

CARE AND VISITATION MINISTRY

VOLUNTEER HANDBOOK

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VOLUNTEER HANDBOOK

Equipping You to Serve

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CHURCHLEADERS
P R E S S

Colorado Springs

CARE AND VISITATION MINISTRY

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INTRODUCTION

to the *Outreach Ministry Guides* Series

Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms
(1 Peter 4:10).

This handbook is part of a series designed to equip and empower church volunteers for effective ministry. If you're reading this, chances are you're a church volunteer. Thanks for your willingness to serve!

Several things make this handbook unique:

- The content is specific and practical for your given area of ministry.
- The information is compiled from experienced ministry practitioners—folks who've worked, served, and helped to train others in this particular area.
- It's written with you—a ministry volunteer—in mind.

Within these pages you'll find three sections. The first gives a brief overview of fundamental principles to provide you with a solid foundation for the ministry area in which you're serving.

Section 2 unpacks various skills related to the responsibilities involved. Understanding what is required and assessing if it's a good fit is helpful in creating a ministry team that is effective and serves together well.

INTRODUCTION

Finally, Section 3 provides a multitude of practical ministry tools. These ideas and tips will help you demonstrate Jesus' love to the people you serve.

Whether you're a first-time volunteer or a seasoned veteran, my prayer is that the information and practical tools in this handbook will encourage and assist you. May God bless and guide you in your ministry!

— **Matt Lockhart**, Project Manager

INTRODUCTION

to the *Care and Visitation Ministry Volunteer Handbook*

I'm not likely to forget Pastor Dale visiting me in the hospital, but not for the reasons you might think.

I'd been rushed to the emergency room by housemates who found me writhing in pain in my college apartment. The E.R. docs couldn't sort out what was wrong (it's still a mystery) but they weren't about to send me home in a VW van with a couple college sophomores who promised to nurse me back to health.

I was admitted and within a few hours Dale, a campus pastor, appeared.

Dale strode into the room like a spiritual field commander, quickly taking control of the situation. He led a flabbergasted young nurse by the elbow to the door, informed her he needed a few minutes with me alone, and closed the door in her face.

Dale then came and stood beside my bed, staring down from what felt like the ceiling. He'd come to pray for my healing, yes, but first a question: What sins did I need to confess?

In case, he suggested gravely, I didn't pull through. He was a former certified lifeguard who knew a thing or two about emergency medicine, and he had his doubts about my immediate future.

It all slid downhill from there. I was heavily medicated, but I don't think I'm imagining the nurse's return with a security guard. And I'm most certainly *not* imagining how dismayed the other patient (this was a two-bed hospital room) felt about being dragged into the encounter.

Oh, how Dale could have used this training manual.

INTRODUCTION

From the moment Dale arrived, he did everything wrong. But as you take the advice you'll find here, advice from believers who've visited the sick in countless hospital rooms, nursing care facilities, rehab centers, and homes, you'll avoid each of Dale's missteps.

You'll discover how to embrace the *heart* of visitation, how to be spiritually prepared to usher peace and grace into every sick room you enter.

You'll learn how to connect with *everyone* in those rooms. Not just patients, but also the families and friends you'll find gathered at bedsides. Medical staff, too.

And you'll get practical tips that will save you years of learning by trial and error.

So, keep this little book handy—you'll refer to it often as you visit the sick *and* the healthy. Jot notes in the margins. Highlight what's most relevant to you today. See what questions arise and benefit from the answers it provides. As you share with other care and visitation team members, be open about what has gone well, and what could have gone better.

You're entering into lives at moments profoundly transformed by pain or fear, speaking with people who are spiritually open in ways they may seldom be open again. God will never be fully finished preparing you to be with his children when they're sick, suffering, or uncertain.

And make no mistake about it: God *will* be using you—even if, like Dale, you take a few wrong turns along the way.

It's an honor to visit God's children when they're sick or suffering; it's a joy to bring comfort to those so close to God's heart; and a blessing to knock on the door of a visitor who wasn't sure she was noticed, who was hoping she might make a friend.

While most of what's addressed here will refer to visitation of the sick, the skills are also applicable when visiting the lonely, the sad, or following up with those who have visited your church.

You'll gain the most from this book by marching through it as a care ministry team, pausing after each section to discuss the questions in Chapter 23. Your skills will deepen as a result, and you'll grow closer as a team.

Just remember: the ministry of care and visitation is a journey, one that will benefit others—and you.

God bless you as you serve.

— **Mikal Keefer**, Author

SECTION 1

CARE AND VISITATION MINISTRY FOUNDATIONS

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CHAPTER 1

WHAT THE BIBLE SAYS ABOUT CARE AND VISITATION

Whatever you do in ministry, it's wise to ask if there's a biblical foundation for it. With so much you *could* be doing, is this what you *should* be doing?

If you're about to call on, encourage, and pray for the sick and suffering, the answer to that question is clear and compelling: you're doing the work of God.

At least, according to Jesus.

When put on the spot and asked to rattle off the most important commandment, Jesus didn't skip a beat. He repeated a portion of the *Shema*, a prayer all observant Jews recited during morning and evening prayers.

“Jesus replied: ‘Love the Lord your God with all your heart and with all your soul and with all your mind.’ This is the first and greatest commandment.” (Matthew 22:37-38)

No surprise there.

What may have intrigued his audience was Jesus did not stop with the *Shema*. Instead, he added this:

“And the second is like it: ‘Love your neighbor as yourself.’” (Matthew 22:39)

In other words, loving God is critical, but so is your caring for people around you. You're not really doing the first without doing something about the second.

Love God, care for people. They're connected, two parts of a whole.

While visiting the sick isn't the only way to practically care for people, it's something Jesus talked about during his ministry. As he's describing the sort of actions that mark a faithful life, he says this:

*“For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and **you came to visit me.**”* (Matthew 25:35-36; emphasis added)

Of course, if we spotted Jesus suffering in any of those difficult situations, we'd rush to provide help. But Jesus isn't talking about caring for him personally; he's equating caring for other people with caring for him.

Love God, care for people—including sick and suffering people.

Jesus spent a significant portion of his ministry in the presence of people who were sick and suffering. He didn't shy away from helping those needing healing and comfort.

Were Jesus doing ministry on earth today, it's not a stretch to think he'd often be with those who suffer in a hospital bed, rehab facility, at home, or in an elderly care center.

Consider these encounters Jesus had with people who were sick...

Just then a woman who had been subject to bleeding for twelve years came up behind him and touched the edge of his cloak. She said to herself, “If I only touch his cloak, I will be healed.”

Jesus turned and saw her. “Take heart, daughter,” he said, “your faith has healed you.” And the woman was healed at that moment. (Matthew 9:20-22)

Which is easier: to say to this paralyzed man, “Your sins are forgiven,” or to say, “Get up, take your mat and walk”? But I want you to know that the Son of Man has authority on earth to forgive sins. So he said to the man, “I tell you, get up, take your mat and go home.” He got up, took his mat and walked out in full view of them all. This amazed everyone and they praised God, saying, “We have never seen anything like this!” (Mark 2:9-12)

A man with leprosy came to him and begged him on his knees, “If you are willing, you can make me clean.” Jesus was indignant. He reached out his hand and touched the man. “I am willing,” he said. “Be clean!” (Mark 1:40-41)

Soon afterward, Jesus went to a town called Nain, and his disciples and a large crowd went along with him. As he approached the town gate, a dead person was being carried out—the only son of his mother, and she was a widow. And a large crowd from the town was with her. When the Lord saw her, his heart went out to her and he said, “Don’t cry.” Then he went up and touched the bier they were carrying him on, and the bearers stood still. He said, “Young man, I say to you, get up!” The dead man sat up and began to talk, and Jesus gave him back to his mother. (Luke 7:11-15)

Jesus went through all the towns and villages, teaching in their synagogues, proclaiming the good news of the kingdom and healing every disease and sickness. (Matthew 9:35)

A woman hemorrhaging blood. A man stricken with paralysis. A leper who falls to his knees as the crowd surrounding Jesus likely recoils in horror. Throngs of sick and injured pressing in on Jesus from every side.

And a dead guy.

A dead guy. That's taking "sick" to an entirely new level.

Jesus interacted with them all. He looked through their infirmities and focused on the people whose lives were held hostage by illness. He chose to care—and did so at a cost. In Jesus' day rabbis weren't supposed to touch lepers. Getting in close proximity to a dead body meant being ritually unclean for a week. But Jesus still chose to show up and engage with those in need. He both reached out in concern and responded with compassion when he was needed by the sick.

So, yes: there's a Biblical foundation for serving in a care and visitation ministry. It's joining Jesus in service that was and is close to his heart. In fact, as he described the kinds of activities his faithful followers should do, he didn't indicate there was anything especially unusual about visiting the sick.

Of course, if you're his follower you'll be feeding the hungry, clothing those who need winter coats, and taking chicken soup to sick neighbors. That's what believers do as a matter of course. It's what love, kindness, and compassion look like when we see people in need and stop by hospital rooms.

The question isn't, "Is visitation the right thing to do?"

It is.

The question is, "How, then, should we go about it?" As you extend the love and comfort of Jesus to the sick, what's the best way to go about it? You're about to discover that the church hasn't always gone about it in precisely the best way.

CHAPTER 2

HOW THE EARLY CHURCH WENT ABOUT CARE AND VISITATION

The early church got a lot of things right.

There was life transforming, vibrant faith; a laser focus on mission; a heart for community that fueled widespread sharing and mutual support; and a love for God and for neighbors that shone brightly.

But when it came to practical nuts-and-bolts administration the early church discovered a few midcourse corrections were needed.

One of those appears in the Book of Acts, chapter 6.

The apostles got word Greek-speaking believers were grumbling about Hebrew-speaking believers, claiming Greek widows were being shorted during daily food distributions. Was the charge true? The Bible doesn't say, but the Apostles chose to not let the accusation fester. They called a meeting and informed the Jerusalem church that Apostles needed to spend their time preaching and teaching, not running a food program.

Seven trustworthy men were selected to administer the food distribution and life went on. The apostles preached, trustworthy men took care of logistics, and Greek widows got the food they needed.

No longer would the Apostles handle all the ministry done in and through the Jerusalem church. There was a world to reach and thousands of church members; it was impossible for a dozen men—apostles or not—to cover all the bases.

Later, the apostle Paul cemented the expectation that church members would embrace their individual ministries when he wrote this to the church in Ephesus:

*“So Christ himself gave the apostles, the prophets, the evangelists, the pastors and teachers, **to equip his people for works of service**, so that the body of Christ may be built up...”* (Ephesians 4:11-12; emphasis added)

Paul wanted church members to actively serve and, as a member of your church care and visitation team, you’re doing just that. Yes, your pastor may also visit the sick, but your service frees up your pastor to do those things that only pastors can do.

Your service puts you on the front lines of one of your church’s most challenging ministries, one that will stretch you, keep you relying on God, and literally change lives.

In this guide you’ll find tips, tools, and advice to make you effective and fulfilled in your service. And the first tip is one of the most important...

Connect with your care and visitation team

Sooner or later you’ll find yourself sitting with someone who’s dying, hugging someone whose heart is breaking, or speaking hope to people whose grief prompts him or her to lash out at you. Those are times you’ll need to lean on others in your care and visitation ministry team, so get to know them. You’re not just all doing a similar task; you share a mission, a ministry, and a need to support one another. And you’ll not only need them—they’ll need you, too.

Here’s how Paul urged believers to relate as they served one another and the world:

“Be devoted to one another in love. Honor one another above yourselves.” (Romans 12:10)

When God calls you onto a service team—care and visitation, prayer, hospitality, or any other team—he’s calling you to one another, too. Speak well of the other team members. Pray for them. Encourage them. Show up when they need you.

God has put you together for a reason.

“And let us consider how we may spur one another on toward love and good deeds...” (Hebrews 10:24)

Care and visitation is evolving constantly. What worked just a few years ago may not work today. What may be seen as a neighborly knock on the door in one community might feel intrusive in another.

Constantly ask how your team can be more aware of who would benefit from a visit. Explore fresh ways to get connected, including the use of technology. Follow up with people who received visits: what’s their take on whether you were timely and helpful? What else could you have said or done? What shouldn’t you have said or done?

“Therefore encourage one another and build each other up, just as in fact you are doing.” (1 Thessalonians 5:11)

After a visit, connect with someone on your team to discuss how it went. What did you learn that might inform another visit? What did you discover that might help the rest of your team?

If you learn a hard lesson, let the rest of your team benefit from your discovery.

“...pray for each other so that you may be healed. The prayer of a righteous person is powerful and effective.” (James 5:16)

As you engage in this ministry, cracks in your vessel begin to widen. Visits may drain you, giving you less emotional bandwidth to deal with challenges at home. You may find yourself struggling to sleep or focus. So pray for your team members. Ask God to heal what's hurting and bring into the light whatever needs to be forgiven and fixed. These are people who are on the front lines with you. They're in the battle, too, so come alongside them, starting with praying for them.

Does taking Paul's advice mean you and the rest of your visitation team will become best buddies? Probably not, but it does mean you won't function well if you remain strangers.

Get to know one another. If there's someone you think you can learn from, ask if you can buddy up on visits a time or two. If there's someone who's struggling, offer a listening ear and supportive shoulder.

As you go through this book, we recommend you do it *as a team*—taking advantage of the discussion questions in Chapter 23. They're not a quiz to make sure you've read the material; they're questions that will help you deepen your calling and coalesce as a team.

Bonding now means you're prepared when a tragedy strikes and you're tossed into the turbulent deep end of the pool. You'll know not just how to be with those who are hurting; you'll know how to support one another as you minister together.

CHAPTER 3

WHAT CARE AND VISITATION IS—AND ISN'T

*A*t first glance it seems that what you'll do in a care and visitation ministry is straightforward: you'll care, and you'll visit.

But let's say you get word that Terry, an elderly man in your congregation, has been admitted to the hospital. You slide behind the wheel of your car, drive to the facility and, after asking the volunteer manning the information desk for Terry's room number, you punch an elevator button and silently glide up a few floors.

Three minutes later you're standing outside what you trust is Terry's room. The door is partially open. Glancing in, you can see that someone—hopefully Terry—is in the bed.

You take a deep breath, whisper a quick prayer, and walk in.

But why?

To visit, yes, but why *exactly* are you there?

From the moment Terry was wheeled into this room, every other person coming through that door has had a clear reason for being there.

Nurses and aides appeared to administer meds, check vitals, and adjust equipment. A phlebotomist swooped in to draw blood. There was that lady with forms to sign. Doctors and medical students have poked and prodded, looking to fine-tune a diagnosis.

But you? What's *your* role in helping Terry find health?

Jeffrey Funk has walked through hundreds—thousands—of hospital room doors during his 30 years as a hospital and police

chaplain. He's taught pastoral care and chaplaincy at Talbot School of Theology and trained pastors for visitation on multiple continents. Funk says you're there to come alongside Terry to give whatever he needs that's within your power to provide.

Which means you won't know exactly why you're there until you and Terry connect and he *tells* you why you're there.

"Visitation isn't coming in with a preplanned agenda or your assumptions about what patients need," says Funk. "It's not showing up to deliver what you already decided to say no matter what.

"You're there to be *with* patients. Everything that happens depends on what patients tell you they need. They may just need you to sit with them. They may need you to comfort them. They may need you pray with them and share scripture with them."

So whatever else you're doing in Terry's room, you're there to listen. Because you won't know what Terry needs until he lets you know.

In his excellent book, *Coming Alongside: Basic Pastoral Care at the Bedside*, Funk helps sharpen what roles you should—and shouldn't—fill as you make visits to the sick.

You're not a therapist—you're a listener

You'll connect with people on a remarkably tough day. They're sick or injured, likely experiencing pain and the harsh reality that the next few hours may change their lives forever.

Or even end their lives.

You may be tempted to help them process feelings they're not ready to face just yet—or aren't feeling at all. Funk recalls a visit he made that taught him a great deal about the value of pausing to listen and not playing therapist.

"Because I was a hospital chaplain, I had access to a list of patients and their admitting diagnoses. One particular woman had

significant medical issues and I assumed she'd want to be comforted about those life-threatening challenges. So I went that direction and she went with me. We talked awhile and then I prayed with her.

"But when I finished praying and finally paused, she said, 'I need to share something else with you.' It was a serious family issue and I realized *that* was what was on her heart far more than her medical condition.

"She had a kid who was hurting and she was hurting for that child. That was her main issue.

"If I'd have rushed out of there, having done what I'd already decided to do, I'd have missed that. During our first 20 minutes together, I may have ministered to her.

"But it was the second 20 minutes that mattered."

Funk was fortunate—he had enough time to recover and zero in on what this patient really needed. Your visits are almost always going to be far briefer than 40 minutes.

And if you're with a patient for ten minutes, how thoroughly can you deal with a significant therapeutic issue anyway?

This isn't a call to avoid diving deep if that's where a patient wishes to go, but rather a caution: don't start what you can't finish or head into territory you're not qualified to explore.

You're not a medical expert—even if you are

One visitation volunteer serving in a Michigan church also happened to be a doctor working at a local hospital.

"Half the time I could do visits between seeing my patients," Tom says, recalling his years serving as a visitor. That was a plus of his taking on a volunteer role, as was his familiarity with medical jargon.

But there was also a huge negative.

"I quickly learned to never wear a lab coat or carry a clipboard when I was visiting," he says. "That just confused people. Was I