Religious social support groups: Strengthening leadership with communication competence

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RELIGIOUS SOCIAL SUPPORT GROUPS:
STRENGTHENING LEADERSHIP WITH
COMMUNICATION COMPETENCE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements of the Degree
Master of Arts
in
Communication Studies

by
JoAnne Irene Flynn

June 2008
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STRENGTHENING LEADERSHIP WITH COMMUNICATION COMPETENCE

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ABSTRACT

This project involved the development of a training manual for religious small group leaders to become competent communicators of support, and to understand the nature and role of crisis groups for the purpose of supporting members in crisis. In reviewing the literature, examples of both face-to-face and on-line support groups were discussed. Ten specific crisis areas were selected from the literature for the focus of this training manual: disability, substance abuse, post traumatic stress disorder (PTSD), aging, suicide, catastrophic illness, specifically cancer, bereavement, blended or "step" families, divorce, and domestic violence. These crises were selected as some of the more common ones reported by the religious small group leaders of Water of Life Community Church. Four types of support were identified: informational, actual, emotional (Cutrona & Suhr, 1992), and spiritual (Cutrona & Suhr, 1992; Molina, 2000; Wright, 1999).

By creating and using scripts in connection with the scenarios, small group leaders will practice their communication skills to communicate support within their small groups to members experiencing crisis.
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CHAPTER ONE
INTRODUCTION

Social support groups (SSGs) continue to gain popularity all over the country and are often formed to meet needs unmet by professionals or institutions (Cluck & Cline, 1986; Query & James, 1989). Identified as crisis support groups or self-help groups (Query & James, 1989; Muhtaseb & Wright, 2005), many SSGs are formed by members who are experiencing or have experienced a similar crisis such as divorce or illness, (Cluck & Cline, 1986; Hersh, 2005), while other SSGs are formed by members who have similar interests and wish to share their enthusiasm, such as a chess club or quilting group. However, as crisis is a normal part of life, non-crisis support groups are challenged with members facing crisis, and are finding themselves ill-equipped to address the crisis issues for which their members are seeking support. To address this issue, the nature of SSGs must first be understood.

SSGs, whether crisis oriented or not, can be characterized by the absence of, or limited role of, the professional (Caplan, 1989), and can meet anywhere rather than within the limitations of an institution (Cluck &
Another characteristic of SSGs is the dual role of members; those being supported, and those supporting others (Cluck & Cline, 1986). It is the nature of SSGs that those individuals receiving support will, in time, become those who will support others.

While there are two main groups offering help to individuals in crisis, the professional institutions and non-professional support groups, Caplan (1989) identified a third group operating as a hybrid group; "in addition to these two main categories there is a third, which has in some measure the characteristics of each, namely, religious denominations" (p. 12). Although religious denominations are formal institutions, they have an "explicit and implicit set of informal support-system functions that resemble those of the natural support system" (p. 12). According to Caplan (1989), among members of religious organizations it is considered part of their worship practice to provide support for those in crisis. Lawson (2006) describes the role of small groups within the church "for evangelistic outreach in their communities, for Bible study and prayer for members, or as shepherding groups to foster community and mutual care" (p. 180). Religious organizations, while desiring to care for its members,
not set up to function around a particular crisis issue. They have as their primary function to center around Bible study, prayer, and outreach in their communities.

As a church staff member for many years in both large and small churches, I have had experience participating in, and leading religious small groups. In my experience, many local churches are small and social support can be offered among congregation members within the normal structure of religious services and social activities. For larger churches, however, social support can be more difficult to offer in the construct of religious services and can be ineffective in large groups. Larger churches offer support by organizing and encouraging participation in smaller groups that meet informally in private homes or in the church buildings at times other than the normal collective church services. These religious small groups are often structured with lay leaders. Even though lay leaders are non-professional, they usually receive some training in leading a group discussion of the Bible. They meet regularly for religious study, prayer, and for social interaction. It is their function to support each other in their religious practices. According to Caplan (1989), "religious denominations...are formal institutions, but
their formal character relates mainly to the worship and service of God” (p. 12). While being a part of the formal institution of their churches, more and more, these groups are finding themselves supporting members in crisis and operating as support structures for crisis events.

Religious small groups were not intended as crisis support groups in that they were not formed around a single type of crisis; the common thread that brings them together is their religious practice, not any particular crisis issue. However, they oftentimes find themselves in the position of offering support to members who are undergoing various types of crises. This can create a challenge, since their leaders are often ill-equipped to support those in crisis especially if they have not personally experienced the crisis.

For the religious small group leader, understanding the role of crisis support is crucial. Offering support to a member experiencing a crisis that is uncommon to the group and often not understood by the group may be difficult. The crisis may be better addressed if the member is referred to a crisis group or it may be necessary to refer the member to outside professional help. Even so, the member in crisis may wish to continue participating in
the group due to attachments formed among the group members and may wish to continue to receive support from members in the group even when receiving support from outside the group as well. In this situation, the group leader could benefit from understanding the nature and roles of crisis groups and crisis support, and then being able to understand the role of their own small group in offering additional support.

For the last four years, this researcher has been employed at Water of Life Community Church (hereafter WOLCC), a large, non-denominational Christian church located in Southern California. As a member of the Healing Ministries Team, I receive more than 250 phone calls per year from individuals asking for crisis help. In 2006, 270 calls were received, in 2007, 341 calls were received, and in the first quarter of 2008, 108 calls were received. These individuals are looking for support during their crisis, and it is the church’s mission to offer it. This organization’s five core values are:

Heal-maturing people through healing to the fullness of Christ, Send-establish long term relationships throughout the world in order to transform lives,

Equip-teaching and releasing people with the purpose
of both mind and heart transformation, Care-meeting physical needs in order to meet spiritual needs resulting in transformed lives, Relationships-transforming lives by strengthening families and building relationships. (WOLCC, 2007a)

From this list, it is clear that the church’s identity includes caring for individuals and families in crisis.

People in crisis may receive help in multiple ways from this church. There are professional counselors on staff and professional volunteers, referrals to professional counselors outside of the church, lay counselors within the church who are trained and supervised by professional counselors, crisis groups within and outside of the church, recovery centers in the local area, and small groups operating within the organization. Most of these services are offered at no cost. In keeping with the church’s core values, training and equipping members to serve each other and the community is an important value. Members are trained as teachers, lay counselors, crisis group leaders, and small group leaders. Many of these members use their training overseas in missionary work, taking trips to many parts of the world. Counselors, doctors, medical professionals, childcare workers, and
construction workers travel to places like Cambodia, Thailand, Malaysia, Burma, Africa, and South America to support people in crisis due to famine, war, imprisonment, disaster, and poverty. It is the life-blood of these people to reach out to people in crisis, and the stated core values of the church are upheld by the member's actions.

At WOLCC, the lay counseling training takes about one year and the students receive instruction in several crisis issues. The instruction is given by professional Marriage and Family Therapists, and by professionals holding college degrees in Psychology. When these lay counselors complete their training, they are released to offer support for church members seeking support while being supervised by a professional counselor. Those seeking support are screened to be sure that their crisis issues are within the scope of training that the lay counselors have received.

An online search of churches in Southern California that offer lay counseling services revealed that few churches offer these services have a similar training format (e.g., First Evangelical Free Church of Fullerton, 2008; Lake Avenue Church of Pasadena, 2008; Saddleback Church of Lake Forest, 2008). Their lay counseling
services are offered at little or no cost, are staffed with non-professionals (and sometimes trained professionals as well) trained by licensed professionals or by qualified staff members; their counselors are supervised by a qualified staff member or trained professional. Many other churches in the community are unable to offer these services due to their small size, or they operate on a different value system that emphasizes other goals. Lay counseling services are specifically designed to help the individual or couple to receive help for crisis situations. Social support groups are not designed for the same purpose.

Pearson (1983) identified the difference between social support groups and counseling and psychotherapy group approaches in that social support groups "may be thought of as groups that serve as surrogate support systems for persons faced with either an absence of support resources in their environment of access only to support that is inadequate to their current needs" (p. 363). He also identified the characteristics of counseling and psychotherapy to "help individuals deal with behavioral and/or intrapsychic barriers that prevent access to potentially available support resources" (p. 363). Pearson
stated that "emphasis upon peer help" (p. 361) is a common characteristic of support groups. Peer leaders are non-professionals who have experiences "common to them all" (p. 361). Group members expect to have leaders with whom they can identify.

In addition to lay counselors, small group leaders at WOLCC also receive training before they are permitted to lead a group. The training manual developed for this project is in addition to the basic training applicants receive. The training is completed in one afternoon, and trainees must go through an application process that includes personal and pastoral references before training can begin. Applicants are given instructions that include how to lead a group discussion and all new leaders are required to use the curriculum offered by the church for the groups they will be leading. The small group office has developed and offers this curriculum which parallels the teaching given in the large corporate church services held on the weekends. It was developed by a team of staff and volunteers that include those trained in Seminary, as well as those trained in Education, and have experience in creating curriculum. Small group leaders do not need to have Seminary training.
Qualified applicants are trained to understand the Biblical foundation of the church. The core values are discussed and the church mission and vision are given. “Our mission at Water of Life is to build people who demonstrate the compassion of Christ, are equipped to serve, and are motivated by Jesus’ heart for all cultures” and “Our vision at Water of Life Church is to build in people a Holy Spirit driven passion for God and compassion for people” (WOLCC 2007b, Section 1) Small group leaders at WOLCC are trained to understand the characteristics of a small group. They are fellowship, prayer, worship, Bible study, ministry, and outreach (WOLCC, 2007b, Section 2).

The training manual for small group leaders at WOLCC includes a section on encouragement which relates to members who find themselves in crisis. Leaders are instructed to give encouragement first of all through prayer. Leaders are directed to pray for, and pray with the member in crisis. Leaders are then instructed to offer scriptures that will encourage the member and a list of encouraging scriptures is included in the appendix of the training manual. Leaders are also equipped with a crisis referral guide that lists the ministries and crisis support groups offered in the church to address many crisis issues.
Four suggestions are given to offer actual support: hospital visits, home visits, taking a meal, and assisting with funeral arrangements (WOLCC 2007b, Section 5).

Small group leaders are trained to offer religious support in the form of prayer and scriptures. These groups function consistently with Caplan’s (1989) assessment of religious small groups in that “their formal character relates mainly to the worship and service of God” (p. 12). Consistent with the description given by researchers, religious small group leaders are non-professionals leading a group of people with a common interest (Cluck & Cline, 1986; Query & James, 1989).

Other than providing scriptures, prayer, and referral materials, small group leaders are not specifically trained to communicate supportive messages to their members in crisis. Some small group leaders are natural communicators; they are able to find the right supportive words and phrases, non-verbal communication and actions that communicate support. Other leaders are not. At WOLCC, calls come in from small group leaders who are awkwardly offering support to members in crisis, and who are asking for help. They want to understand their role in the support process. It was the purpose of this project to
create a training manual for small group leaders to become competent communicators of support for their members undergoing crisis. To this researcher's knowledge, there is no literature in the Communication field to date that addresses the training of religious small group leaders to competently communicate support to its group members. While leaders are encouraged to give support, only a few suggestions are offered and of these, the main emphasis is on prayer and scriptures.

Leaders can benefit from learning about crisis, what crisis help is available to group members, and how to support a member in crisis who may be obtaining professional help from outside support while participating in their current group. Leaders can develop skills as competent communicators by learning and practicing the use of scripts and by interacting with other leaders by using scenarios that have been developed to train them to communicate support. By understanding the role of crisis support groups, counseling, and their own role as small group leaders, they can understand their role in the overall support system of members in crisis.

In reviewing the literature, examples of both face-to-face and online support groups are available. The small
group leaders who will benefit from this training will be offering face-to-face support only; however, much of the most recent literature in Communication pertaining to support includes online support studies. These studies were selected for review because of their specific up-to-date information on support. Research has indicated that support is beneficial from both online and face-to-face groups (Van Lear, Sheehan, Withers, & Walker, 2005; Wright, 1999).

Ten specific crisis areas were selected as some of the more common crises reported by the individuals who call for crisis support, and reported by the religious small group leaders of this church. They were disability, substance abuse, post traumatic stress disorder (PTSD), aging, suicide, catastrophic illness specifically cancer, bereavement, blended or “step” families, divorce, and domestic violence. Four types of support were identified; informational, actual, emotional (Cutrona & Suhr, 1992), and spiritual, (Molina, 2000; Wright, 1999; Cutrona & Suhr, 1992) identified as prayers and encouragement through scriptures (Lawson, 2006).

Communication competence is a skill that can be taught (Grant, 2004). The training manual incorporated scripts
and scenarios that will give the small group leaders an opportunity to develop the skill of communicating competently. Rather than simply being informed concerning encouragement, they will have an opportunity to practice giving encouraging support. Types of support needed in specific crises and ways to offer that support were discussed.
CHAPTER TWO
SOCIAL SUPPORT GROUPS

Face-to-Face versus Online Groups

Although past studies of small groups have focused on face-to-face groups, more recent attention has been given to online support groups (Wright, 1999; Muhtaseb & Wright, 2005; Van Lear, Sheehan, Withers, & Walker, 2005). Online groups have frequently cited the benefits of convenience compared to a face-to-face group (Braithwaite, Waldron, & Finn, 1999; Muhtaseb & Wright, 2005), however, members of both online groups and face-to-face groups report satisfaction with their groups and indicate that their supportive relationships developed in the groups have reduced their perceived life stress (Wright, 1999). According to Van Lear, et al. (2005), “internet groups can do ‘virtually’ everything that face-to-face groups can accomplish” (p. 6). Social support found in either face-to-face groups or online gives the support that group members want.

Some scholars tout online support as effective as face-to-face support (Cappel & Windsor, 2000; Wright, 1999). Cappel and Windsor (2000) conducted a study to
compare face-to-face and computer mediated communication using a task-oriented experiment. Because their study centered on a task-oriented situation, the authors applied the "richness" theory which suggests "face-to-face communication is viewed as a relatively rich medium due to its facilitation of rapid feedback, personalization, and the ability to transmit multiple non-verbal cues" (p. 98). In their study, two groups of task oriented groups were asked to make an ethical decision of some sort. One group conducted their task using face-to-face communication, the other used the group support system designed to assist them in this task and found that "the group support system (GSS) is a computer-based technology to support group communication and decision making" (p. 95). The purpose of the study was "to compare face-to-face and computer supported groups with regard to ethical decision making" (p. 96). The authors hypothesized an insignificant difference between the groups in choice shift, decision polarity, and group member reactions, and that GSS groups will take more time to reach decisions and will find group consensus less frequently than face-to-face groups. All hypotheses were upheld except the last; group member reactions. The groups were more favorable to face-to-face
interactions. Cappel and Windsor (2000) demonstrate that the findings from online support groups are applicable to face-to-face groups and vice-versa. Even though much of the literature on support groups focuses on online support groups, their findings apply to face-to-face support groups as well.

Wright (1999) examined "the relationship between satisfaction with supportive relationships in online support groups and the types of coping strategies used by online support group members" (p. 403). He also examined "the relationships among online and face-to-face network satisfaction and the types of coping strategies preferred by online support group members" (p. 403). Wright’s study is useful in knowing how people implement strategies learned from their support groups. Wright used an online survey that discovered the size of the support network and satisfaction in both online groups and face-to-face groups reduced perceived life stress. Wright also found that the amount of time a person invests in online support groups indicated larger groups and satisfaction with the support received. This demonstrates that people find more supporters to be more satisfactory than fewer supporters, and gives importance to the support groups can offer. In
addition to the support offered by the crisis support group, support can be augmented by the social support group.

Muhtaseb and Wright's (2005) study is important in that it provides definition about what support group members themselves deem necessary for support. A content analysis of participant responses to open-ended questions about their perceptions of online support was used. The authors identified four advantages to online support groups; access to multiple perspectives, lack of judgment/stigma, sense of community/similarity, and convenience. They found that the feeling of being connected to a larger sense of community and lack of judgment were the most important elements in support. The authors also indicated that a participant's tendency to idealize their online supporters (due to lack of non-verbal cues and the tendency to "fill in the blanks" concerning their perceptions of the supporters) could make the participant in an online support group feel more supported. It is useful to know that members find connection to community and lack of judgment to be the most important elements of support.
Types of Social Support

Cutrona and Suhr (1992) identify five types of support behaviors. They are informational, tangible assistance, network, esteem, and emotional. For the purpose of this study, three of these types were used. Network support is described as the offer to provide other supporters and to spend time with the person in crisis (p. 161). Since this is a characteristic of the religious social support group already, it is not necessary to assign a category to it. Esteem support is described as compliment, validation and relief of blame (p. 161). This is a small category and can be easily grouped with emotional support. The three categories chosen are informational support, actual support (tangible assistance) and emotional support. Since the training manual developed here was specifically designed for religious small group leaders, a fourth type of support was added to the first three selected; spiritual support (Cutrona & Suhr, 1992; Molina, 2000; Wright, 1999).

Informational support is categorized with actual support in the broader category of “action-facilitating support” (Cutrona & Suhr, 1992, p.155). It is “intended to assist the stressed individual to solve or eliminate the problem that is causing his or her distress” (p. 155).
Offering advice or directing the individual to someone who can offer advice, giving direct input such as direction for next steps, or feedback about the actions the individual may have taken are all examples of informational support (Cutrona & Suhr, 1992). Informational support also includes teaching; it can provide "detailed information, facts, or news about the situation or about skills needed to deal with the situation" (p. 161). According to Cutrona and Suhr (1992), informational support was the most frequently offered support.

Tangible aid (actual support) is described by Cutrona and Suhr (1992) as the offer "to supply needed goods (e.g., money, food, books) and services (e.g., babysitting, transportation, housework)" (p. 155). Actual support includes direct tasks which are "offers to perform a task directly related to the stress" and indirect tasks which are "offers to take over one or more of the recipient's other responsibilities while the recipient is under stress" (p. 161). Active participation is described as one who "offers to join the recipient in action that reduces the stress" (p. 161) and expressions of willingness to help is also considered a form of actual support.
Emotional support is identified as relationship, physical affection, confidentiality and sympathy, listening, understanding, empathy, and encouragement (Cutrona & Suhr, 1992). Relationship stresses “the importance of closeness” (p. 161) and physical affection includes hugs, kisses, holding hands, shoulder patting. Encouragement is support that “provides the recipient with hope and confidence” (p. 161). Cutrona and Suhr (1992) added prayer as a part of emotional support, but I have categorized it separately along with other expressions of spiritual support.

Spiritual support has been mentioned in a few studies, (Cutrona & Suhr, 1992; Molina, 2000; Wright, 1999) but no definition has been offered. The WOLCC “Small Group Leader’s Manual” (2007b) defines the function of the small groups to support a member in crisis as “Pray with them and for them - offer Scripture for them to read” (Section 5). Lawson (2006) identified the two major foci of the SSG featured in his study as “prayer support and Bible study” (p. 201). These two foci describe the purpose of the group in offering support to its members, and along with the WOLCC “Small Group Leader’s Manual”, provide a reasonable definition for spiritual support. For the religious SSG, it
is important to offer spiritual support for the member in crisis as the member seeking this type of support will expect to find it in their religious SSG.

The purpose of this project was to create a training manual for small group leaders to understand the importance of support and to know how to facilitate support to individuals in crisis. By reviewing studies using both face-to-face and online approaches, both groups' members report about the types of support they receive, the types of support perceived as helpful, and their satisfaction with their support group and the support it offered was revealed.

Common Crisis Situations

Disabilities

Online groups have been reported to have advantages over face-to-face groups for certain individuals, for instance, individuals with physical disabilities or serious illnesses find online groups convenient for several reasons. Because many people with disabilities or illnesses find it difficult at best to travel to a face-to-face group, online support makes connecting to a group simpler (Braithwaite, et al., 1999). There are also other
advantages including; "reducing barriers of time, distance, and social status through the formation of electronic or virtual communities" (Braithwaite, et al., 1999, p. 126). To the disabled or seriously ill, being able to access their support group at any hour is an advantage. Even if their communication is asynchronous, Braithwaite et al. (1999) found that with frequent communication, the support was still considered to be satisfactory.

Braithwaite, et al. (1999) conducted a content analysis of CMC messages posted on an online discussion board used by persons with disabilities. The advantages of online support for disabled persons are obvious including the availability for those who have mobility challenges, being able to type communication for those who have limited oral capacity, and easy access to a number of people in a similar situation who can offer knowledgeable, empathetic support. Braithwaite, et al. (1999) explained that this type of support is most important to members of the group; the most frequent type of messages coded was of emotional support, even more than messages of informational support. Tangible support was the least prevalent message; the
authors made the assumption that persons with disabilities are less able to offer that kind of support.

Braithwaite, et al. (1999) also found that humor was highly valued among disabled members. Disabled members used humor with each other and often to break the ice with able-bodied persons who may feel apprehensive around them. For disabled individuals, humor and emotional support was the most important type of support. Face-to-face groups can provide this as well (though they cannot provide some of the advantages that CMC groups do for those with limited mobility or oral capacity) making note of the importance of offering support with acceptance and without stigmatization. Religious SSGs may find that they are able to make disabled group members feel more comfortable by using humor, appropriate to the situation and to the person, to drop the stigmatization barrier. The disabled member may feel accepted and open to communicate when they know others are accepting of them. Disabled members who feel connection with their groups will be able to receive and offer support among group members.

Substance Abuse

Van Lear, Sheehan, Withers, and Walker (2005) examined online Alcohol Anonymous (AA) support groups to compare
these groups (synchronous and asynchronous CMC) to other non AA support groups to find the differences in disclosures and support. They studied actual interactions rather than using self-report data. The scholars discovered that through the process of acceptance, people were more likely to offer personal, intimate disclosures and by means of reciprocity, receive emotional support whereas the non AA groups offered a balance of factual information and emotional support. The study is important because it defines the type of support needed for people recovering from alcoholism and the type of support they want to receive identifying acceptance as the most important. As in Muhtaseb and Wright’s (2005) study, connection and lack of judgment creates acceptance and again, this is found to be the most important element in the perception of support.

Brown (1996) made this statement about one of the problems of substance abuse among college students; “we often do not see a student in the counseling center until he or she meets a crisis or ‘hits bottom’” (p. 35). For those who abuse substances, denial is the main problem. Brown’s experience in the college counseling center has shown that substance abuse is so high among students that
the center will "assume that the student uses some
substance until the truth is proved to be otherwise" (p. 36). For the student who comes in to the center, "[t]he
crisis gives us the opportunity to assist the student in
stopping denial" (p. 37) which is an important element in
crisis intervention. Brown further stated "this difficulty
is particularly acute in cases where the student is quite
successful and drug use is associated with his or her
success" (p. 40). Another difficulty is the limited amount
of time to work with students which, at this crisis center,
is six weeks. The counselors must "see themselves as part
of a much larger intervention system" (p. 40). The crisis
center found that "an effective modality for drug problems
is the crisis group" (p. 40). Brown recommends the 12 step
approach and believes the crisis group "provides the
foundation for lifelong recovery" (p. 41). Brown sets the
example for professional counseling and crisis support
groups working hand in hand. Brown (1996) recommends a
partnership between the formal institutional intervention
and the support group. The crisis group members "help one
another see how drugs have affected their behavior, support
one another in the turn toward abstinence, help to provide
alternative coping strategies, and help in behavioral
rehearsal of new skills" (p. 40). It is precisely this partnership that can contribute to effective intervention. SSGs can offer emotional support that can encourage an individual over the extended period of time needed to recover and readjust, and in doing so, strengthen the support offered by the crisis support group.

Post Traumatic Stress Disorder

Regehr (2001) intended to find the most effective approach to support and assist emergency workers in the aftermath of disasters. He questioned the use of debriefing groups for emergency responders following a disaster in which the emergency responders witness atrocities. Regehr explained that the crisis debriefing model was considered an early intervention strategy and it was usually limited to a single session. In the author's review, non-controlled studies support the model while controlled studies seemed to find the model ineffective or counterproductive. The evidence bore out the assumption that debriefing groups were a form of support; however, when a worker was asked to relate facts of his/her experience in graphic detail they relive the event and all of the accompanying trauma with it.
Using interviews, Regehr (2001) discovered that the highest stressors among emergency workers came from the perceived lack of support from within their work structure. The crisis debrief group was perceived positively by the workers because participants view the opportunity as support from their work structure. The author noted that while crisis debriefing groups provide support that is beneficial, the sharing of graphic details is considered a retraumatization and should be avoided.

Caplan (1989) set the foundation for theory in crisis intervention as well as adding to research for "primary prevention" by looking at the crisis model. He was interested in "how crisis intervention and the promotion of support systems articulate with the other elements in a comprehensive primary prevention program" (p. 4). This model rests on the basis that it is important to have a short time framework in dealing with persons exposed to hazardous life circumstances. The crisis model also defines crisis as a "period of opportunity as well as danger" (p. 5). The model has shown that along with the person in crisis, families and close social contacts acted as a system and were successful for improved mental health outcomes.
The social support model is defined by Caplan (1989): “individuals exposed to a particular level of stress, who concomitantly benefit from a high level of social support, have less risk of subsequent mental and physical illness than do similar individuals exposed to similar stress who do not have such support.” (p. 7)

Caplan found that while models provide explanations, they are difficult to test. He posited that the support system model is similar to the crisis model and can be tested using a sample of persons in crisis with and without support. Caplan sought to find empirical evidence on which to base his assumptions. In his study of animals, he found that stress and the diseases associated with it were reduced for those who had a social support structure. The research with humans had similar results. The author explained the role of the supporters “making up for capacities of the individual that have been weakened by stress” (p. 11).

Caplan’s (1989) research also included the support needs of those who support others and defined that role as “validating the crucial importance of their efforts and sharing with them the intervener’s own feelings of
involvement and human strain" (p. 23). This reinforces the sense of community and commonality of the supporter and those who offer support to them, and also communicates lack of judgment for the supporter who himself or herself, is in need of support.

At WOLCC, for most situations involving PTSD, referral to professional help is recommended. The SSG can give added support to a traumatized individual, and provide a safe place to turn the crisis from danger into opportunity without causing further injury by requiring or expecting a graphic description of the trauma. Spiritual support and emotional support should be offered by the SSG even when the individual with PTSD is receiving help from professional sources.

**Aging**

It is clear that humans crave and need support in times of stress or crisis; and for the elderly, some individuals are less apt to find support when in crisis. Query and James (1989) used self-report measures to discover that among the elderly, communication competence was a significant factor in social support processes. They indicated that the elderly are especially needful of social support. They stated that conditions associated with aging
such has health, death of loved ones, and retirement "strip away one's social control and sense of identity, thereby jeopardizing existing health levels" (p. 166). "Social support may be viewed as emotional, instrumental, and financial products delivered through the web of friends and acquaintances that surround an individual" (p. 167). The individuals who deliver social support are identified as one's support network.

Query and James (1989) hypothesized that elderly individuals with high communication competence will have greater satisfaction and a greater number of social supports than low-interpersonal-communication-competent individuals. Social skills are said to be synonymous with communication skills and are necessary for both provision and reception of social support. Their results confirmed that among the elderly, those who perceive themselves as competent communicators are better able to develop and mobilize social networks to meet their needs than elders who perceive themselves as less competent communicators. Thus, developing communication competence can make persons better able to develop social networks to support during crises and during life stages.
Segrin (2003) examined the association of social support and psychosocial problems, specifically depression and loneliness, with relation to age. He postulated that age is a factor in the perceived need for social support, and in the choice of source of social support. He hypothesized that younger adults had a more distinct need for social support outside the family structure than older adults, and that spousal support was perceived as more necessary than friendship support among older adults. He further hypothesized that elderly widowed adults found security in being single again and had less need for social support but preferred support from family members rather than friends.

Segrin (2003) used a variety of questionnaire scales to measure perceived support, loneliness and depression, relationship standards, contact with family and friends, and social support from spouse or romantic partner. He concluded that both loneliness and depression were associated with absence of social support among young adults. Contrary to his prediction, the researcher found that depression in young adults was impacted by family support, whereas loneliness was not. Furthermore, “the young appear to benefit more than the elderly from time
spent with family members” (p. 335). The author also suggested that “the effects of friend social support are uniform across the life span” (p. 335), and that “many older people find a way to remain happy and content despite the changing nature of their social circumstances” (p. 337). In addition, he discovered that “as people age, they develop a greater appreciation for the value of a partner in their lives” and “the nature of this interaction is suggestive of a longing for that which has yet to be obtained in young people and an appreciation of that which has been enjoyed among the elderly” (p. 337). Experience with support creates an appreciation for its benefits.

Segrin (2003) observed that “on balance, social support is one of the most positive by-products of involvements in close relationships” (p. 318). He further stated “perceived social support and contact with social network members appears to have beneficial effects for all participants” (p. 335). Both the person needing support, and the person(s) giving support benefit from the network.

For the aging, support is important. It is not so important that the support come from family members, but from friends and others with whom they can develop a relationship. The elderly are able to adapt to the
changing nature of their social circles and need to receive emotional support, spiritual support, and actual support as their health status, mobility, and financial status change. Since the elderly are often isolated either by transportation problems or by mobility issues, the SSG can offer valuable assistance to the elderly in the form of actual support. Providing rides, visitation, and making phone calls to the elderly are ways to offer support.

Suicide

Social support among young adults becomes critical when young adults are facing crisis at an extreme level, namely, suicide. Tousignant and Hanigan (1993) examined support structures for students considered "at risk". According to the authors, orienting preventative measures to suicide was the goal of their study. The authors studied "at risk" students who have undergone a loss that can be associated with factors leading to suicide. They relied on a semi-standardized interview to answer these questions: "Do suicidal students report smaller networks of significant persons than their non-suicidal peers? Do they report more conflicts? Are suicidal students more likely to talk about their losses and ask for help? Are they less likely to seek support and obtain it and if such support is
present, to perceive it of less value than non-suicidal peers?” (p. 85). For the religious SSGs, as a support structure, members at risk for suicide may or may not have a large support system; they may or may not ask for help, and they may not value the support structure they do have. An SSG member with a large support system and who does not ask for help may still be at risk for suicide.

The suicidal group was defined by reported suicide attempt or ideation during the last 12 months (Tousignant & Hanigan, 1993). The results showed that students who actively looked for support did so with someone they trusted. The students in the suicidal group commonly reported feeling that their situation was their own problem. They felt that they needed to solve it on their own and were reluctant to request help. The suicidal group’s perceptions were summarized to say: it was not that “‘there was nobody available to help’ but that ‘nobody there could help me the way I wanted’” (p. 93). For these students, there was an unwillingness to accept the negative outcome of their circumstance. The authors concluded that there was not a lack of a support structure, but the lack of relying on the support, the perceived need to stand
alone and solve the problem by oneself, and the desire to recreate the situation before the event.

As Tousignant and Hanigan (1993) concluded, support offered to the suicidal person was not often received. People who are suicidal will look to someone they trust for help. The SSG member may not ask for help; the SSG member who suspects someone in the group may be suicidal may need to ask the individual if they are contemplating suicide. For the SSG offering support to the suicidal, referring to professional help is necessary. It is not recommended that the small group leader or members try to counsel the individual. The leader and/or members can encourage the individual to seek professional care, and must report the incident to their supervisors immediately. Once the individual is in the care of a professional, the SSG can support them by providing a safe place for the individual to disclose issues and by encouraging them to continue receiving professional help as long as they need it.

Catastrophic Illness-Cancer

Hersh (2005) studied the messages of women on an online cancer support group to know why women found online support to be as effective as face-to-face support. Hersh hypothesized that the content of the messages were person-
centered, and as such, overcame the absence of face-to-face support. She coded randomly selected messages from the online support group discussion board for a period of three months for a total of 538 messages. She discovered that the majority of messages were, in fact, person-centered messages "women participating in online breast cancer discussion groups are providing highly person-centered messages to peers in need of support" (p. 23).

A smaller number of messages posted on the discussion board were requesting informational support. These messages were coded as impersonal and the responses to these posts were likewise informational. Hersh (2005) made this statement about informational responses to informational requests: "women appear to recognize the different functions of the discussion board and respond appropriately" (p.24). The women on the discussion board were aware of the type of support being requested and adapted their responses accordingly. Hersh reported that one of the reasons women used online support for cancer support is that family members and other support persons were unable to give the support needed because "important others may become over-involved emotionally or practically in the situation, say harmful things, not know what to say,
or sometimes, are just unwilling to provide comfort” (p. 7). Seeking the type of support needed from an online support group was an acceptable alternative for these women.

The first type of support a person with cancer is seeking is informational support. There are questions about their diagnoses, treatment options, side effects, and the possibility of death or disfigurement. Typically, an individual looking for informational help will look to reliable, knowledgeable sources. The SSGs can be instrumental in directing the individual to a cancer support group, or other resources.

The next type of support needed is emotional support, however, many cancer patients will not seek this support from family members and close friends. They may want to talk about feelings and questions that may worry their families and friends. A cancer support group can provide this forum.

Finally, the cancer patient may need actual support as the treatments and subsequent effects of treatment may cause them to be unable to make a meal, drive a car, or go back to work after treatment is completed. The SSGs can provide encouragement during the treatment process, actual
support as needed, and spiritual support as healing prayers are usually wanted.

Bereavement

Cluck and Cline (1986) stated that the support needs of the bereaved are basically unmet in the United States due to the fact that Americans are unable to deal with grief and death. The issues of stigmatization and of needing support from those who have had a common experience and can therefore offer empathetic understanding are still real today. The authors related that people who are experiencing grief are usually stigmatized by society and are avoided by friends, family, and neighbors. They posited that the “failure of the natural support system to comfort the bereaved” (p. 310) forces people to seek support from professional sources as a last resort. They described family support as ineffective because family support often ends shortly after the funeral, and professional support is sterile and uncaring, treating the bereaved as though they have an “illness” and therefore seek to prescribe a cure. The authors concluded that the self-help group can fill in that gap. They stated ten advantages of self-help groups, the first being the
commonality of the experience. Others include empathetic understanding, continuous help, ignoring stigmatization, and the advantage of meeting anywhere.

The SSG offering support to the bereaved can first offer a crisis group for grief or professional counseling. The grief process can take time and the individual experiencing grief will need extended support. SSGs can offer spiritual support with prayers and encouragement with scriptures and allow the grieving to process their grief. The bereaved should not be stigmatized as "sick" and should not be isolated from others.

Blended Families

A more recent issue is the need of supporting blended, or step-families. Communication literature on blended families is scarce; however, blended families are growing in number and are becoming important to communication literature (Braithwaite, Olson, Golish, Soukup, & Turman, 2001). More and more blended families need support as they "negotiat[e] new, unfamiliar roles" (p. 222) and find adjusting to be a challenge. Braithwaite, et al. (2001) discussed some of the issues that blended families faced and tracked families' communications over a period of time.
Using interviews, Braithwaite, et al. (2001) transcribed 980 pages of dialogue for textual analysis. Five patterns emerged within the texts, and families were assigned to each pattern and then these families were tracked for four years, providing interviews for data gathering at various times during the four years.

The five patterns that emerged were: "accelerated, prolonged, stagnating, declining, and high-amplitude turbulent" (Braithwaite, et al., 2001). In tracking the families, several issues that blended families faced were areas where success or failure was negotiated. These issues were "boundary management, solidarity, and adaptation" (p. 241). Within each of the five patterns, these three issues were negotiated successfully or unsuccessfully and the family unit survived or did not survive depending on the negotiation.

Understanding the issues of blended families in crisis can be a good starting place in offering support. Appropriate boundary management has been considered one of the most important factors in successfully adjusting to blended family life (Braithwaite, et al, 2001). The most common issue of boundary management is loyalty conflicts. Family members need flexible but firm boundaries and
children need to have access to family members outside the home, but need new developing relationships protected. Solidarity within the new family unit takes time to develop. Within a blended family there is a lack of common family history, the loss of a previous parent-child bond, and the addition of new children, to name a few challenges. Children may feel pressured to accept the new situation which can add to "grief and anger over the losses already experienced" (p. 226). Adaptability is the ability of the family to accept new roles and redesign relationships. Families that come together with high unmet expectations are challenged to adapt. Many families are unable to adapt and function at a low level of "feeling like family" (p. 228) if at all.

Support for blended families in crisis can begin with understanding the issues they face including boundary management, solidarity, and adaptability. Supporters can then offer encouragement and respect knowing that it takes time to develop relationships and knowing that there are many ways to achieve success. Many blended families in crisis appreciate spiritual support.
Molina (2000) investigated "individuals who seek help to alleviate the emotional and practical issues they face during the divorce process" (p. 148). In her study of working women in a divorce support group, several issues facing families in divorce were discussed including "intense feelings of sadness, anger, ambivalence, and guilt, as well as with the practical issues of managing finances, adapting to new living arrangements, and if children are involved, agreeing on visitation and custody" (p. 146). There are legal issues, health issues, and financial issues to face in divorce. While the exact nature of these issues may vary among family members and individuals, these are many of the common issues faced in divorce. For the small group, which issues are relevant to the individual member going through divorce should be determined.

Molina’s (2000) results showed that among coping skills for this group, “acquiring social support of other relatives, friends, or neighbors and mobilizing family to acquire and accept help were the two methods least employed” (p. 154). There was no reason given for this finding, however, Molina found that the primary coping
method used by these women was "seeking spiritual support" (p. 153). It would be beneficial to know what support they expected and received in this area. According to Molina, "the high rate of divorce in this society makes it essential for social workers and other professionals to understand its effects" (p. 146) therefore, understanding the needs of those in the crisis of divorce and offering support is important to religious small groups.

The individual going through the divorce process is facing many issues at once including legal, financial, and emotional issues. They may need a job, a new place to stay, and may be navigating visitation issues, custody rights, and health issues. Emotional support and actual support may be needed but the SSG will need to assess which needs are present in each situation. The most important support asked for among the women in Molina’s (2000) research was spiritual support.

Domestic Violence

Larance and Porter (2004) observed female survivors of domestic violence and reported on their process of building “social capital” through support groups. Social capital is defined as “benefits gained by a group of people from their membership in extrafamilial networks” (p. 678). In their
opinion, the support groups are important as they provide "a setting of trust and safety, they begin to view their experiences in a comparative light rather than through the singular lens of guilt, shame, and resignation" (p. 678). Some of the problems women of domestic violence face were "embarrassment about living in an abusive relationship" (p. 678), and the fact that "as the domestic violence increases in a woman’s relationship, her social contacts often decrease" (p. 678). According to Larance and Porter (2004), "the support group can make members feel like they are not alone" (p. 678). Separation and isolation are common characteristics of the woman in domestic violence. Having social contacts is empowering and can go a long way in enabling a woman in domestic violence to receive help.

Larance and Porter (2004) also observed that in the domestic violence groups, women terminated their involvement in the group when their process was completed. They did not seek continued involvement with those in their group. The primary deterrent to receiving help for women in domestic violence situations is the erosion of her support. Shame and embarrassment keep her quiet and unable to seek help. Larance and Porter stated, "she has survived to this date by denying, minimizing, and rationalizing the
extent of her victimization" (p. 683). For these women, the support group provides a place for conversation; "[t]he conversation that takes place in this environment demonstrates to each woman that she is trusted and can therefore trust" (p. 685). The most effective support was found in the crisis group.

For the religious SSG offering support, it is important to remember that the victim’s family members and friends have been alienated and the victim stands alone. The individual will not likely ask for support in the group setting. It is more likely that the person may approach the leader or trusted member alone. Their privacy is paramount as their life may depend on it. Directing them to a crisis group or shelter is the first step. If the individual wishes to receive support from the group, let him/her disclose when and what they feel is appropriate.

The literature has demonstrated that SSGs provide effective support for those in crisis. For people who are disabled, substance abusers, suffering from post traumatic stress disorder (PTSD), aging, suicidal, facing catastrophic illness such as cancer, bereaved, confronting crisis issues in the blended family, divorced, and victims of domestic violence, support may be found in SSGs. People
appreciate finding others who understand their concerns and who have knowledge about the crisis they are experiencing. They do not want to feel isolated. Making connections with others and receiving support from those they have built a trust with is satisfying for those seeking support.

Offering effective support to someone in crisis may come naturally for some small group leaders. They may have had experience receiving support for the same or similar crisis. For the small group leader inexperienced in giving support, understanding crisis may not be enough to be effective, or to be competent in giving support. Duran and Kelly (1988) explained that competence was related to "knowing what to do" (p. 91). Knowing what to do means more than simply understanding what is needed. In order to know what to do, small group leaders need training to develop communication skills. The literature reviewed in the next chapter describes the importance and nature of communication competence.
Communication Competence: Strengthening the Social Support Group

Understanding the needs of those experiencing crisis in the previous situations is a beginning to offering support that is wanted and needed. For religious small group leaders the ability to effectively give support means being effective *communicators* of support. Communicating effectively is what communication scholars refer to as communication competence (Cupach & Spitzberg, 1983; Eadie & Paulson, 1984). This project was created to enable religious small group leaders to develop communication competence in social support settings.

Cupach and Spitzberg’s (1983) research is part of the foundation for communication competence theory. They established this foundation by researching the relationship between situational and dispositional interpersonal competence. They asked “is competence in communicating best conceptualized and assessed as an event or a tendency?” (p. 366). Choosing the terms “situational’ rather than “state” and “dispositional” rather than “trait”, Cupach and Spitzberg (1983) commented that much of the previous work examined a dispositional perspective in that traits were easier to measure. They stated “only a
handful of efforts have been made to measure competent communication in a situation- or event-specific manner" (p. 365). Establishing a relationship between these two approaches to communication competence broadens the ability of other scholars to define communication competence, and more importantly, to be able to measure it, the importance of which is the foundation it provides for further research. Identifying situational and dispositional approaches and the related attributes of each allows fine-tuning and successful measurement.

Stack (1991) explored the meaning of communication competency. She discussed the problems communication scholars have developing a working definition of communication competence, explaining that many fields use the term and the meanings are different depending on the perspective. Measuring competence can be just as difficult as it can be a matter of perception which is based on personal judgment. Stack used three of the variables suggested by scholars as measurements for discovering meaning in communication competence: knowledge, skill/performance, and motivation. Using these three variables, Stack studied the competence of teachers to communicate to their students. Stack (1991) described
skill/practice as the teacher's ability to present the material in a clear, understandable way. Motivation is described as the passion and knowledge the teacher has for the subject. Stack further stated that excellence is not the same as competence. There are those teachers who go beyond competence into the area of inspiration and character. Her research voices some of the difficulties in accurately studying communication competence; however, it does not deter researchers from exploring the subject.

In another early study of communication competence, Eadie and Paulson (1984) investigated whether communicator styles could be distinguished among archetypal attitudes toward communication. The styles examined are taken from Norton's (1978) "communicator style" construct. The styles are identified as impression leaving, contentious, open, dramatic, dominant, precise, relaxed, friendly, attentive, animated, and "communicator image, or overall assessment of communication ability" (p. 393). The three archetypal attitudes are rhetorical sensitivity, noble self, and rhetorical reflective. The researchers sought to discover which of the styles are attributed to which attitude, and which attitude was considered competent. In order to do this, the authors needed a rhetorical context; therefore
six written situations were selected at random from a group of scenarios using each of the styles and attitudes previously mentioned. These situations were set in both intimate and non-intimate conversations, in symmetrical, one up, and one down type pairs. They discovered that all three attitudes were found to have communication competence depending on the situation and that communication competence is not necessarily a matter of attitude or style alone. Attitude (or attribute), style of communication, and situation all take a part in communication competence.

Duran and Kelly (1988) investigated the cognitive aspect of competence, specifically "knowing what to do" (p. 91). The authors stated that it is difficult and "unwieldy" to approach competence by "identifying specific communication skills which are perceived as competent in specific contexts" because it "does not account for novel twists in social situations" (p. 95). By using two measuring devices, the Communicative Adaptability Scale (CAS), and the Interaction Involvement Scale (IIS), the authors discovered which of the six dimensions of the CAS related to the three dimensions of the IIS.

The three dimensions of the IIS are responsiveness, perceptiveness, and attentiveness. The six dimensions of
the CAS are social composure, social confirmation, social experience, appropriate disclosure, articulation, and wit. Responsiveness refers to the ability to respond to the "other" in a social interaction. Perceptiveness is the ability to use observation to understand what the "other" is communicating and how they perceive self. Attentiveness refers to the degree of involvement in the interaction (Duran & Kelly, 1988).

Duran and Kelly (1988) found "three significant canonical roots" (p. 94). First, social confirmation and appropriate disclosure related to responsiveness. Second, perceptiveness was found to be related to social composure and social experience. Third, social experience was related to attentiveness. They argued that these three roots create a framework that can be measured to discover the meaning of communication competence. Understanding how to "know what to do" in a social interaction furthers understanding of what competence means.

Duran (1992) conducted a review of communication competence measurement using the Communicative Adaptability Scale (CAS). The CAS is a 30 item, five point Likert-type scale which he administered to adults and students in his research. Duran (1992) stated that according to research,
"adaptability is one of the essential characteristics that enables a person to interact effectively with others" and "adaptability is the most frequently cited dimension associated with the socially competent person" (p. 255). He defined conceptualization as "the ability to perceive socio-interpersonal relationships and adapt one's behaviors and goals accordingly" (p. 255). Duran identified the six dimensions of the CAS to be "social experience, social composure, social confirmation, appropriate disclosure, articulation, and wit" (p. 256). Developing competence means having the ability to adapt.

Duran (1992) described two distinct approaches to conceptualizing and measuring communication competence; situational and dispositional (previously stated as "state" and "trait"). Dispositional approaches refer to the individual's behavioral tendencies whereas situational approaches refer to a particular conversation or interaction. Choosing an approach depends on what the researcher wishes to investigate. If cross-contextual interactions and explanations or predictions are desired, then a dispositional approach is needed. If a specific context or topic is being investigated, then a situational approach is recommended.
The six dimensions have "remained consistent across ten studies published by the scale's author with adults and students for a total sample size of over 4000 participants" (Duran, 1992, p. 259). Understanding that adaptability is key to communication competence, training small group leaders to communicate support means to train them to be able to adapt their behavior according to the need of the person in crisis.

Communication competence is more than a character trait, it is a skill that can be learned and developed. Competence in communication is measured in different ways by people who have character differences and react differently situationally, but communication experience is a great indicator of developing competence.

Teaching Communication Competence

The University of Cape Town in South Africa has developed a Professional Communication Unit specifically designed to educate students in communication skills for the workplace. It intended to prepare students for effective and competent communication in various areas of professional workplaces. Grant (2004), as a professor in this unit, studied the effectiveness of the program and
desired to know students' perceptions of skills learned, skills needed, and whether or not they were learning these skills in their normal degree requirements outside of the communication unit. This exploration was initiated due to some faculty members’ beliefs that the program had become outdated especially in light of current changes “emerging in the mid-1990s from past apartheid isolation and faced with growing student numbers and a diverse student population” (p. 413) among other concerns. Previous studies of communication competence served as groundwork for Grant’s investigation “learning to understand and appreciate the sociocultural context and features of the ‘speech communities’ in which particular languages (or dialects) are spoken adds value” (p. 414). The author also notes that “confidence to engage” and “accountability and ethical concerns” (p. 414) are important elements of communication competence.

The first step in developing a more up-to-date curriculum was to analyze the student’s needs. This step was accomplished using a survey, interviews, and classroom discussion “to determine how UCT students and faculty defined communicative competence in our setting and what they considered the best way to achieve that goal” (p. 55).
It was found that "effectiveness was the most common characteristic of competence...appropriateness was also popular" (p. 415). The results also produced some insight concerning students' perceptions of competence, finding "competence as a trait associated with a fixed talent rather than a function of mutually accomplished processes and relationships" (p. 416). Grant (2004) noticed the differences in survey and interview results were characterized by course of study stating that "the statistical comparison of student perceptions by field added a whole new dimension to the study" (p. 420). Grant also observed that minority students...called for an expanded definition of competence that includes intercultural, gender, and ethical awareness. These Black and Asian (mostly female) students, often ignored in class and perceived as less competent, produced the most in-depth definitions of communicative competence. (p. 420)

With this in mind, a set of seven Strategies for Teacher Learner Partnerships was developed. Five of these seven strategies will be the foundation for the training manual developed for this project. They are: "Create a buddy system. When students select a buddy at the start of a
course, they enter their workshop with an ally” (p. 421);
"Use mixed groups. The pairs are selected to achieve
gender, language, race, and special field diversity within
each group” (p.421); “Encourage diverse voices. The class
should follow the motto, ‘Everyone speaks once, before
anyone speaks twice’” (p. 421); “Scaffold oral and written
assignments. Allowing students to submit drafts, get
feedback, and learn from their mistakes improves their
ability to achieve competence. In an oral sense, all
students have a dry run of their presentations” (p. 421);
and "Use scenario learning. This dialogical, problem-based
learning allows students to grapple with real-world issues
while practicing their communication skills” (p. 421). For
this project, scenarios will be used along with scripts to
practice communication skills.

Scenarios and Scripts

The use of scripts and scenarios, (or vignettes) has
been used for training by several researchers (Alexander &
Becker, 1978; Victor & Chapel, 1999; Youmans, Holland,
defined the term vignette as “short descriptions of a
person or a social situation which contain precise
references to what are thought to be the most important factors in the decision-making or judgment-making processes of respondents" (p. 94). Victor and Chapel (1999) describe scenarios as "short descriptions of situations which in themselves illustrate a conflict or concept...to provoke the reader" (p. 99). These definitions are similar enough that in this project, the terms will be used interchangeably. Whenever possible, however, the term scenario will be used to avoid confusion.

Alexander and Becker's (1978) research was based on the ability of the vignette to have a variety of variables that can be interchanged to discover attitudes or judgments. Creating situations with characters that vary in age, race, sex, circumstances, and education level can help isolate a particular respondent's attitudes. Alexander and Becker's (1978) study is beneficial to understanding the characteristics of the vignette design.

Victor and Chapel (1999) used scenarios as tools for international business communication instruction. The authors found scenarios useful "as a tool for fighting stereotyping" (p. 102) and noted that using scenarios reduced the ability of the subjects to "categorize behaviors as a list of norms and taboos" (p. 102).
Youmans, et al. (2005) found scripts to be important for training individuals with aphasia to speak with a more accurate and fluent ability. Their research centered on two individuals with aphasia (described as a speech disability brought on by stroke or other event) and implemented the use of script development and memorization. Their research is an intriguing approach to how individuals learn. They explained that "speech production is partly automatic" (p. 435) and using their approach recreates the ability for automatic speech production. Their subjects chose topics and assisted in the creation of several "scripts", limited to three or four short, simple sentences. The subjects worked to memorize these scripts and then practiced them with several different conversation partners in order to experience different responses. Youmans, et al. concluded their research by positing that "massed practice of specific short phrases or sentences can result in the automatic, effortless production of phrases, even in individuals with moderate to severe expressive speech difficulties" (p. 447). Using scripts created "a relatively stable performance by new performance demands...participants appeared capable of meeting such
challenges" (p. 447). It is Youmans, et al.'s use of scripts that was implemented in this training manual.

Many people in crisis look to support groups for help. Depending on their particular crisis, they will seek support in a variety of ways. For the small group leader, including the religious small group leader, knowing what support to offer and having learned skills to offer it is an invaluable asset. Having an array of scripts or experiences in communicating support can benefit any leader as he/she models support for the group members. For small group leaders in my church context, being trained to offer support to those in crisis meets four of the five core values of the church.
CHAPTER THREE

METHOD

Target Audience

The targeted audience is small group leaders of WOLCC; adults varying in age, sex, and ethnic background. There are about 90 small group leaders in this department, however, at this time this training is not yet required for all leaders. As a level one training, all small group leaders can participate and inexperienced leaders are encouraged to participate along with experienced leaders.

Materials

Each participant will receive an outline of the discussion with the goals and objectives stated which can be found in Appendix A. They will be able to use the outline to follow the discussion and to take notes. The first exercise, "Getting to know you", (see Appendix A) should be printed on paper and handed out to each participant, to be filled out and discussed with their buddy.

Four by five inch colored cards should be created and printed for each participant with the four types of
support, one on each card. Use four different colors of paper, one for each type if support. These cards should be handed out after the four types of support are presented.

For WOLCC, referral cards will be handed out to the participants. This card has been used for leadership referral and has been printed with information about the crisis groups and ministries offered at WOLCC. The ministries and the contact information on this card will be explained to the participants. This card is not included with the materials for this project due to the personal information on it.

Scripts will then be discussed and participants will be asked to create scripts as an exercise. For this part of the training, extra paper and pens should be made available. Participants should be encouraged to continue working on scripts after the training and participants should be encouraged to teach their small group members to create and use scripts.

Scenarios will be used for the final exercise of the training. The scenarios (see Appendix A) should be printed on paper and then cut to separate each scenario. The participants will be divided into small groups (three or four in a group) and each group will receive one scenario.
to discuss. Then they will be encouraged to identify the crisis need described in each scenario and identify the support needs for that crisis. When time allows, each group can receive another scenario to discuss. This will aid the participant's ability to become flexible in using scripts and in identifying the support needs of crisis issues. Evaluation sheets (see Appendix A) should be distributed to the participants at the conclusion of the training.

Procedure

The training can be divided into two sections if time is an issue. The Training Manual reflects the two sections but may be taught together (see Appendix B). In using the model set by Grant (2004), the first portion of the training session included setting up a "buddy" system. At the start, participants are encouraged to select a "buddy" to be their partner throughout the training. Once a buddy is selected, the first exercise should be distributed to the participants. The exercise should be fun and is appropriate for strengthening the buddy relationship. Once the buddies share a little time with each other doing the exercise, each one will be asked to introduce their buddy.
to another set of buddies. This exercise will not only strengthen the “buddy bond”, but will prepare the participants for understanding the use and importance of scripts which will be introduced later in the training.

An introduction to the study of small groups will be presented including why researchers study small groups. Social support groups will be introduced and explained. This training was designed to be a “level one” training, which means the training is appropriate to new leaders as well as experienced leaders. The participants, especially new leaders, should be encouraged to understand that members were attracted to their groups based on their common interest rather than their experience as a leader.

Another exercise will be given to challenge the participants; they will be asked to work in groups to define support. After they have spent some time discussing their ideas, they will then be asked to share their definitions and examples with the class. Their examples should be written on the white board categorized by type; however, keep the types hidden until all the suggestions are made and then explain the types of support. Support definitions are categorized into four categories; actual
support, informational support, emotional support, and spiritual support.

Crisis issues will be discussed using the ten different issues described in the paper. For each issue, the type of support needed will be presented. Four by five colored cards will be handed out with each of the four types of support printed on each one. Participants are encouraged to hold up the appropriate cards depicting the types of support they think are appropriate for each crisis as they are discussed. This is the main informational body of the training. Participants should be encouraged to take notes and ask questions during this portion of training.

The second section, and final portion of the training manual, is the discussion of crisis groups and counseling, and the introduction of scripts and scenarios. Participants need to be informed of the crisis groups available in the church and of groups available outside the church as well. The referral cards should be handed out at this time. Participants will be encouraged to refer members in crisis to the Healing Ministries Department of the church for referral to crisis groups or counseling.

Scripts and their uses will be introduced and explained by using the example of the first exercise.
Participants should be given time in groups of four (two buddy pairs) to create scripts. Scripts are used here to help the small group leaders by enabling them to respond to crisis situations with "automatic, effortless production of phrases" (Youmans, et al., 2005, p. 447). The participants should share their scripts with the group and emphasis given to the adaptability of scripts.

Further, participants will be given scenarios to role-play situations involving group members in crisis. The scenarios were designed and created by Totten, a Marriage and Family Therapist. Totten is employed by the church as the Director of Counseling and has extensive experience using and creating scenarios in the training of counselors and pastors in the United States and in various places all over the world. The scenario exercises presented in this training were created by him specifically for this training in 2008 (see Appendix A). Participants are encouraged to identify each crisis issue presented in the scenario, identify the type of support needed, and working together with the others in the group, practice communicating that support by creating and using appropriate scripts.
The participants will be asked to fill out an evaluation sheet with a 5 point Likert-type scale and a comment section. Have participants take time to make comments concerning the areas they will most likely remember of the training as well as how effective the presenter was in communicating the subject.
The development of this training manual was to improve communication competence among leaders of religious small groups providing information and giving participants experience in the practice of communication skills. The manual has included information about crisis issues common to the WOLCC religious small support groups as reported by the group leaders and by the members of the small group team as well as the common crises reported to the Healing Ministries by group and church members in crisis. It discussed the support needs identified in the literature for the ten crisis issues which are: aging, suicide, bereavement, disability, post traumatic stress disorder (PTSD), blended or "step" families, divorce, substance abuse, domestic violence, and catastrophic illness, specifically cancer. It identified the four types of support which are informational support, emotional support, actual support (Cutrona & Suhr, 1992), and spiritual support (Molina, 2000; Wright, 1999; Cutrona & Suhr, 1992). The invited participants will be small group leaders with varying levels of experience as small group leaders. The
participants will have already participated in a previous training session with the Small Group Ministry to prepare them for leading small groups in their homes. The present training will supplement and augment the small group training already completed.

Based on the study by Grant (2004), this training manual used the communication competence theory as a tool for training competence rather than a measurement tool to discover an individual’s competence level, expanding the theory to training applications. As scholars seek to more accurately measure competence levels, we can find information that may help individuals become more competent. In the study by Youmans, et al., (2005) competence in communicating was heightened by the training of scripts for patients who suffered aphasia. This application of using scenarios to increase competence in communication should be expanded to many other contexts, for example, to help patients communicate with their physicians, or to help married couples communicate with each other.

Further, application of communication competence theory to the training of religious SSG’s is new. Training SSG leaders may appear to be contrary to the definition of
SSG's in that their leaders are non-professional; however, looking at Caplan's (1989) study, religious SSG's hybrid nature links the SSG to the institution of the church which makes leadership training not contradictory to their definition. Even corporations could apply communication competence theory to their employees and management by training them to become better communicators with each other and their domestic and global markets.

For religious SSGs, communication competence theory can be used to train leaders to communicate support to their members, but it can also be used to train group leaders to communicate other topics to their members as well. As group members become leaders, they could benefit from training in competence as leaders leading discussions about the Bible or other topics they may study in their group. They can also become trainers themselves, training group members about communicating their religious beliefs and practices, such as support, with each other and with family members and friends.

Participants will be encouraged to train their group members to communicate support to those in crisis. They should be encouraged to be models, in deed and in word, to show how to support, what to say, and to teach their
members to think about ways to support. They will be encouraged that given the opportunity to participate, many group members will come up with their own ideas about support. It is not the intent of the training to teach the leaders to be the sole supporter of the member in crisis. Teaching the group leaders to become competent in communicating support should allow the group members to learn about support and become supporters themselves.

Implementing scenarios and scripts can enhance communication skills and increase communication competency. It is expected that leaders with this training will eventually learn to adapt their communication styles to new situations and in time, become more competent communicators of support. This training encourages the participants to model what they have learned to their other group members and to encourage discussion within the group about supporting members in crisis.

For WOLCC, this training manual has the potential to impact the small group ministry in positive ways. First, the training is in correspondence with the core values of the church (WOLCC, 2007a). Caring, as well as training and equipping, are values strongly encouraged among the
church's members. Small group leaders are ready to embrace training that promotes the core values they believe.

Second, as a church with a core value of caring, the counseling department of the church is often flooded with calls for help from individuals and couples in crisis. As small groups become more adequately prepared to support members in crisis, they too become a place of healing for many people and work in concert with the counseling ministry to bring help where help is needed. In some cases, members in crisis find all the support they need from their small group. At WOLCC, of the individuals and couples calling for crisis help, those involved in small groups that support them progress toward healing more quickly and more deeply. Caplan (1989) found that "individuals exposed to a particular level of stress, who concomitantly benefit from a high level of social support, have less risk of subsequent mental and physical illness than do similar individuals exposed to similar stress who do not have such support" (p. 7). For this reason, WOLCC lay counselors strongly urge those receiving counseling help to participate in a support group.

Third, small group leaders who model competent communication of support train group members to do the
same. This expands the availability of support to the church body as a whole and reaches more hurting people with competent aid. As stated before, it is not the intent of this training manual to teach group leaders to become the sole support of their group members; the members offer support as a group. Today’s group members are the group leaders of tomorrow. At WOLCC, leaders are always encouraged to duplicate themselves by training people around them to become future leaders.

This training manual was created for adult small groups that meet weekly in homes for Bible study and prayer. This manual can be adapted to meet the needs of the Women’s Ministry small group leaders by focusing on crises that pertain specifically to women. Similar changes can apply for the Men’s Ministry, also keeping in mind to research crisis issues that pertain specifically to men. It is possible to apply the training manual to both the Junior High and the High School Ministries since both already operate with small groups; however, special attention must be given to researching the types of crises applicable to these age groups. Blended family issues, for example, are seen differently from the child’s point of view. Divorce and domestic violence also take on a
different approach from the child’s view, while crises like aging may not apply at all.

Learning to communicate support competently can also be useful for teams of people that travel to disaster sites within this country. Many disasters leave people in shock and in need of many types of support. WOLCC sent teams to help New Orleans residents recover from the disaster of Hurricane Katrina and also helped people evacuated from their homes in the 2007 Southern California fires.

WOLCC has as many as a dozen teams that travel yearly to sites across the globe. Researching the history of the people in the area being visited as well as some knowledge about the culture and customs can equip these team members to communicate support in several ways. Many teams offer medical aid, supplies and clothing, some offer training or teaching. Some put their hands to the work and build or repair buildings. All of these examples demonstrate support. The training manual has the potential to be adapted to include cross-cultural communication by learning the customs and culture of the area being visited. A request was made to translate this training into Spanish so that a WOLCC member can use it for the leaders of his ministry located in Mexico. Careful attention will be made
to make the training manual appropriate and effective to the culture of the ministry in Mexico.

Finally, the design of this training manual was specifically catered to religious small group leaders. For a religious organization wishing to adapt the training, an awareness of the crisis issues facing their group members is needed. As each church's core values differ, so do their designs for ministry. How each church views its responsibility to practice their religious beliefs will impact how to adapt this manual. There may need to be research into specific areas of crisis not covered by this training. This training manual is offered as a complement to the crisis ministries (groups and counseling) offered by WOLCC. It is important to provide referrals to other crisis aids as the religious small group leaders are not able to provide more extensive aid if the crisis demands it.

For non-religious organizations, just as with religious organizations, core values would play a large part in the approach to addressing the crisis needs of their group members in crisis. In some professional circles, disclosing personal crises may be considered threatening to either the individual's position or other's
attitude toward them. Creating a safe environment where members may disclose their issues would be paramount. If disclosure within the group is considered to be risky to the group members, then an alternative should be offered. Allow the members to disclose their issues with someone they trust on a one to one level in a private setting. As with the religious organizations, outside crisis support (counseling and crisis groups) would also need to be made available to the group members. Research would need to reflect the types of crisis needs their members face, and group leaders would need to know the limitations of their involvement in their member’s crises. Trust, concern, and spiritual support are vital to the effective use of this training manual. Groups unable to offer these may find it difficult to adapt this training.

Further Research

Application of the Communication Competence Theory (Cupach & Spitzberg, 1983; Eadie & Paulson, 1984) to training is an area that needs more research. The theory has a strong foundation as a measurement tool and furthering its uses to include training to gain competence seems the natural progression. Further application to SSGs
does not seem to be congruous considering that SSGs are thought to be spontaneously formed groups which purposely lack professional leadership, but using Caplan’s (1989) definition of religious SSGs, training religious small group leaders makes sense. Training individuals to become more competent communicators should have wide spread applications. Schools, institutions, corporations, and small businesses would find useful purposes for training leaders, students, employees and management to become more competent communicators, especially in today’s global marketplace.

Religious SSGs have little or scant attention in the literature. Studies could be conducted to further Caplan’s (1989) definition as a hybrid group. What is their exact nature? How do they function in their dual role? How do they reproduce? How do other religious institutions differ in the practice of their religious beliefs in small groups? The question of how they view the importance of small groups as part of their practices, all need to be explored.

SSGs provide support and how this support is provided from the group perspective is another area for further research. Support is rarely looked at from a view other than the individual receiving it. Now that communication
scholars know more about what types of support individuals consider important and beneficial, there should be a turn to the support providers, whether institutions or SSGs, to become better support structures. What improvements can be made to provide more effective support? How can providers become better equipped to understand the support needs of those seeking support? Both questions need further research.
APPENDIX A

PARTICIPANT OUTLINE AND MATERIALS
"Strengthening Leadership"

Presented by JoAnne Flynn
“Strengthening Leadership”
Water of Life Community Church
Small Group Leader Training

**Goal:** For small group leaders to be able to respond to a group member in crisis.

“Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort; who comforts us in all our affliction so that we may be able to comfort those who are in any affliction with the comfort with which we ourselves are comforted by God. For just as the sufferings of Christ are ours in abundance, so also our comfort is abundant through Christ. But if we are afflicted, it is for your comfort and salvation; or if we are comforted, it is for your comfort, which is effective in the patient enduring of the same sufferings which we also suffer; and our hope for you is firmly grounded, knowing that as you are sharers of our sufferings, so also you are sharers of our comfort.”

2 Corinthians 1:2-7

**Objectives:**

- to identify the crisis issues
- to be able to understand the support needs of the member in crisis and to offer appropriate support
- to respond to the member in crisis by offering additional support outside the small group
Welcome!

Introduction:

Buddy exercise: Have fun!!

Introductions:

The purpose of this training:

- How and why it was developed
- What is “Communication Studies”?

Areas of Communication Studies;
1. Rhetoric
2. Mass Media
3. Intrapersonal
4. Interpersonal
5. Computer mediated Communication
6. Intercultural
7. Organizational

- Why are small groups important to Communication scholars?

  1. Business implications
  2. Leadership Development
  3. Psychological implications
  4. Self-help groups

- What kind of small group is our small group?
Defining support:
Four types of support:

1. Exodus 17:12, Ezra 1:4

2. 1 Timothy 3:15, 3 John 1:8

3. 2 Chronicles 16:9, Job 24:23

4. 2 Corinthians 8:4, Psalm 119:50

Crisis Issues:

- Divorce

- Blended family issues

- Substance Abuse

- Catastrophic Illness

- Domestic Violence

- Disabilities
Section Two:

What are crisis support groups?

1. WOL support structures
2. Crisis support groups
3. Shepherd's Staff
4. Pastoral Counseling
5. Outside Counseling Referrals

How can we as Home Group Leaders support our members in crisis?

1. ________________
2. ________________
3. ________________
Communication Competence:

“Now as they observed the confidence of Peter and John and understood that they were uneducated and untrained men, they were amazed, and began to recognize them as having been with Jesus.”

Acts 4:13

“For the LORD will be your confidence, And will keep your foot from being caught.”

Proverbs 3:26

Scripts:

What are scripts?

Creating Scripts:

Using Scenarios:

“Therefore, do not throw away your confidence, which has a great reward.” Hebrews 10:35
Getting to know you

Name: ____________________________________________________________

Name you wish you were given: ______________________________________

Favorite middle name: ____________________________________________

Name of your favorite pet: _________________________________________

Favorite color of carpeting: ________________________________________

Favorite breakfast cereal: _________________________________________

Favorite toothpaste: ______________________________________________

If you were to travel to the moon, what would you bring? ________________

What would you leave behind? ______________________________________

Least favorite car: ________________________________________________

Worst vacation spot: ______________________________________________

Favorite childhood TV show: ________________________________________

Longest letter you ever wrote: ______________________________________

Hamburger or hot dog? ____________________________________________

Least favorite flower: _____________________________________________

Favorite time of day: _____________________________________________

Name someone who wears the same shoe size as you do: ________________

Chocolate, yes or no? _____________________________________________

Favorite highlighter color: _________________________________________
Scenarios

Albert Gonzales is a ten year veteran police officer who enlisted in the Marines one month after 9/11. He was in the invasion force into Iraq in 2003. He spent seven months in Iraq. Upon returning to the U.S., he was injured in a motorcycle accident on the job. He is now on disability for the next year. He has constant headaches, nightmares, shakes, and is depressed. He is irritable, short-tempered, and emotionally distant from family members. He has flashbacks of shooting women and children. His wife says he is a completely different person than who she married and doesn’t know if she can stay with him. They have two girls aged 3 and 6. Albert talks constantly of going back to Iraq as soon as he is off disability. If he goes back his wife says she will divorce him. He does not drink or do drugs. He is a Christian and is wondering if there are other Christian men in the church who are going through what he is.

Tim and Rhonda have been married for three years and this is the second marriage for both. Tim has a girl, Bonnie, who is 11 years old and a son, Gary, who is 9 years old. He has custody of them every other weekend. Rhonda has one son, Nathan, who is 12 years old. Nathan is with Rhonda and Tim except for every other weekend when he goes to his Father. Gary says he hates Rhonda and wants to spend more time just with his dad. Bonnie spends most of the weekend when she is with her dad in her bedroom. Both children admit they don’t like Rhonda and show her disrespect. Rhonda has decided either she or Tim’s children will leave the house for the weekend Tim has them. Tim is torn between his new wife and his children and doesn’t know what to do. He is afraid if they don’t get help they will end up getting a divorce because of the kids. They both would like to know if there are other couples in the church like themselves they could talk to.

Rick and Connie were married 10 years. Most of those years were very volatile characterized by verbal, physical, and alcohol abuse on both parts. They have recently divorced. Connie did not want the divorce and even though the marriage was bad, was surprised when Rick told her he had been having an affair and was divorcing her. She has three girls, aged 3, 7, and 9. She has not worked outside the home in several years. She is scared and anxious and is looking for others in the church who have gone through what she is going through now.
Robert is a 45 year old male married for 22 years to Tonya. They have two daughters, Susan, 20 years old, and Kim is 19 years old. Five months ago, Tonya moved out of the family home with the two girls. Robert reports she did not explain why she moved out. She filed for a restraining order against Robert and they have had no contact in the last five months. She also filed for divorce at the same time. His daughters are angry at him and refuse to talk to him. Robert has been severely depressed for the last few months. He is not sleeping well and has lost 35 lbs. He has also been fired from his job because he does not concentrate at work. He is having financial problems and may lose his house. He and his family were members of a local church but only Robert still attends. The Men’s Bible Study has been helpful but he is looking for more support. He wonders if there is a divorce care group sponsored by the church.

Martha is 40 years old and has just been told by her doctor that she has breast cancer. She is married to Todd for the last 15 years. They have three girls aged 5, 7, and 9. The doctor would like her to begin chemo treatments immediately. Martha is very anxious about this and Todd wants to pray and believe God will heal her. She is depressed, anxious, and not eating or sleeping. She and Todd argue often over what to do. She has gone to the Pastor of the church feeling alone and wanting help from other women facing cancer.

Tom, 50, unexpectedly lost his wife, Shannon, of 25 years in a car accident. They have two boys, the oldest, Sean is 24 and out of the house. The youngest, Mike, 17, is a senior in high school. Tom does not think the boys are properly grieving the loss of their mother. For Tom, the emotional pain is unbearable. He finds himself constantly thinking about Shannon. Often, for no reason, he will suddenly break down crying. He has not been able to visit her grave since the funeral. He believes his wife is in heaven but it doesn’t seem to help him much. He has gone to the church seeking a grief group for himself and the boys.
Evaluation

Please circle the number that best describes your opinion; 5 being most, 1 being least.

1. Was the class helpful to you?
   1  2  3  4  5

2. How helpful were the handouts?
   1  2  3  4  5

3. Did the presenter communicate the information well?
   1  2  3  4  5

4. Do you feel better equipped to understand crisis in the small group?
   1  2  3  4  5

5. Write two things you will remember most about the class:
   ____________________________________________________________
   ____________________________________________________________

6. Comments:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
APPENDIX B

TRAINING MANUAL
“Strengthening Leadership”

Presented by JoAnne Flynn
Goal: For small group leaders to be able to respond to a group member in crisis.

"Blessed be the God and Father of our Lord Jesus Christ, the Father of mercies and God of all comfort; who comforts us in all our affliction so that we may be able to comfort those who are in any affliction with the comfort with which we ourselves are comforted by God. For just as the sufferings of Christ are ours in abundance, so also our comfort is abundant through Christ. But if we are afflicted, it is for your comfort and salvation; or if we are comforted, it is for your comfort, which is effective in the patient enduring of the same sufferings which we also suffer; and our hope for you is firmly grounded, knowing that as you are sharers of our sufferings, so also you are sharers of our comfort."

2 Corinthians 1:2-7

Objectives:

- to identify the crisis issues
- to be able to understand the support needs of the member in crisis and to offer appropriate support
- to respond to the member in crisis by offering additional support outside the small group
Materials Required:

- Outlines for students:  
  *Make sure you have enough for all participants.*

- Getting to Know You:  
  *You will need one for each participant.*

- Types of Support Cards:  
  *These are easy to create; use colored card stock, one color per support type. Print one of each type of support on the colored cards; ie. “Informational Support” on yellow cards, “Spiritual Support” on blue cards, etc. Regular 8 ½ x 11 inch card stock cut into fourths work fine.*

- White Board and Markers:  
  *Write participants’ suggestions for support in four columns; one for each type of support. Mark each suggestion in the proper column, but do not identify the type of support for each column until all suggestions are marked.*

- Referral Cards:  
  *WOLCC has referral cards that identify the crisis support offered in the church and the contact person with contact information. Because of the personal information given on this card, it is not available for reproduction here. Create your own listing of support available for your participants, both within your structure and outside. Make sure you have the correct contact information.*

- Vignettes:  
  *You will need a few copies of the vignettes; cut them out individually and give them out one at a time to participants to work on in their small groups.*

- Paper:  
  *You may wish to supply extra paper and pens; the participants will be asked to create scripts and may prefer to write out their ideas.*

- Evaluations:  
  *One for each participant.*
Welcome!

**Section One:**

**Introduction:** [5 minutes]
Prepare a bio in case the host wishes to introduce you...or else introduce yourself—This should take about five minutes

**Buddy exercise:** [5-6 minutes] Have fun!!

Ask the participants to select a buddy; instruct them to work in pairs for the exercises throughout this training. Hand out the “Getting to Know You” sheet; ask the participants to share their answers with their buddies. Allow about 5-6 minutes to answer the questions.

**Introductions:** [3-4 minutes per pair]

Ask the participants to meet another buddy pair and ask each person to introduce their buddy to the other pair (This exercise will be referred to later in the training). Give participants about five to eight minutes. Don’t pull them back too soon, you are trying to make them comfortable.
The purpose of this training: [20 minutes]

Read and explain the first page; goal and objectives

• How and why it was developed

I met with WOLCC’s small group team in January of 2007 and together we discussed a workshop that would be most beneficial for the small group leaders. At that time, the team expressed their desire to provide help for leaders who were asking for help with group members in crisis. We discussed a level-one training (applicable to new leaders) to equip leaders with support information and hands on training. With that in mind, this workshop has been this project over the last 18 months. It is my master’s thesis project.

• What is “communication studies”?

You may ask why I studied communication for this project rather than psychology. Among other areas of interest, Communication scholars look at the way people communicate: how we talk, how we think, why we do what we do, and how we interact with each other. We look at speech, symbols, actions, body language, and perceptions. Historically, small groups have been interesting to Communication scholars because of how people interact in small groups. I wanted to help small group leaders communicate support to members in crisis.

Areas of Communication Studies; these are some of the areas scholars study

1. Rhetoric the study of speeches
2. Mass Media communication to masses; radio, tv, newspapers, etc.
3. Intrapersonal how one thinks to oneself
4. Interpersonal one to one, small groups
5. Computer Mediated Communication email, blogs, etc,
6. Intercultural Communication between cultures
7. Organizational Communication in companies and corporations (business)

• Why are small groups important to communication scholars?

Scholars wanted to know how people interact in small groups. The earliest published studies of small groups examined:
How people interact in a group to solve a problem
What roles people play in group problem-solving
There are reasons why scholars began looking at small groups;

1. Business implications

These studies were helpful to business organizations who were beginning to restructure from “top down” pyramid form to a team design.

2. Leadership Development

Scholars were trying to discover if leadership qualities were inherent, or could be learned. Once again, business applications were the driving force here. They wanted to know if leaders emerged within groups because it was the person’s nature to lead; they found that different leaders emerged at different times.

3. Psychological implications

In the Psychology field, small groups were studied as a help to those who were receiving therapy.

4. Self-help groups

The most popular study of small groups today is the self-help groups. These group studies have become more popular as they have gone online and have become “borderless”. It is this type of small group study that has been important to me.

• What kind of small group is our small group?

Small groups at Water of Life are called “house Churches” and are studied by Communication scholars. In their studies, these small groups are called “social support groups” and their purpose is to provide support for its members. SSGs have two things in common; they are formed around a common interest, and they are manned by non-professional leaders. People are attracted to social support groups not by the credentials of the leader, but to the common experience of the leader in the area of interest. This means that people are interested in you as a leader because they are interested in what you are interested in.
Defining support: [10 minutes for groups, 15 minutes for discussion]

Break up into groups of two buddy pairs to discuss the definition of support. Ask them to give examples of different ways someone could give support to someone else. After about 10 minutes, bring the groups together again to discuss their definitions and their examples. Write the examples on the white board in four categories to correspond to the four types of support; make sure the categories are not titled yet.

Four types of support:

5. **Actual Support**
   Exodus 17:12, Ezra 1:4

6. **Informational Support**
   1 Timothy 3:15, 3 John 1:8

7. **Emotional Support**
   2 Chronicles 16:9, Job 24:23

8. **Spiritual Support**
   2 Corinthians 8:4, Psalm 119:50

After defining the four types of support, hand out the colored cards with the support types on them and ask the participants to hold up the cards they think apply to each of the crisis issues as you discuss them.

Crisis Issues: [40 minutes]

- Divorce

Intense feelings of sadness, anger, ambivalence, and guilt, as well as with the practical issues of managing finances, adapting to new living arrangements, and if children are involved, agreeing on visitation and custody" (Molina, 2000, p. 146). There are legal issues, health issues, and financial issues to face in divorce. They may need a job, a new place to stay, transportation. Molina’s (2002) results showed that among coping skills for this group, “acquiring social support of other relatives, friends, or neighbors and mobilizing family to acquire and accept help were the two methods least employed” (p. 154). The primary coping method used was “seeking spiritual support”. **Actual support/ spiritual support/ informational support /emotional support.**
• Blended family issues

One of the most common difficulties in the blended family is the idea that "traditional family" can be recreated. Both parents and children find themselves disappointed when the family is not able to "settle in" the way they expect it to. There are connections to family members no longer part of the household; living arrangements for children often mean two homes. Usually, the rules that govern the home are different in each home. Adapting to the role of the "step parent" can be difficult for the child. This does not mean that the child does not accept the new parent; the child may find themselves torn in their loyalty to the parent that no longer lives with them. The most common issue of boundary management is loyalty conflicts. Children may feel pressured to accept the new situation which can add to "grief and anger over the losses already experienced"

Emotional support/spiritual support/actual support

• Substance Abuse

Denial is the main problem. According to the study of students in this crisis: "we often do not see a student in the counseling center until he or she meets a crisis or 'hits bottom'" and "this difficulty is particularly acute in cases where the student is quite successful and drug use is associated with his or her success". Connection and lack of judgment creates acceptance and again, this is found to be the most important element the perception of support. Brown recommends the 12 step approach. She states the crisis group "provides the foundation for lifelong recovery". Members help one another see how drugs have affected their behavior, support one another in the turn toward abstinence, help to provide alternative coping strategies, and help in behavioral rehearsal of new skills. Referral to recovery groups or hospital is necessary. The small group can provide emotional and spiritual support in a non-judgmental atmosphere.

• Catastrophic Illness

Informational support is the first area that the person in crisis will need. They may not mention this as they will not expect their group members to be able to provide this unless they know of a member in particular who has experienced the crisis themselves. Emotional support may be greatly needed as the situation may be long term. Often, people in this crisis will find that their natural support system may get tired; the person may not want to scare family members and friends or overburden them. Family members may become over-involved emotionally and say the wrong things. Medical treatments may make the person unable to transport themselves; drugs or radiation treatments may make the person unable to perform normal tasks. Spiritual support, emotional support and actual support can be offered by the small group.
Domestic Violence

Some of the problems women face in domestic violence situations are "embarrassment about living in an abusive relationship" as the domestic violence increases in a woman's relationship, her social contacts often decrease. Having social contacts is empowering and can go a long way in enabling a woman in domestic violence to receive help. The most effective support was found to be in the crisis group. For the SSG offering support, it is important to remember that the victim's family members and friends have been alienated and the victim stands alone. The individual will not likely ask for support in the group setting. It is more likely that the person may approach the leader or trusted member alone. Their privacy is paramount as their life may depend on it. Directing them to a crisis group or shelter is the first step. If the individual wishes to receive support from the group, let him/her disclose when and what they want to. The support groups are important as they provide "a setting of trust and safety, they begin to view their experiences in a comparative light rather than through the singular lens of guilt, shame, and resignation" The group can offer spiritual support through prayers without knowing the details of the crisis.

Disabilities

For the disabled group member, stigmatization is the most important issue. While a member may have trouble with mobility or communication, the member is looking for a place where they can receive emotional and spiritual support. The member is looking for a safe place to be themselves, without stigmatization, and will often turn to humor to help people feel comfortable with them. The group can offer emotional, spiritual, and actual support and needs to be sensitive to planning activities appropriate to the disabled member.

Bereavement

The individual who is grieving is often stigmatized and isolated by society. The person in grief does not want to be considered "ill" and needing a cure. The grief process will take time, and depending on the relationship, may take years to readjust. The grieving person must be able to process their grief without judgment. The group can offer continued emotional, spiritual, and actual support. A professional counselor or crisis group may be needed.
• Suicide

For the individual considering suicide, professional help is needed. Attempts to "counsel" the individual should not be undertaken. If it is suspected that the group member is considering suicide, ask them. In most cases, the person thinking about it will be glad someone is concerned. If they indicate that they are considering it, ask if they have considered a plan. If they have a plan, there is serious danger. In all cases, if you suspect suicide, seek professional help immediately. While you are waiting, ask the person to agree to a "do no harm" agreement; ask them to promise to do nothing until they have called someone first and talk it over. You must refer to your leadership, or call 911. Once you have referred someone to professional help, your leadership or the individual's counselor will not be able to update you on their progress without the individual's permission. If you have a relationship with the individual, ask them directly about their progress. Continue spiritual support and emotional support. If the individual does not want the group to know their crisis, ask the group to support spiritually through prayers without divulging private information.

• Aging

Conditions associated with aging such as health, death of loved ones, and retirement "strip away one's social control and sense of identity, thereby jeopardizing existing health levels." For the aging, it can be concluded that support is important to them. It is not so important that the support come from family members, but from friends and others that they can develop a relationship with. The elderly are able to adapt to the changing nature of their social circles and need to receive emotional support, spiritual support, and actual support as their health status, mobility, and financial status change.

• PTSD

A person with Post Traumatic Stress Disorder needs emotional and spiritual support from the group. Research has found that families and close social contacts acted as a system and were successful for improved mental health outcomes; "making up for capacities of the individual that have been weakened by stress." The person with PTSD may be depressed and isolated. They need professional help.

The role of the SSG still remains to provide emotional and spiritual support without causing further injury by requiring or expecting a graphic description of the trauma.
Section Two:

The training may be presented in two parts; before presenting the second half, review the first half [20-30 minutes]

What are crisis support groups? [10 minutes]
1. WOL support structures
   Hand out Resource Cards and explain the resources
2. Crisis support groups
   Introduce the leaders to the crisis support groups available within the Church-talk about how to access outside resources
3. Shepherd’s Staff
   This is the Church’s lay counseling ministry. Explain their non-professional status and limited training
4. Pastoral Counseling
   Available to those with Biblical questions or questions about Christian living
5. Outside Counseling Referrals
   Explain the CAP Program (Community Assistance Program) County and City help programs available to residents.

How can we as Home Group Leaders support our members in crisis?

1. Refer to crisis groups

2. Refer to counseling

3. Support the member

Give time for participants to ask questions

Communication Competence: [5 minutes]

The communication competence theory was developed to explain how people adapt to new cultures. It was used to understand how people achieved acculturation, or the ability to function in another culture with confidence. It is used here to help the group leaders to communicate support with confidence.

"Now as they observed the confidence of Peter and John and understood that they were uneducated and untrained men, they were amazed, and began to recognize them as having been with Jesus."

Acts 4:13
“For the LORD will be your confidence, And will keep your foot from being caught.”

Proverbs 3:26

**Scripts:** [5 minutes]

What are scripts?

Refer to the introduction exercise done previously. When introducing yourself or another, how do you know what to say? When ordering a pizza on the phone, how do you know what to say? These are examples of how we use scripts every day. Challenge the participants to think about creating scripts to communicate support. What do you say to someone in crisis? What should you avoid saying?

**Creating Scripts:** [10 minutes in pairs, 5 minutes for discussion]

Ask the participants to work in buddy pairs to create a script to use when someone in their group discloses their crisis. Give them about ten minutes. Ask the teams to share their scripts with the group. Demonstrate the adaptability of scripts.

**Using Scenarios:** [30-35 minutes]

Use the remainder of your time with this portion. Allow a few minutes at the end for participants to fill out the evaluations.

Hand out individual scenarios to teams of four (two buddy pairs). Ask them to:

- Identify the crisis issues
- Identify the support needs
- Create a script to address the member in crisis

If there is time, give a different scenario to each group to repeat the exercise.

Remind the leaders that it is not their job to be the sole support of a group member in crisis. What they have learned today they need to teach their group members. Ask the members to brainstorm ways they might be able to offer support to a member in crisis. Each group will be unique in their support efforts. Let members offer support ideas themselves; you may be surprised what they will come up with.

“Therefore, do not throw away your confidence, which has a great reward.”

Hebrews 10:35

**Evaluations:** [10 minutes]
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