **Encourage Ownership and Participation**
Facilitators help participants take responsibility for their own healing and engagement.

- Invite, but do not force, participation
- Encourage reflection rather than giving answers
- Reinforce that growth happens through personal engagement

4. **Foster Relational Healing**
Groups provide a unique opportunity for healing in community.

- Encourage mutual sharing and listening
- Model healthy relational behaviors (boundaries, honesty, humility)
- Support respectful interaction among participants

Core Responsibilities

1. **Facilitate Group Flow**

- Open and close group on time
- Guide transitions between discussion, reflection, and prayer
- Manage time to ensure balanced participation

2. **Maintain Group Focus**

- Keep the group aligned with the topic or purpose
- Redirect conversations that become overly detailed, repetitive, or off-track
- Balance depth with group accessibility

3. **Support Emotional Processing in Group Context**

- Encourage sharing that leads to reflection and ownership
- Discourage patterns of venting without movement toward processing
- Help participants connect their experiences to meaning and growth

4. **Model Healthy Engagement**

- Demonstrate listening, curiosity, and humility
- Use appropriate self-disclosure (brief and purposeful)
- Avoid positioning yourself as the expert or authority

Group Facilitation Guidelines

1. **Balance Participation**

- Be aware of participants who dominate or withdraw
- Gently create space for quieter members
- Set limits when necessary to ensure group equity

2. **Redirect with Clarity and Care**
When needed, guide the group back to purpose:

- “Let’s pause and bring us back to our focus…”
- “Can we connect this back to what we’re working on today?”

3. **Avoid Overprocessing One Person**
Group time is shared time.

- Do not allow one participant’s story to take over the group

- Offer to follow up or suggest additional support if needed

4. **Normalize Different Paces**
Participants will engage at different levels.

- Do not pressure vulnerability
- Allow space for observation and gradual participation

Prayer in Groups

1. **Integrate Prayer Naturally**

- Open and close with prayer
- Pray in response to themes that arise

2. **Encourage Participation**

- Invite, but do not require, participants to pray
- Model simple, honest communication with God

3. **Maintain Group Awareness**

- Keep prayer concise and accessible
- Avoid using prayer to correct or direct individuals

Handling Group Dynamics

1. **When Someone Shares in Crisis or Intensity**

- Respond with calm, grounded presence
- Acknowledge what was shared without escalating urgency
- Follow up after group and connect with Oaks leadership if needed

2. **When Conflict Arises**

- Encourage respectful communication
- Reinforce group agreements
- Redirect toward understanding rather than resolution in the moment

3. **When Engagement is Low**

- Use open-ended questions

- Allow silence without rushing to fill it
- Trust the process rather than forcing participation

Boundaries and Role Clarity

1. **Remain in the Peer Support Role**
Facilitators do not:

- Provide therapy or clinical advice
- Diagnose or assess mental health conditions
- Take responsibility for participants' outcomes

2. **Use Oaks Systems for Additional Support**

- Direct participants to intake for additional needs
- Do not form separate care relationships outside the group structure without guidance

3. **Seek Consultation When Needed**

- Reach out to Oaks leadership for guidance on group concerns
- Do not carry complex situations alone

Summary

The Group Facilitator role is one of presence, guidance, and stewardship of process. By creating a consistent, safe, and participatory environment, facilitators help individuals experience healing not only personally, but within the context of community.

Training Note:
A healthy group is not measured by how much is shared, but by whether participants are growing in ownership, connection, and engagement with God and others.

RESTORATIVE PRAYER

Facilitating Connection with God for Healing

The **Restorative Prayer team** serves as a guided prayer ministry within Oaks Ministry Collaborative, offering individuals a focused space to engage directly with God for healing, freedom, and renewed connection with Him.

Restorative Prayer is not counseling, teaching, or ongoing relational support. It is a **facilitated prayer session** that helps individuals slow down, listen, and respond to God the Father, Son, and Holy Spirit in areas where they may feel stuck, disconnected, or burdened.

Purpose and Function

1. Facilitate Direct Connection with God

Restorative Prayer creates intentional space for individuals to engage personally with God the Father, Jesus, and the Holy Spirit.

- Encourage participants to listen and respond to God
- Support awareness of God's presence and truth
- Reinforce that God is the primary healer

2. Address Root Barriers to Connection

Sessions focus on identifying and bringing before God underlying issues that may hinder relationship with Him. These may include:

- Lies or distorted beliefs
- Emotional wounds
- Unforgiveness
- Sin or patterns of disconnection
- Unhealthy relational or spiritual ties

3. Support Healing Through Prayer and Surrender

Participants are guided to bring what arises to God through:

- Repentance
- Forgiveness
- Receiving truth
- Surrender and exchange

The emphasis is not on analysis, but on **encounter and response**.

Core Principles

1. God Leads the Session
The Holy Spirit is the primary guide. Team members facilitate, but do not control or direct outcomes.

2. The Participant Engages Directly
The individual is encouraged to speak to God themselves, rather than relying on the team to pray on their behalf.

3. We Follow What Emerges
“What comes to mind” during prayer is brought before God without immediate judgment or correction. Discernment happens gently and communally.

4. Healing Happens Through Exchange
Participants are invited to release burdens and receive what God offers in return (truth, peace, identity, etc.).

Session Structure

1. Welcome and Orientation (5–10 minutes)

- Introduce team members and roles (leader, prayer support, note-taker if applicable)
- Explain the purpose and flow of the session
- Reassure confidentiality
- Invite initial sharing or context

2. Guided Prayer (60–90 minutes)

- The leader facilitates prayer using short prompts or phrases
- The participant is guided to:
    - Ask God questions
    - Listen for what comes to mind
    - Respond in prayer
- Common areas explored may include:
    - Beliefs and lies
    - Past experiences or wounds
    - Forgiveness
    - Repentance
    - Identity and truth

Facilitator Role:

- Guide gently and without pressure
- Allow space and silence
- Avoid interpreting prematurely
- Help the participant stay engaged with God

3. Closing and Blessing (5–10 minutes)

- Brief reflection on the session
- Prayer of blessing
- Set expectations for what follows (continued processing, integration)

Role Boundaries

1. Not Counseling or Ongoing Care
Restorative Prayer is a **one-time or occasional session**, not a continuing relationship. Participants seeking ongoing support should be directed to other Oaks pathways.

2. Do Not Diagnose or Interpret Authoritatively
Team members do not assign meaning, diagnose issues, or declare what God is saying.

- Use invitational language:
  "What do you sense God is showing you?"

3. Stay Within Scope of Prayer Ministry
Avoid teaching, advising, or extended processing outside of prayer. Keep the focus on **engagement with God**.

4. Maintain Confidentiality
All sessions are confidential within Oaks' guidelines, with standard exceptions for safety concerns.

Integration with other Oaks Ministries

- Restorative Prayer is one part of a broader healing process, just like the other healing relational connections within Oaks.
- Participants may be connected to:
  - Advocates (ongoing relational support)
  - Groups (community processing)
  - Clinical or pastoral care (when needed)

This ensures individuals are supported beyond the session itself.

Facilitator Posture

Restorative Prayer team members serve with:

- Humility (God is the healer)
- Patience (no rushing outcomes)
- Non-anxious presence
- Dependence on the Holy Spirit

Summary

The Restorative Prayer role creates space for individuals to encounter God in a personal and transformative way. Through guided prayer, participants are invited to bring areas of disconnection into the light and receive God's truth, healing, and invitation to deeper relationship with Him.

Training Note:
The goal is not to produce a specific experience, but to help people ***engage with God honestly and directly****. Trust that He is faithful to meet them.*

CHURCH MENTAL HEALTH CRISIS RESPONSE

A crisis is when someone is an immediate danger to themselves, others, or by others.

1. Remain calm. Notice your own anxiety; choose to stay present for the other person.
2. As much as possible, include the person in crisis in the plan/actions steps at every point.
3. Ask if they are in physical danger right now - if they or someone else has intent or threatened harm and a means to complete it.

If the answer is yes (in any capacity):

4. Ask them for their location and take note (specific address).
5. Ask if anyone else is with them, or coming soon.
6. Instruct them to call 988 (suicide line) or 911 (police for either suicide or domestic violence).
7. If they are not willing to call themselves, tell them you will be calling the police (911) for them.
8. You can offer to stay on the line with them, and if they are willing to call, they can put you on hold while they call, or text/call you when they are finished.
9. Set a time to check in with them the next day or later that day (about half a day later).
10. PRAY with/for them.

If the answer is no (or the person calms down):

Discern what you feel comfortable doing in that moment based on your level of relationship with them and own limitations/capacity.

11. Ask them who their other safe people are in addition to you.
12. If you reach a level you feel unequipped to handle, let them know you'd like to consult with the next level of care to best care for them, and who you plan to reach out to (ministry director or Oaks Ministry Director, pastor, their mental health professional).
13. Help them reach out to their own next level of care themselves (therapist, scheduling a meeting, etc.) and remain supportive.
14. Set a time to check in with them the next day or later that day (about half a day later).

In case of immediate physical danger of abuse:

- The National Domestic Violence Hotline is 800-799-7233
- Adult Protective Services of Dane County: https://www.danecountyhumanservices.org/Disability-and-Aging/Protective-Services
- Child Protective Services of Dane County: https://www.danecountyhumanservices.org/Children-Youth-and-Family/Child-Protective-Services

EMOTIONAL PROCESSING

Emotional Processing and Story Work in Oaks Connections

Healing requires intentional *processing*, not just emotional *expression* (e.g. crying). Advocates help care receivers move toward integration, ownership, and transformation in their stories.

As part of the Oaks connection experience, advocates are encouraged to invite care receivers to write their story as a personal practice. Writing helps individuals process and integrate emotions, memories, and meaning over time. It also provides helpful material for reflection and discussion within your meetings together.

Guidelines for Emotional Processing

1. Encourage processing, not just expression.
Emotional expression (venting, sharing details, or releasing feelings) may provide temporary relief, but it does not always lead to healing. Emotional processing, by contrast, leads to understanding, ownership, and transformation.

Advocates should gently guide conversations toward processing rather than remaining only at the level of expression. You do not need to shut down expression—direct it: "What does that mean to you?" "How would you name that emotion?"

2. Do not assume motives—guide with discernment.
You cannot know a person's heart or motivation in sharing. Avoid correcting or analyzing their intent. Instead, guide the conversation by asking reflective questions that help the care receiver engage what is most meaningful and necessary for their healing.

Care receivers do not need to share every detail for healing to occur. The goal is not your full understanding of their story, but their integration of its meaning into their lives.

3. Reinforce ownership and agency.
Encourage care receivers to take ownership of their internal world—their thoughts, emotions, beliefs, and responses—rather than attributing all change to external circumstances or others.

4. Help identify emotional experience.
Support care receivers in naming their feelings clearly and personally.
Example prompts:

- "What did that feel like for you?"
- "Can you put a word to that emotion?"

- “When that happened, I felt _____.”

5. Explore meaning and interpretation.
Guide care receivers to reflect on what their experiences have come to mean about:

- Themselves
- God
- Other people
- The world

Example:

- “What did you begin to believe about yourself because of that?”

This helps uncover underlying beliefs that shape identity and behavior.

6. Allow space for unique processing styles.
Emotional processing does not require a specific type or intensity of expression. Some may cry, others may reflect quietly, and others may articulate clearly. Avoid measuring progress by visible emotion.

Give care receivers space to process in ways that feel natural and accessible to them.

Training Note:
Processing leads to transformation; expression alone often leads to repetition. Your role is not to control the conversation, but to gently guide it toward ownership, meaning, and connection with God.

PARAMETERS FOR PRAYER

Praying for Transformation in Rehabilitative Support Connections

Prayer is a central part of the healing process, inviting God's presence, guidance, and transformation. Advocates use prayer not to advise or direct outcomes, but to help care receivers connect personally with God and grow in their own relationship with Him.

Without intentional structure, prayer time can drift or become unclear. The following guidelines help create meaningful, focused, and participatory prayer experiences.

Guidelines for Prayer

1. Begin with intentional, guided prayer.
Start your meeting by orienting your time toward God. This may include a simple, structured (liturgical-style) prayer or a guided introduction to bringing a specific theme before the Lord (such as anger, shame, forgiveness, or trust).

After opening, invite your care receiver to speak to God in their own words.

Training Note:
Opening in prayer centers the conversation on God's presence and invites the Holy Spirit into the healing process from the beginning.

2. Pray in response to what is shared.
When a care receiver shares something heavy, complex, or meaningful, ask:

"Would it be okay if we prayed about that right now?"

Pray as led by the Spirit—lamenting, asking for healing, seeking wisdom, or bringing honest emotion before God.

Avoid using prayer as a way to give advice, correct thinking, or subtly direct the person.

Training Note:
Prayer is not a tool for teaching or fixing—it is a space for honest connection with God, especially in the unknown.

3. Reserve time at the end for prayer.
Whenever possible, leave time at the end of your meeting to pray together.
Rather than collecting separate "prayer requests," use what naturally emerged in the conversation as the content of your prayers.

This keeps prayer integrated with the relational and emotional work already done.

4. Pray with depth and intentionality.
A helpful prompt when praying is:

"How would Jesus pray for this person?"

This invites deeper reflection on what truly matters in the moment, such as:

- Emotional pain and wounds
- Barriers to connection with God
- Experiences of injustice or suffering
- Confession and repentance
- Growth, perseverance, and trust
- Clarity in confusion

This approach moves prayer beyond generalities (e.g., "help them feel better") toward meaningful intercession.

5. Teach and model prayer as you go.
Many care receivers feel hesitant or unworthy to approach God, especially when carrying shame, trauma, or confusion. Oaks volunteers can gently guide them into prayer.

Practical approach:

- Ask: "Would you like to talk to God about this together?"
- If yes, begin by praying briefly.
- Then invite them:

  "You can talk to God however you want. You can be honest—angry, confused, sad. You can ask for help, confess, or just tell Him what you're feeling. I'm here with you."

Remind them that God is gracious, present, and able to hold what they bring.

6. Reinforce truth with Scripture when helpful.
When appropriate, share simple, relevant Scripture to encourage confidence in approaching God:

- Psalm 34 – God is near to the brokenhearted and delivers from fear
- 1 John 1:9 – God forgives and cleanses when we confess
- Luke 11:1–13 – Jesus teaches us how to pray and reveals the Father's heart

Use Scripture as an invitation, not a correction.

Training Note:
The goal of prayer in Oaks relationships is not eloquence or control—it is connection. Volunteers help create space where people learn they can come to God honestly, safely, and personally.

OAKS CONNECTION AGREEMENTS

for Advocates or Groups

Adapted from Oaks group training by Jenny Fahy

Principle:
An Oaks Connection Agreement creates a shared framework for trust and clarity. It defines how both the Oaks volunteer (whether advocate or group facilitator) and care receiver will engage the relationship(s) so that healing can occur in a respectful and structured environment.

An Oaks Connection Agreement is a mutually developed set of guidelines that outlines expectations, boundaries, and goals for the relationship. It allows both (or group) participants to share openly while understanding the purpose, limitations, and structure of the connection.

Agreement Procedure

1. Co-create the agreement.
Most guidelines should come from the care receiver(s), and all guidelines must be agreed upon by all parties. This promotes ownership and engagement in the process.

2. Establish the agreement in the first meeting.
The agreement should include:

- Healing goals for the care receiver (primarily initiated by them)
- Duration and meeting rhythm (e.g., every other week for 6 months)

3. Include necessary non-negotiables.
The advocate may introduce essential guidelines if they are not naturally suggested (see examples below). These should be discussed and agreed upon together.

4. Document the agreement.
Write the agreement during or after the meeting and provide a copy to the care receiver, or both write them down together. A visual or written reference helps maintain clarity and accountability.

5. Revisit the agreement regularly.

- Check in during the first few weeks (weeks 2–4)
- After that, revisit at set intervals (e.g., more frequently for a group, or at 3 months and 6 months for an advocate connection)

Use check-ins to ask:

- Are we honoring this agreement?
- Do we need to adjust anything?
- Is this still serving our purpose?

Invite honest feedback and remain open to refinement.

How to Facilitate an Agreement

Step 1: Opening and Purpose

Script:
"We're going to take 10–15 minutes to create an Oaks Connection Agreement. This is a set of guidelines for how we will talk, listen, and show up with each other so that trust can build, you feel safe to share, and we can accomplish our goals together."

Clearly define the purpose of the relationship, including the care receiver's healing goals. If the purpose is unclear, pause and clarify before proceeding.

Step 2: Elicit Guidelines

Ask open-ended questions and write down all responses:

- "How do we need to show up to reach our goals?"
- "What will help this feel safe for you?"
- "What do you need from me as your advocate?"
- "What behaviors will help us work well together?"

After brainstorming, review each guideline together and confirm mutual agreement.

Tips:

- Clarify vague language (e.g., define what "respectful" means)
- Reframe negative statements into positive behaviors
    - Example: "We won't interrupt" → "We will listen fully before responding"

Step 3: Add Non-Negotiables

If needed, introduce essential guidelines and ask for agreement. These may include confidentiality, boundaries, or communication expectations.

Step 4: Agree on Redirection

Ask:
"If we get off track, how would you like me to help guide us back?"

This gives the care receiver ownership and makes future redirection feel collaborative rather than corrective.

Step 5: Closing

Script:
"Thank you for creating this agreement with me. Let's commit to showing up in these ways so this remains a trusted and meaningful space. I'll revisit this with us regularly, and you're always welcome to share feedback if something isn't working."

Example Non-Negotiables

- Confidentiality: What is shared stays within the relationship
    - Exception: safety concerns (harm to self or others) must be shared confidentially with higher levels of care
- Clarity on how the relationship is acknowledged by both parties outside meetings
- No gossip or side conversations about each other
- Start and end meetings on time
- Participation is always voluntary
- Address concerns directly within the relationship, and ask for help from ministry supervisor if needed (consult up to appropriate leaders, not out to peers).

Example Guidelines

- Approach conversations with openness and curiosity
- Use "I" statements when sharing
- Stay focused on the purpose of the connection
- Respect each other's time and presence
- Limit distractions (e.g., phones on silent)
- Take shared responsibility for the relationship
- Communicate in advance if unable to attend
- Ask questions when something is unclear

Training Note:
The Advocate Agreement is not just a formality—it is a living tool that builds trust and clarity over time. Revisit it often, use it to guide conversations, and allow it to shape the relational culture of the advocate connection.

OAKS CONNECTION PRACTICES

Adapted from group facilitation practices training by Jenny Fahy

Listening

- The advocate's comfort with silence is a true invitation for another to collect their thoughts, process, and share. If you struggle with silence, count to ten in your mind and let a question sit until you ask again or re-phrase the question.
- Listen with intent to understand the person sharing. Try to listen in order to understand how the person sees the world through their eyes and experiences. This means trying to quiet our 'internal voice' or the commenter is our head who is thinking about what to ask next or what our own reaction is to the person's statements.

Asking Questions

- Start with easy to answer questions and build to more complex or thought-provoking questions.
- Ask open-ended questions only (nothing that can be answered only by yes/no).
- Avoid <u>why</u> questions which can lead to defensiveness or pontification (instead use what, how, in what ways).
- Test your questions beforehand to make sure you or a partner can answer them.
- Ask one question at a time. Many tend to ask multiple questions at once or ask a question and immediately paraphrase and ask it again. Ask one well-worded question and let it sit. For complicated questions, it is best to have the question written up and/or displayed so people can hear and see it.

Responding

- There is usually no need to resolve differing perspectives, just allow conversation to continue. You and your care receiver do not need to get to a 'right' answer or final solution. The goal is emotional processing.
- As an advocate, you generally want to <u>acknowledge</u> responses (e.g., use head nods, verbal acknowledgements like saying 'aha' or 'oh', 'thank you for sharing', or repeating back what someone shared) and not <u>affirm</u> responses (e.g., saying 'great answer', 'yes', 'exactly what I was thinking', 'I do the same thing'). There may be times when you need to affirm something but if you affirm too often, you run the risk of the care receiver seeing you as the expert with the 'right' answers or sharing less as they feel their perspective is not needed or welcomed.

Some Facilitative Skills (in no particular order)[1]

- Drawing people out:

[1] Reference: Kaner, S. (2014). Facilitator's Guide to Participatory Decision-Making. San Francisco, CA: Jossey-Bass.

    - First paraphrase, then ask open-ended nondirective questions like: can you say more about that? What do you mean by…? Tell me more. Can you give me an example…?
- Mirroring
    - Helpful for brainstorming and with newly formed groups. Repeat exactly what the speaker said in tone that is warm and accepting. Use the speaker's word or phrases as exactly as you can.
- Tracking
    - Facilitator indicates that they are going to step back and summarize discussion so far. Facilitator names the different conversations/topics in play. Asks group for accuracy check – did I miss anything? Invites group to resume discussion.
- Encouraging
    - Who else has something to share? Is there a different perspective? What do others think? Are there comments from any who hasn't spoken for a while? Is this discussion raising questions for anyone?
- Balancing
    - Are there other ways of looking at this issue? Does anyone else have a different view? Can anyone play's devil's advocate for a few minutes?
- Helping people listen to each other
    - Who else is resonating with what …just said? Does anyone have questions for …? How would so-and-so's idea play out for you?
- Paraphrasing
    - It sounds like you are saying… Let me see if I'm understanding you…Is this what you mean?
    - After paraphrasing – ask "Did I get it?", If not, keep asking for clarification…
- Making space for a quiet person
    - Watch for non-verbal behaviors that a quiet person may want to speak. Invite them – was there a thought you wanted to express? Anything you wanted to add? If they decline, graciously move on. You can also consider a structured go-around giving every person a chance to speak. Quieter people also benefit from sharing with a partner or group of 3 and then the group reports out to the larger group on what was discussed.
- Legitimizing differences
    - Demonstrate faith and neutrality – "you're both making good points here."
    - Summarize both views and confirm your summary with each speaker – 'did I get it?'.

    - ‘You both make sound arguments - even though they lead to opposite conclusions. Does anyone have thoughts?’
- Listening for the logic
    - Supports a person with a critique to fully express their thoughts. Listen for the logic of the speaker’s reasoning. Is the speaker…challenging an assertion? Identifying a bias? Questioning a requirement? Seeking clarity? Making explicit an assumption? Pointing out a contradiction?
    - If the group is working through the issue naturally – let them. But if they are pushing it away – paraphrase the speaker’s critique, draw the speaker out to see if you accurately summarized the critique, and ask the group for their reactions.

Strength-based Advocacy

In general, Oaks advocate connections seek to provide support (e.g., I am not the only one who has experienced this; I am not alone in this, and others care about me). Therefore, we want to avoid autopsying someone’s life or problems and advice-giving. Some of these pitfalls can be avoided by setting up an advocate agreement. However, if your conversation moves into an interrogation, advice-giving, or a care receiver is asking for advice, this section provides some strategies that might assist.

Situation 1: Person seems visibly upset during your meeting time.

Observe the person

- People who have experienced significant loss, stressors, or trauma may move into ‘protection’ mode if they feel triggered, interrogated, judged, or distressed in a relational setting.
    - Physical signs of withdrawal and/or self-protection
        - “Flight” behaviors: Person shuts down, stops talking, seems overwhelmed, does not seem to be listening any longer, tightens up posture, crosses or folds body into self
        - “Fight” behaviors: Rapid breathing, shaking, sweating, suddenly irritated, verbally lashes out, or verbally shuts down the conversation

Slow it down, be a calm and supportive presence

- If a person is experiencing signs of withdrawal or protection, your goal is to help people feel <u>safe</u>, <u>soothed</u>, and <u>seen</u>.

- Stop yourself from asking lots of questions or talking a lot to that person. Give space. Slow down the conversation. Take a break.
- Calm yourself – take deep breaths so you can be a calm presence for them.
- If it seems helpful, sit next to the person. Have tissues available.
- Let the other person guide what would be best. They want to stop talking, let them. They want to go to the bathroom for a break, great.
- Often others think it is best to keep attention on the person who is upset; usually by asking the person more questions or trying to get them to share more. Due to their heightened emotional state, the person is not in a good place to talk, learn a lesson, or make plans. Return to this topic or question at a later time when the person is calm and ask them if they need to talk or need further support.

Situation 2: The care receiver asks for advice or you find yourself moving into unsolicited advice-giving.

Remind of the connection agreement

- You may have already discussed the best way to share or give advice. If so, remind what was discussed and agreed upon as it relates to advice-giving.

Lead suggestions with "I" statement

- When I am feeling…, something that helps me is…
- Something that has worked for me in the past is…

Ask open-ended questions that focus on God's truths

- Is there a scripture that brings you hope or comfort in these situations?
- Is there a truth about God's character or God's promises that brings you comfort as it relates to this?
- Is there a practice that draws you closer to God when you are going through a hard time?
- How have you experienced God's presence or aid in the past?
- This discussion reminds me of a scripture passage. (Have someone read the section.) What connects or came together for you from this passage? What insights emerge for you from this?

Ask questions that find strengths or exceptions

- What does a good day look like for you? What makes it good?
- Are there times when you doing better in this area? What helped in those times?
- Think of a situation when this problem typically would have occurred for you, but it did not or was less severe. What was different about that time?

- On a scale from 1 being doing terrible to 5 doing great, where are you with this problem/issue right now? What small step could you take to just move up one number on that scale?

Ask questions that engage natural supports

- Who is there for you when you need help?
- Who can you call when you just need to talk?
- What kind of help (physical, emotional, resources) have you received in the past? Would you be comfortable going to that person or place again?
- What do you do for fun? Is there someone you like to do that with?
- Does anyone know of a place that provides this type… of resources or assistance?

Example Questions for Discussing a Topic or Book Chapter

Objective questions:

- What word(s) did you see repeated in this chapter?
- What visual stood out to you?
- What word or phrase caught your attention?
- What picture came to your mind as you read?
- If you could describe the section's content with a sound (or smell), what would it be?

Reflective questions:

- What connected or came together for you from this content? (Positive +)
- What comes to you as somewhat new or fresh in any of this? (Positive +)
- What strikes you as hopeful or helpful? (Positive +)
- What inspired you? (Positive +)
- What are you skeptical about? (Negative -)
- What brought up worries or concerns in this section? (Negative -)
- What was hard to get your head around? (Negative -)
- What kind of body language did you notice in yourself as you read this? Where did you raise your eyebrows? Frown? Smile? Roll your eyes? Shift in your seat? Pulse go up or down? (Positive + and Negative -)
- What previous experience(s) have you had with anything like this? (Neutral)
- What is a movie or line in a song that it reminds you of? (Neutral)
- What is my gut response to this? (Neutral)

Interpretive questions:

- What two or three points really stood out in this section?
- What is the main point of this chapter?
- How might people be different if they experienced this?
- Why is this topic so important?
- What do we need to do to maintain the strengths discussed or overcome the weaknesses?
- What challenges are facing us relative to this?
- What are the implications of this material for how we live?
- What insights are beginning to emerge for you?
- What are the key values to hold?
- What has worked well for you in the past related to this?
- What didn't work so well in the past related to this?
- What are some of the roots of the issue?

Decisional questions:

- What resources or supports would you need to gather to apply this?
- What title or name would I put on my learning from this week?
- What is the 'so what' of this information for my life?
- How, specifically, did you find the information helpful?
- What is one simple thing I could apply to my life this week?

Example Questions for Discussing a Sermon or Bible Passage

You can use the Focused Conversation method to discuss a Sunday sermon or bible passage in a small group. You may have participated in an inductive bible study before; an inductive bible study generally follows the same steps as the Focused Conversation method as you may notice from the example questions below. Use the example questions below to design a conversation to discuss a sermon or bible passage in a small group.

Objective questions:

- What word(s) did you see/hear repeated in this...passage or sermon?
- What visual stood out to you on the sermon slides?
- When you read the passage, what key words or phrases stood out to you (..what did you circle/underline)?
- Where did God appear in this passage (Trinity, Father, Son, Holy Spirit, one, all)?
- Who were the main characters in this passage?
- What did you notice about the setting?
- When did this passage take place?

- What type of writing was this passage? (An event, story, narrative, poetry, song, prophesy, letter, parable, teaching, etc.)

Reflective questions:

- What was the mood of this passage? (Neutral)
- What positive feelings did the sermon or passage make you feel? (Positive +)
- What connected with you from this content? (Neutral)
- What worries or concerns did you have? (Negative -)
- What confused you? (Negative -)
- What kind of body language did you notice in yourself? Where did you raise your eyebrows? Frown? Smile? Roll your eyes? Shift in your seat? Pulse go up or down? (Positive + and Negative -)
- What previous experience(s) did this bring up for you or remind you of? (Neutral)

Interpretive questions:

- What were the main points or themes of the sermon/passage?
- How did one section of this passage connect to another?
- What can I learn about God from this?
- What can I learn about man from this?
- What can I learn about sin from this?
- Is there a prophesy to note/discuss?
- Is there a lesson (or command, promise) to understand?

Decisional questions:

- How does this sermon/passage apply to me today?
- Is there an example for me to follow? How could I put that in action?
- Is there a sin for me to avoid? What steps could I take?
- Is there a promise to trust?
- Is there a difficulty that I should explore? How?
- Is there something I should pray about? What?
- Is there someone I need to ask for help?