

WELCOME TO CANCER CARE LEADERSHIP TRAINING



Welcome to Immersion[®] Cancer Care Leadership Training

Thank you for attending Immersion Cancer Care Leadership Training. Over the next two days, you will be hearing from experienced cancer ministry pastors, cancer patients, and medical professionals to help you understand the need, the vision, and the process to provide hope and encouragement to people living with cancer. When you leave this training, you will be empowered to impact the lives of potentially thousands of people.

As pastors and/or church leaders, and/or a faith-based community organization, you already understand the heart of Christ is to minister to those who are suffering. What you will gain during this training is the **practical knowledge** and **tools** to minister specifically to those whose lives have been touched by cancer. Cancer carries a weight of fear and despair like no other medical diagnosis, and being able to lift that burden and offer hope and comfort to those affected by it is one of the greatest acts of love that Christians can offer.

The agenda you received outlines the training. This binder is for your reference throughout the training and to take home with you as an additional resource for further study. The information contained herein does not necessarily reflect the exact order or content of the information your speakers will present to you but is designed to be complementary.

You will receive additional materials to take home that assist with your role as a leader and provide the curriculum for training ministry workers in your church or community. This binder will also provide you with an overview of those materials.

Leadership Training Objectives

1. Immerse you in an emotional, spiritual, and relational experience centered around cancer care ministry
2. Inform you about cancer's nature, impact, and treatment
3. Equip you with the tools and techniques to begin effective cancer ministries in your churches and communities
4. Inspire you to begin a cancer care ministry

Table of Contents

Cancer Care Leadership Training	Section 1
Cancer Care Leadership Training.....	3
Leader’s Guide	Section 2
Introduction to the Leader’s Guide and Getting Started	48
The Role of the Leader.....	49
How to Prepare for the Sessions	50
Engaging In Ministry and Training New Leaders	52
Advanced Topics and Video Resources	53
Ministry Curriculum	Section 3
Cancer Care Ministry Overview.....	55
Session 1: The Need Is Great	56
Session 2: Know Your Enemy.....	57
Session 3: The Dos and Don’ts.....	58
Session 4: A Marvelous Calling.....	59
Session 5: Overcoming Fear	60
Session 6: Caring For Caregivers.....	61
Session 7: Practical Ministry	62
Session 8: The Least of These.....	63
Immersion®	Section 4
Immersion	65
Why Reaching Out to Cancer Patients Everywhere Is Important.....	66
Scientific Research and Spirituality.....	68
The Calling of Cancer Care Ministry.....	73
Our Sponsor	Section 5
The Philosophy Behind the Program.....	76
Caring For the Mind/Emotions.....	77
Caring For the Body	78
Caring For the Spirit.....	81
Appendix	Section 6
Resources: Expanded Online Material.....	84
Helpful Internet Sites.....	85
Instructions to Log Into the Online Ministry Resources Portal (Removed for MFHCCI)....	87
Cancer Care Leadership Training Answer Key.....	93

1.

Immersion Vision Statement

*To be recognized and trusted by Christian leaders
as the primary provider of spiritual insight and
practical resources to develop cancer care ministry
in Local churches and communities.*

2.

The Ministry of Hope Immersion

Immersion is a _____ cancer care
ministry outreach.

We provide pastors and ministry leaders with the,
_____, training, and support to raise cancer
care ministries in their churches and communities.

Our goal is to prepare you with the _____
to provide hope through the cancer care
ministry.

3.

Sponsored By The Fishers of Men University

Immersion is an educational outreach brought to you by the Pastoral Care Department the Fishers of Men University.

4.

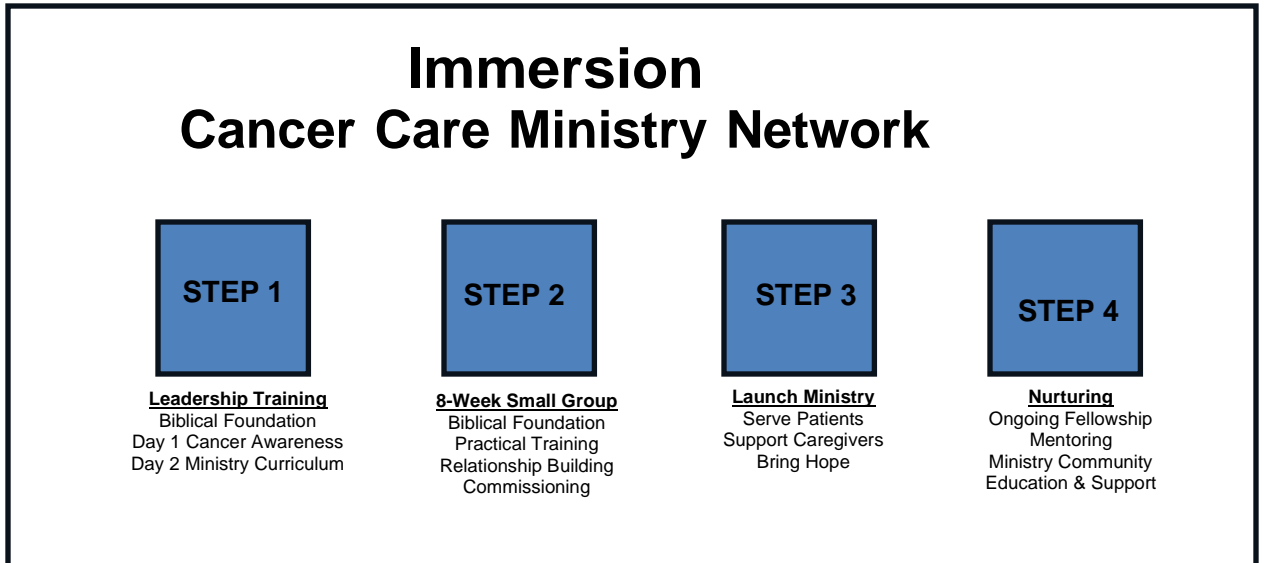
The History of This Ministry

Immersion was established in _____.

- Trained individual congregations on the key components of building a compassionate, successful cancer care ministry

In _____, the vision was expanded and we began to offer cancer care leadership training nationwide.

5.



6.

**Cancer Care Leadership
Training Provides:**

_____ seminar with insights from patients, ministry leaders, and medical professionals

- Training on leading an in-dept eight-week group curriculum

Online ministry resources for additional training, encouragement and _____ -

- Monthly emails and information to guide new cancer care ministries.

7.

Cancer Care Leadership, training

When you complete this training, you will have:

- A clear step-by step _____ for starting your cancer care ministry.
- A complete _____ for training your cancer care ministers.
- Ongoing _____ to clinical and spiritual support.
- Access to a _____ of fellow ministers and leaders.

8.

The Value of Cancer Care Ministry

Bear one another's _____

and so, fulfill the law of Christ.

Galatians 6:2 (NKJV)

Worry Weighs a person down;
an _____ word cheers a person up.

Proverbs 12:25

9.

The Value of Cancer Care Ministry

Why cancer care ministry is different than other types of ministry:

- Cancer attacks _____.
A cancer diagnosis often feels like a _____.
_____ and _____ need ministry; as well.
- Cancer often causes people to, _____ their entire lives
- Cancer makes people uncomfortable so patients. Often feel _____ ignored and in the way

10.

The Value of Cancer Care Ministry

How it can help patients' and caregivers:

- Patients do not want to be _____ by their cancer.
- Caregivers are so busy taking care of the patient they sometimes neglect their own _____.
- Patients and caregivers often have no _____ or _____ for daily tasks.
- God often uses cancer care ministry to bring _____, and _____ healing to individuals and their relationships.

11.

The Value of Cancer Care Ministry

Personal rewards from this ministry include:

- The miraculous _____ and _____ that God often gives His, children dealing with cancer blesses us
- Profound _____
- The opportunity to see God change a person's life
- A stronger _____

12.

The Spiritual, Emotional, and Social Effects of Cancer

Spiritual Effects

- Struggle to believe in God's _____
- Resentment or _____
- Lack of _____
- Looking for a reason why they are being " _____ "
- Trying to strike a deal with God for their life
- _____ their "fate" as set in stone
- _____ of life and mortality

13.

The Spiritual, Emotional, and Social Effects of Cancer

Emotional Effects

- Feelings of _____
- Misdirected _____
- Overwhelming _____/helplessness

14.

The Spiritual, Emotional, and Social Effects of Cancer

Social Effects,

- _____ from family and friends
- _____ over physical changes
- Managing uninformed and unsolicited _____
- Stress within the _____

15.

The Spiritual, Emotional, and Social Effects of Cancer

7 Critical Psychosocial Needs of Cancer Patients

1. Information on cancer and its _____
2. Help in coping with, emotions related to cancer
3. Material and logistical _____
4. Help in managing disruptions in work, school, and family
5. Assistance in changing _____
6. Help in managing the illness
7. _____ advice and assistance

16.

The Spiritual, Emotional, and Social Effects of Cancer

7 Critical Psychosocial. Needs of Cancer Patients:

- *Cancer Care for the Whole Patient:
Meeting Psychosocial Health
Needs_*
- Originally published in 2008 via the
Institute of Medicine, 456 pages.

CANCER CARE FOR THE
WHOLE PATIENT



17.

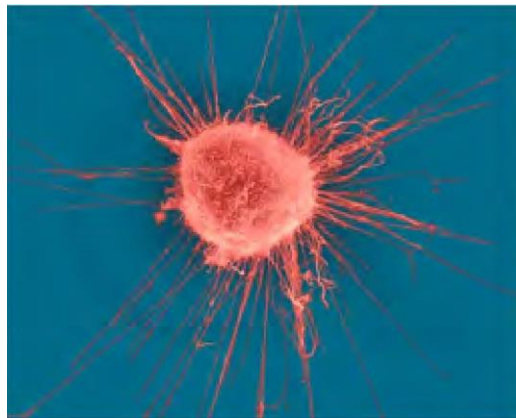
Who Cancer Affects

1 out of every _____
man and 1 out of every
_____ women will be
diagnosed with cancer.

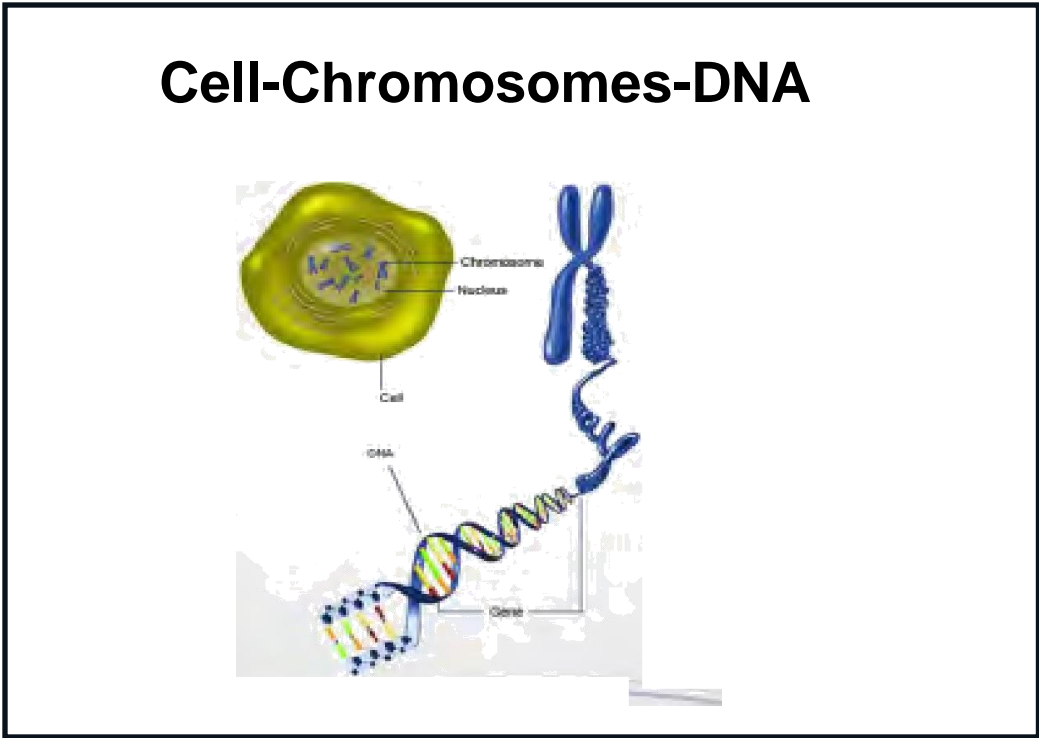
*American Cancer Society, 2014

18.

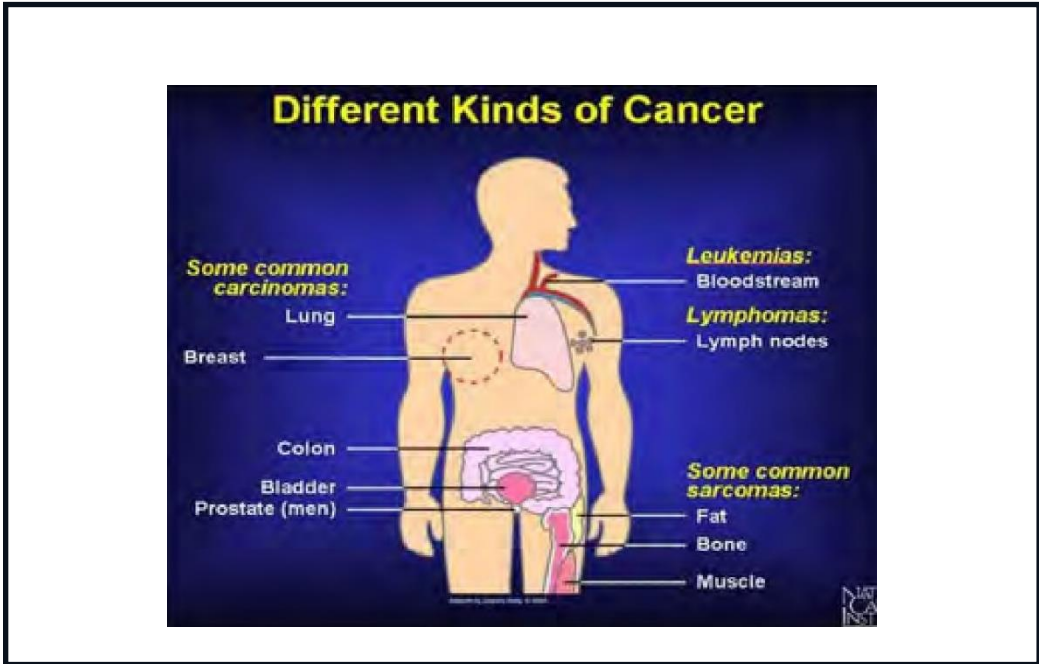
Cancer Begins With One Cell



19.



20.



21.

Where Cancer Originates

Carcinoma - the most common type of cancer begins from cells that cover external and internal body _____.

Sarcoma - cancer that begins from cells found in the _____ tissues.

Lymphoma - cancer that begins in the lymph nodes and tissues of the body's _____ system.

Leukemia - cancer of the immature blood cells that grow in the _____ and then accumulate in large numbers in the bloodstream.

22.

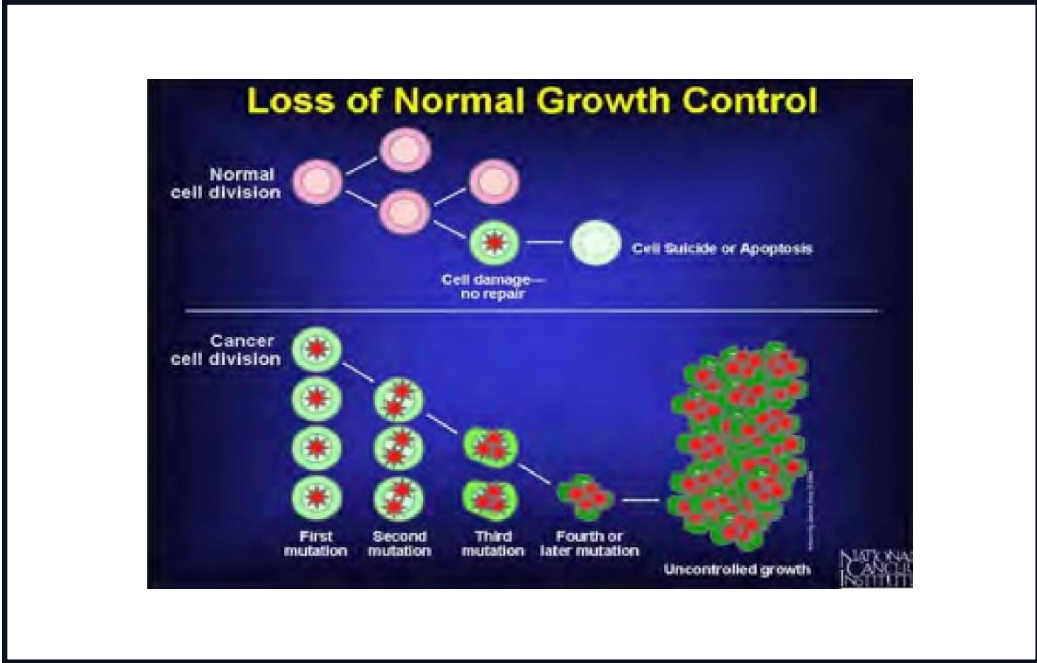
What Cancer Is

Every cancer is different.

It is unique because each cancer's _____ is unique.

_____, experiences and _____ will be different for each person.

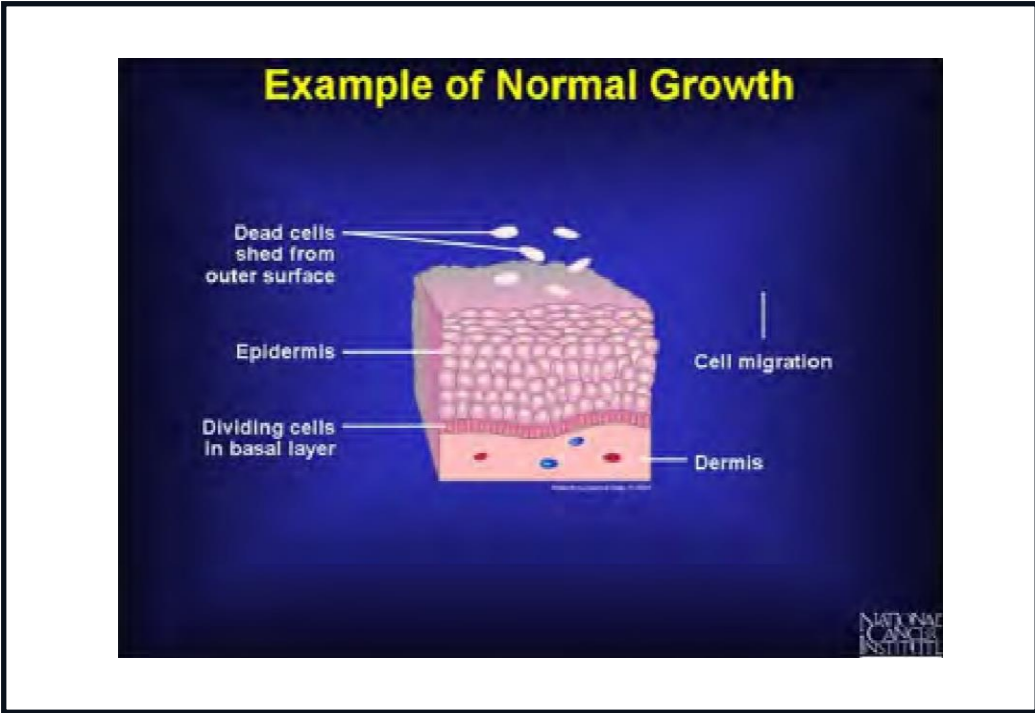
23.



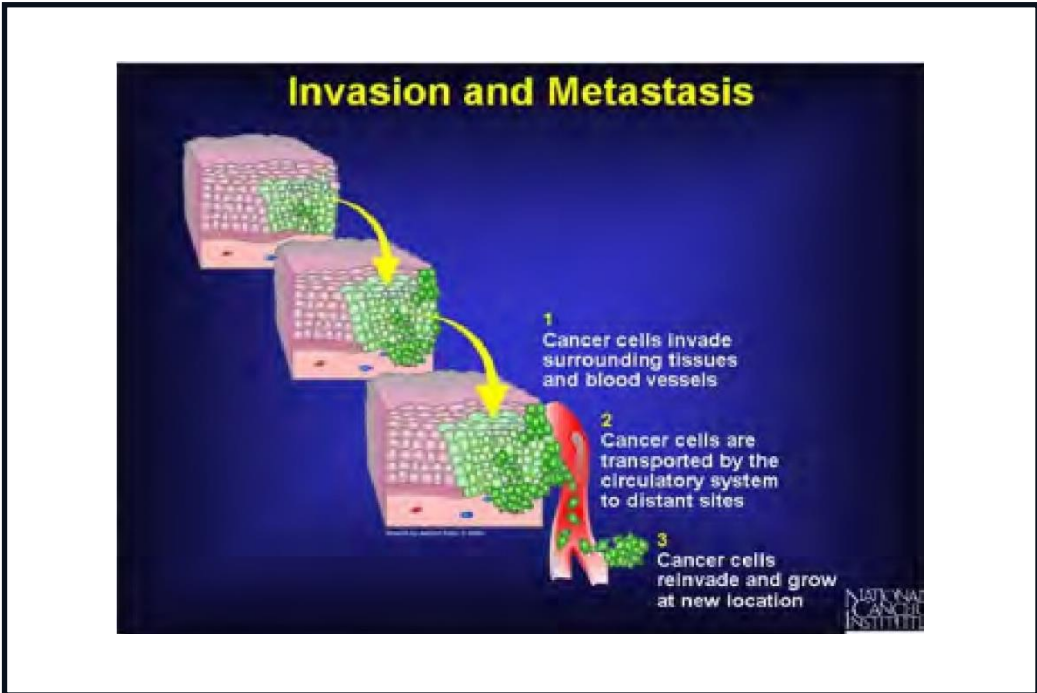
24.



25.



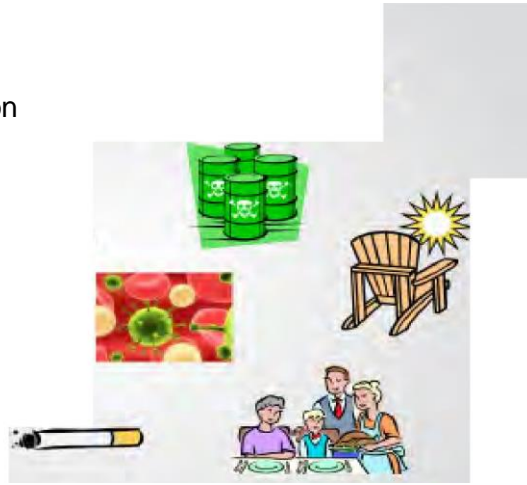
26.



27.

What Causes Cancer?

- Toxic _____
- Environment Radiation
- Viruses
- Stress
- Diet
- _____
- Smoking



28.

Let's Talk About Smoking



29.

Your Gene Pool



30.

After a Cancer Diagnosis



31.

Tumor Staging

The doctors will answer three questions to determine how far the cancer has progressed:

1. How _____ is the tumor?
2. Have cancer cells spread to _____ in the area?
3. Has the cancer spread (_____) to other parts of the body?

Based on the answers to these questions, the cancer is assigned a "stage" from I to IV.

32.

Tumor Grading

According to the appearance of the cancer cells, the a pathologist will give a grade to the tumors from a grade I to a grade IV.

- How _____ do they look?
- How many cells in the specimen are trying to _____?
- How close do they _____ their original cell?

The fewer cell abnormalities, the lower the grade.

33.

Cancer Treatment

Cancer treatment is very _____.

There are over _____ diseases collectively called cancer,

They have common characteristics., but each one is unique.

34.

Cancer Treatment

One instance of cancer may have 5 or 6 slight _____ within the cancer cells.

Different _____ of cancer often require different treatments.

Each patient's experience with treatment will be different.

35.

National Cancer Institute Goals of Treatment

- Cure the cancer.
- Control the _____ of the cancer.
- Alleviate symptoms associated with cancer.

36.

Cancer Treatment

There are 3 primary therapies for cancer treatment:

- _____
- _____
- _____

37.

What is Chemotherapy?

The goal is to reduce or eliminate _____

- Cannot distinguish between normal or cancerous cells
- Effects healthy cells as well as cancer cells "
- Effects _____ cancer cells than healthy cells

38.

Other Effects Of Chemotherapy



39.

Hair Loss



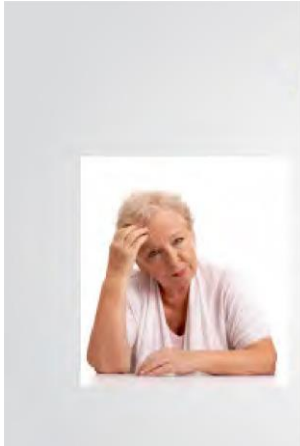
Number 1 most troubling side effect for women and many men.
Not all chemotherapies cause hair loss.

40.

Nausea and Vomiting



41.



Fatigue

A lack of energy or tiredness
not relieved by sleep.

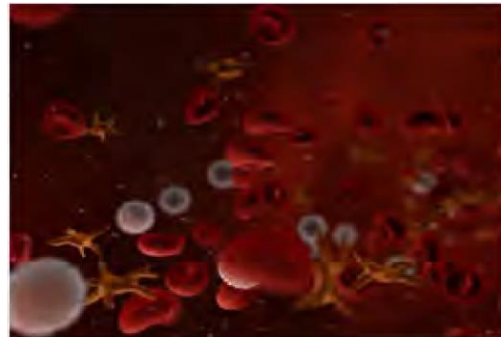
42.

Low Blood Cell Counts

Red Blood Cells: Carry
oxygen throughout the
body

Platelets:
Help with blood clotting

White Blood Cells:
Fight infection



43.

Cancer Treatment

The goal of therapy is to optimize the amount of _____ that can be destroyed while minimizing the damage caused to _____ cells by the treatment.

44.

Along with Conventional Treatments, there are also two additional types of treatment options available...

- Immunotherapy
- Genomics

45.

Types of Care: Conventional, Supportive, & Integrative

Conventional Treatment

- Includes surgery, chemotherapy, and _____ treatments but also can include immunotherapy and genomic testing.

46.

Types of Care: Conventional, Supportive, & Integrative

Supportive Care Services

- Includes _____ remedies, nutrition, chiropractic care, mind-body medicine, spiritual support, and more.

47.

Types of Care, Conventional, Supportive & Integrative

Integrative Care

- Treats the disease with surgery, chemotherapy, and other tools while also supporting patients' strength stamina, and quality of life with _____.
- It is not enough to kill the cancer without treating the pain, fatigue, depression or _____ that comes with a diagnosis of cancer to support the quality of life.

48.

Hospital Tour

This tour of a state-of-the-art cancer treatment facility will help you experience a patient's journey through their eyes. (There will not be a tour for MFCCI Training.)



49.

Starting A Cancer Care Ministry

In this session we will discuss:

- _____ you will receive.
- Cancer Care ministry overview.
- _____ training logistics.

50.

Cancer Care Ministry Tool Kit

Leaders Guide

- Your all-inclusive leadership manual contains insight into starting and _____ the group, in addition to the full eight-week curriculum with instructional notes eight-week curriculum with instructional Notes.

Leader's Introductory Video

- Experienced cancer care ministers Pastor Piercy McCray and Pastor Chip Gordon share _____ into leading the ministry training group.

51.

Cancer Care Ministry Toolkit

Participant Workbooks

- The eight-week curriculum is complete with at-home _____, discussion questions, and space for taking notes.

DVD with eight cancer care ministry training videos

- Each _____ corresponds with one of the eight lessons in the participant workbook. These videos are supplementary and do not take the place of the group leader.

52.

Cancer Care Ministry Toolkit

Online ministry resources

- Leaders gain access to a supportive _____ of fellow ministers, Promotional materials, and educational resources.

Emails from the Spiritual Outreach, Coordinator

- These monthly emails are designed to _____ leaders, provide helpful tips, and insight into cancer care ministry and guide the group.

53.

Cancer Care Ministry Training Overview

1. This leadership training event
2. For eight weeks, you will lead 5-12 group members through the lessons in the workbook.
3. In the last meeting, you will _____.
the group members to begin cancer care ministry.
4. Ongoing ministry.

54.

Cancer Care Ministry Training Overview

As soon as possible, speak to your congregation about your experience here and, _____ the opportunity to join the eight-week ministry training group.

_____ participants via passive sign-up or actively seek out interested people.



55.

Cancer Care Ministry Training Overview

Immersion templates have been created and are available in the online ministry resources library to help you get the word out:

- _____ insert
- _____
- _____ slides

56.

Online Ministry Resources

OMITTED FOR MFHCCI TRAINING

57.

Online Resources License

Use of any Immersion resources, or the Logo in any form is strictly prohibited without first agreeing to & accepting the _____ and _____ (license agreement).

58.

Group Training Logistics

Buy-in and support of the _____ is essential to starting a ministry.

If the senior pastor endorses this training and champions it, then the role of the group leader becomes that of an _____ instead of a persuader.

59.

Recommended Group Format

15 - Minutes – The Leader prays, reviews the last lesson, and introduces a new lesson

30 - Minutes – Watch video

30 – The Leader presents additional lesson content and reading materials

30 minutes – Follow-up exercise and guided discussion

15 – minutes -Closing prayer, fellowship, and refreshments.

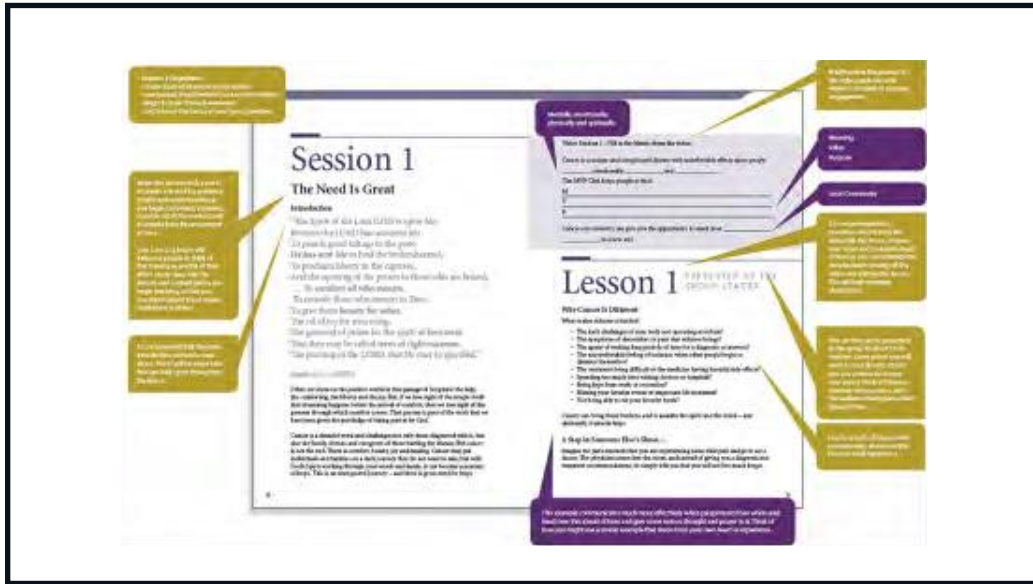
60.

Leader's Guide: Presenting the Lesson Content

The Leader's Guide includes everything in the Participant Workbook, plus additional information to help you effectively train your cancer care ministers.

Page 16 of the Leader's Guide explains how the color-coded comment boxes are used throughout the curriculum.

61.



62.

Using the Video Lessons

At each group session, introduce the new lesson and then play the corresponding video.

Each video lasts between _____ and _____ minutes and is intended to _____ and _____ the participants so that they are ready to receive what you have to say.

63.

Leader's Guide: Presenting the Lesson Content

Session 1: The Need is Great

- Cancer is different than other types of sickness because in addition to the physical challenges it also attacks your _____, and _____.
- More than _____ million people are diagnosed with cancer every year (American Cancer Society), which does not include family members, close friends, and coworkers who are impacted by this disease.

64.

Leader's Guide: Presenting the Lesson Content

Session 1: The Need is Great

- Cancer care ministry is critically important because it requires a heart that is _____ to the unique trials and spiritual effects of cancer.
- Our goal is to bring hope to those who are dealing with cancer through _____ ministry.

65.

Leader's Guide- Presenting the Lesson Content

Session 2: Know Your Enemy

- The harmful effects of cancer are physical, _____ and spiritual.
- Cancer is best treated through surgery, chemotherapy or Radiation combined with supportive therapies for an _____ approach.
- Cancer impacts the spirit, mind, and body of each person _____.

66.

Leader's Guide: Presenting the Lesson Content

Session 2: Know Your Enemy

- The goal of this ministry is to provide _____.
- Cancer's assault on the _____ can-do great damage.
- _____ of cancer treatment can be just as hard on the body as the disease itself.

67.

Leader's Guide: Presenting the Lesson Content

Session 3: Dos and Don'ts

Cancer patients have special needs:

- Need to experience God's _____.
- Need to be able to trust someone.
- Need to minimize _____ reactions.
- Need to be part of the community.
- Need to communicate _____.

68.

Leader's Guide: Presenting the Lesson Content

Session 3: The Dos and Don'ts

As cancer care ministers, we can help by:

- Treating them naturally.
- Not _____ their experience.
- Listening to their concerns
- Offering _____ hope.
- Praying for them and with them.
- Understanding their physical _____.

69.

Leader's Guide: Presenting the Lesson Content

Session 4: A Marvelous Calling

- A ministering person is a _____ to another's journey and loves others as they are, whether they change or not.
- Cancer care ministry is a specific _____.

70.

Leader's Guide: Presenting the Lesson Content

Session 4: A Marvelous Calling

- Discovering our calling
- Taking an active role in cancer care ministry

71.

Leader's Guide: Presenting the Lesson Content

Session 5: Overcoming Fear

- One of our biggest roles is to put _____ those who are overcome with fear.
- We need to confront our own subconscious _____ in order to get close to people who are hurting.

72.

Leader's Guide: Presenting the Lesson Content

Session 5: Overcoming Fear

- Fear produces several types of responses: physical, _____, emotional, and behavioral.
- There are three styles of helping: Enabler, Rescuer and _____.

73.

Leader's Guide: Presenting the Lesson Content

Session 6: Caring for Caregivers

- Caregivers sometimes hurt more than the patient:
 - Fear
 - Pressure to be _____.
 - Neglecting their own _____.
- Ministry to caregivers can be either direct or _____.

74.

Leader's Guide: Presenting the Lesson Content

Session 6: Caring for Caregivers

We can help by:

- Regular visits
- Helping with chores
- Offering, a willing ear
- Giving a break

75.

Leader's Guide: Presenting the Lesson Content

Session 7: Practical Ministry

- Hospital! Visitation
- Improving, Your Communication

76.

Leader's Guide: Presenting the Lesson Content

Session 7: Practical Ministry

Cancer Treatment:

- Often affects _____ - _____.
- Can leave a person feeling overwhelmed with daily tasks.
- Can leave a person depressed or wondering whether the fight is worth it.
- Is usually expensive and not always covered by _____.

77.

Leader's Guide: Presenting the Lesson Content

Session 8: The Least of These

Preserve Dignity

- _____ individuals
- _____ the person
- See _____ in them

78.

Leader's Guide: Presenting the Lesson Content

Session 8: The least of These

- Seeking God's Heart
- Stepping Out
- Commissioning

79.

Online Ministry Resources & Supplementary Materials

Once accepting Immersion _____ and _____,
each leader will receive exclusive access to the online ministry
_____.

Within the ministry resources is a Facebook community that is
Designed as a place where you can network with each other
provide _____ and _____ throughout
the program.

80.

Online Ministry Resources & Supplementary Materials

The Facebook community connects you to the leaders of every
other Immersion cancer care ministry and others.

After you leave here today, you will not be alone. We are all united
In this ministry.

This network provides ongoing communication and
Valuable access to clinical as well as spiritual
support and resources.

81.

Online Ministry Resources & Supplementary Materials

In the online ministry resources, you will find supplemental _____ for each of the initial group lessons.

The resource library will also include supplemental materials for the ongoing _____ after the eight-week training is completed.

Some of this information is designed to be shared with cancer patients or caregivers, as appropriate.

82.

Online Ministry Resources & Supplementary Materials

The login instructions for the online ministry resources are outlined in your Attendee Binder.

See pages ____ - ____ for step-by-step Instructions.

If you need assistance when logging in for the first time, please call the Spiritual Outreach Coordinator.

(Note: For MFHCCI it has not been established yet)

83.

Online Resource Stewardship

Any material that you receive and/or see as part of this cancer care ministry leadership training is not to be reproduced.

Materials can/should only be distributed for establishing your cancer care ministry within your local church, or community, if additional curriculum materials will be needed later, please contact your Immersion Representative.

If you require any promotional materials, you may log on to the specifically created Immersion microsite, read, and acknowledge the relevant terms and conditions, and download materials and/or logos there.

84.

Guidelines For Logo Use



85.

Ministry Examples

One-on-one ministry:

- _____ visits
- Hospital visits
- Phone calls
- Note cards written
- Texts/emails
- Prayer – with patient and/or _____

86.

Ministry Tips

1. Fundraisers to help with practical financial needs
2. Create a _____ about your ministry.
Display at doctor's offices:
 - a. counselors offices, etc.
3. Identify _____ in the church or community who can provide help to the patients/caregivers
4. Annual memorial service

87.

Getting Started

1. Watch the Leader's Introductory Video.
2. Review all of the _____ materials.
3. Ask your senior pastor to _____ the program and announce the beginning of the ministry _____ from the pulpit.

88.

Getting Started

4. Recruit _____ to _____ participants (start a second group if there is overwhelming interest in the program).
5. Choose a _____ and _____ for each of the meetings.
6. Teach the curriculum to the group.
7. Begin cancer care ministry.



Leader's Guide

Introduction to the Leader's Guide

This ministry training program was created because of the significant need in our nation, as well as in the body of Christ, to care for those dealing with cancer. According to the American Cancer Society, over 12 million people in the United States are living with or have been personally diagnosed with cancer. Every year, 1.5 million more people receive a cancer diagnosis. That means that in a church of 200 people, approximately eight people are living with cancer and two more will be diagnosed with it every year. Each of these individuals has family members and caregivers that are affected as well.

This Bible-based ministry training program has been developed to equip God's people with the tools needed to bring hope to the millions who are living with cancer.

Cancer Care Ministry: Getting Started After Training

After attending the Cancer Care Leadership Training, you as the group leader should review all of the training materials while prayerfully preparing to begin the ministry training group. You should also introduce Immersion to the congregation and discuss the need, importance, and amazing opportunities it represents. The participants of the group will take part in an eight-week ministry training and are commissioned to begin cancer care ministry to those whose lives have been impacted by cancer.

Following the eight-week course, the training group will begin to meet monthly, and the leader's role will shift to that of a mentor. The mentor will also work to identify potential leaders who can eventually engage in leadership training and begin their groups. Newly trained leaders will minister under the guidance of their mentor for a season, but they will be cancer care ministers for the rest of their lives. The number of lives that each individual could touch, directly and indirectly, in their lifetime is incalculable.

The Role of the Leader

Leading vs. Facilitating

Many groups have a facilitator, who is an individual in charge of reading the materials aloud, playing the videos, and helping the discussion to stay on topic and finish on time. Group leaders are more than facilitators. They take responsibility for the training and the results. Your role is to love your group members and to ensure that they are learning, growing, and stepping into what God has for them. You may need to nurture, guide, and offer a little push. But most importantly, you need to take responsibility for teaching, guiding, and coordinating while remembering that it is God who takes responsibility for heart changes.

Becoming a Mentor

Once the eight-lesson curriculum is complete, your role will change from being a leader to being a mentor who guides and nurtures. The mentoring role involves organizing the monthly meetings (or however frequently you decide to meet), presenting the provided supplementary materials, and encouraging group members as you help them become capable ministers.

Throughout the training, you will need to build and foster relationships that have mentorship components with your group members. This may include individual conversations in which you help nurture and guide members.

Identifying and Presenting Opportunities for Ministry

You should connect with and identify ministry opportunities even before the training begins, as well as throughout the entire process. When the public announcement about Immersion is made, church members are likely to refer their friends and family to you. Follow up with these individuals and build relationships.

When the time comes to connect group members with ministry opportunities, be sure to relate the nature of the relationships to your participants. You are introducing people to new friends. Ministry, care, and support will follow friendship more often than preceding it.

How to Prepare for Sessions

The most important part of session preparation is prayer. Cancer care ministry is a heart-based ministry, so the spiritual condition of the ministry leader is critical. The second most important thing is to study. Be an expert with all the information you have available to you. Know where you are going so you can lead with confidence.

Getting the Group Started

The most important thing you can have to help start this ministry is the buy-in and support of the senior pastor. If the senior pastor endorses this training and champions it in front of the congregation, then the role of the group leader becomes that of an activator, not a persuader. If the senior pastor does not actively endorse the program, then the group leader will need to continually persuade people of its merits, why they should believe in it, and why they should join.

Recommended Group Format

Customarily, the meetings would be held once a week, in the evening, on a weekday. The recommended length for each meeting is two hours. This period includes fifteen minutes to allow for prayer, fellowship, and refreshments. The optimal group size is 5-12 participants. This allows for rich discussion and fruitful relationships between the participants and the leader.

Each meeting may include:

- 15 minutes – Leader prays, reviews the last lesson, and introduces a new lesson
- 30 minutes – Watch the video
- 30 minutes – Leader presents additional lesson content and reading material
- 30 minutes – Follow-up exercise and guided discussion
- 15 minutes – Closing prayer, fellowship, and refreshments

Supplementary Materials

Each lesson is paired with recommended supplemental materials. Some of these reinforce the content of the lesson and some of them provide additional parallel content. You can choose to print the supplemental materials ahead of time and distribute them to the group, email them to the participants, or provide the website location where they can be retrieved. You can find these materials by logging on to learning.immersion.intothefuture.com.

How to Use the Leader's Guide for the Lessons

Each lesson will appear in your guide exactly as it appears to the participants in their workbooks. It also indicates the page numbers for the participant's workbook. Layered on top of that, in your margins, you will find instructions, additional information, optional comments that can be offered, and teaching strategies. As you prepare and present the lessons, you will be provided with insights, reminders, and answers to questions.

Presenting the Lesson Content

Each lesson begins with a scripture and an introduction. You will be prompted to dynamically read and present these. After you have viewed the video, you will have the opportunity to present the main lesson. You will be prompted to read certain portions of the lessons, while others will be up to you to paraphrase, summarize, or preach from your own heart. Each section will provide you with recommendations on how it should be delivered.

Engaging in Ministry and Mentoring

Participants need to be empowered, released, and sometimes guided through the first steps of ministering. When it is time to connect patients and caregivers with newly trained cancer care ministers, move quickly. During the final session, inform participants privately about whom you want to connect them with. Then try to make introductions within a few days.

During the eighth session, schedule the ongoing follow-up group meetings, making sure everyone marks their calendars. It will be your job to keep the momentum going. Your role should become more and more passive over time as the group members develop into more capable and experienced ministers.

Your primary role as a mentor and at the ongoing cancer care ministry meetings will be to:

- Present additional training and curriculum
- Distribute additional cancer care ministry resources
- Help connect your group members to those who need ministry
- Coordinate the group meetings
- Facilitate discussion
- Provide advice

Training and Releasing New Leaders

Your church may elect to host the ministry training annually or only as needed, to regularly train new ministers. You may want to lead those additional groups, which is appropriate, but there may also be an opportunity to appoint a new leader who has already gone through the training.

Continually work to identify and train future leaders who can lead new groups and expand the scope of your cancer care ministry outreach.

Advanced Topics

Organizing and Financing a Growing Ministry

If a group begins to grow or multiple groups are started, then a systematic plan for coordination must be developed. Ideally, a senior cancer care ministry leader will be appointed by the senior pastor, or the individual may be the senior pastor. The group leaders would then act as an advisory council to the appointed senior leader. No matter the organizational structure of the church, the ministry must be coordinated in such a way that everyone who completes the training has opportunities to serve. That service may take place within the church or outside of it.

The ministry can be funded in several ways. The simplest is the church itself providing direct funding. The next option would involve adding a designated giving option within the church offering materials for the cancer care ministry and explaining the merits and impact of this ministry to the congregation. A third option would involve developing an active fundraising program, which may include a wide variety of vehicles: bake sales, banquets, direct appeals, etc.

Loving Through Grief and Bereavement

In terms of practical steps and care, the entire lesson on caregivers is directly applicable here. Have the affected participants review this chapter and refocus the principles from this lesson for ministering to those dealing with the loss of a loved one. Specific group training in this area will be forthcoming over time. For now, it is recommended that you do one-on-one mentoring with individuals who find themselves facing these challenges early in their ministry.

Additional information and full explanations of these sections are provided for you in the Leader's Guide manual.

Video Resources

With each of the eight lessons in the Cancer Care Ministry Curriculum, you will find an accompanying video session. Each video is approximately 20 to 30 minutes in length and is designed to complement the lesson given by the group leader. The videos are a critical part of the lessons that you should use, reference, and build upon. But ultimately, it is the leader's role to present the primary lesson content. The video will inform, but its primary role is to inspire and engage the participants.



Ministry Curriculum

Cancer Care Ministry Overview

What does a church-based cancer care ministry look like?

The leader will receive training and materials before starting a ministry training group in his or her church. Then each group will engage in training that provides the biblical, intellectual, and practical foundation for doing cancer care ministry. After the training, the group continues to meet regularly to share testimonies, receive training, and encourage one another.

How do we reach people?

The nature of cancer makes it hard to bring patients and caregivers together in one place. So those who have been trained and are able must go to them. No shortage of opportunities exists in being able to bring hope and care to those affected by this disease. Group leaders will work to identify ministry opportunities and to help make connections.

What is the Impact?

Imagine you are feeling afraid, rejected, alone, powerless, ashamed, and without a future. Envision, then, if someone comes to you and says words that no one else has said, does things that no one else has done, and leaves you with courage, strength, dignity, and hope for the future – and God’s plan. How much would that affect you? What if instead of changing one day, they changed 10 days, or 100 days, or helped you through to see another whole season of life with hope? The potential impact is **indescribable**.

How can I receive group materials?

Cancer Care Leadership Training Group ‘Participants Workbook’ can be accessed to download for immediate printing as needed.

Go to www.immersionintothefuture.com, **MINISTRY RESOURCES** tab, log in with your Immersion username and password locate and click **ADDITIONAL RESOURCES** then look for **PARTICIPANTS WORKBOOK** on the bottom of the page.

PLEASE NOTE: These booklets are not for sale under any circumstances and cannot be purchased from Immersion.

Session 1: The Need Is Great

The leader begins with a word of prayer and reading a passage of scripture from Isaiah 61:1-3 (NKJV). An opening script is provided, and it is recommended that the leader follow it closely. After the introduction, the group will watch Video Session 1.

- Immediately after the video ends, the leader transitions into the lesson while the group is still focused.

Lesson 1 proceeds as follows:

- Why Cancer Is Different
- A Step in Someone Else's Shoes ...
- Who Is Affected
- Why Cancer Care Ministry Is So Important
- Able to Help Others

The leader ends by initiating and encouraging a discussion among the group and then leads a closing prayer. Additional materials and resources for the group to prepare for the next week's lesson will be available. It is recommended to close with approximately 15 minutes to fellowship and have refreshments.

Session 2: Know Your Enemy

The leader begins with a word of prayer and reading a passage of scripture from 1 Peter 5:7-9 (GWT). Again, a script for the introduction is provided. After the introduction, the group will watch Video Session 2.

- Immediately after the video ends, the leader transitions into the lesson.

Lesson 2 proceeds as follows:

- What Cancer Is
- How Cancer Is Treated
- The Impact on Spirit, Mind and Body
- Keeping the Commandment [Matthew 25:34-36]

The lesson ends with a discussion facilitated by the leader. Testimonies from cancer patients are provided in the curriculum. Have the group read them aloud and discuss the roles that faith, hope, and love played in each.

Again, additional materials and resources for the group to prepare for the next week's lesson will be available.

Close with a word of prayer and a time for fellowship.

Session 3: The Dos and Don'ts

The leader begins with a word of prayer and reading a passage of scripture from Proverbs 16:23-24 (NKJV). Again, a script for the introduction is provided. After the introduction, the group will watch Video Session 3.

- Immediately after the video ends, the leader transitions into the lesson.

Lesson 3 proceeds as follows:

- Special Needs of Cancer Patients
- Intuition and Empathy
- Wisdom in the Small Things

The lesson ends with a discussion facilitated by the leader. Again, additional materials and resources for the group to prepare for the next week's lesson will be available.

Close with a word of prayer and a time for fellowship.

Session 4: A Marvelous Calling

The leader begins with a word of prayer and reading a passage of scripture from Romans 12:9- 16 (NLT). Again, a script for the introduction is provided.

After the introduction, the group will watch Video Session 4.

- Immediately after the video ends, the leader transitions into the lesson.

Lesson 4 proceeds as follows:

- The Definition of a Ministering Person
- Discovering Our Calling
- Taking an Active Role Through Cancer Care Ministry

The lesson ends with a discussion facilitated by the leader. The group will assess on a scale of 1 to 10 how effective their ministering has been in the past. The group will discuss what it means to decide to take the first steps toward becoming a ministering person.

Additional materials and resources will be available for the group to prepare for next week's lesson.

Close with a word of prayer and a time of fellowship.

Session 5: Overcoming Fear

The leader begins with a word of prayer and reading a passage of scripture from Isaiah 41:10 (NLT). A script for the introduction is provided. By this point in the series, the group should be more committed to the training process and ready to delve into weightier topics.

After the introduction, the group will watch Video Session 5.

- Immediately after the video ends, the leader transitions into the lesson.

Lesson 5 proceeds as follows:

- Overcoming Our Fears First
- Understanding the Response to Life-Threatening Illness
- Dealing with Feelings of Loss
- Three Styles of Helping

The lesson ends with a discussion facilitated by the leader. Again, additional materials and resources for the group to prepare for next week's lesson will be available.

Close with a word of prayer and a time for fellowship.

Session 6: Caring for Caregivers

The leader begins with a word of prayer and reading a passage of scripture from Philippians 2:29-30 (NIV). In the introductory script, the idea of a cancer patient's close friends, family members, and caregivers as "patients" themselves is introduced.

After the introduction, the group will watch Video Session 6.

- Immediately after the video ends, the leader transitions into the lesson.

Lesson 6 proceeds as follows:

- Hurting More Than the Patient
- Ministering to Caregivers
- Overcoming Stress, Anxiety, and Sorrow
- Helping through Grief

The lesson ends with a discussion facilitated by the leader. Again, additional materials and resources for the group to prepare for the next week's lesson will be available.

Close with a word of prayer and a time for fellowship.

Session 7: Practical Ministry

The leader begins with a word of prayer and reading a passage of scripture from James 2:15-17 (NIV). Again, a script is provided for the introduction.

After the introduction, the group will watch Video Session 7.

- Immediately after the video ends, the leader transitions into the lesson.

Lesson 7 proceeds as follows:

- Hospital Visitation
- Spiritual Preparation
- The Visit
- Dos and Don'ts of Hospital Visitation
- Improving Your Communication
- Creative Care

The lesson ends with a discussion facilitated by the leader. Again, additional materials and resources for the group to prepare for the next week's lesson will be available.

Close with a word of prayer and a time for fellowship.

Session 8: The Least of These

The leader begins with a word of prayer and reading a passage of scripture from Matthew 25:34-40 (NLT). Again, a script is provided for the introduction. After the introduction, the group will watch Video Session 8.

- Immediately after the video ends, the leader transitions into the lesson.

Lesson 8 proceeds as follows:

- Preserving Dignity
- Seeing Christ in Them
- Seeking God's Heart
- Stepping Out
- Commissioning

The lesson ends with a discussion facilitated by the leader. During this time, the participants will be matched with patients and caregivers for ministry. This is also the time when future meetings for fellowship and continued training should be scheduled. This also marks the transition of the leader to a mentoring position within the group. Additional materials and resources will be available. Conclude with prayer and a time of fellowship.



IMMERSION
INTO THE FUTURE

Immersion[®]

Our Goal

To care for people living with cancer through a network of church-based cancer care ministries, and our communities.

Our Commitment

We are here for you...

We are committed to helping you develop a successful cancer care ministry that provides biblically based, compassionate care to people living with cancer.

We will be your ministry partners, providing resources, structure, training, and counsel to help you effectively care for cancer patients and their caregivers.

We will honor your ministry, recognizing that God has placed you in a position of authority and influence in the body of Christ.

We will encourage you, walk alongside you, and lift you in prayer. We

will support your leadership and respect your beliefs.

All of our services to you and your congregation are completely free.

We will do everything possible to equip you for effective ministry to cancer patients and their caregivers, and we will trust Almighty God to empower you in your work.

Why Reaching Out to Cancer Patients Everywhere Is Important

Cancer patients and their families need support. A cancer diagnosis is scary, and the cancer journey can be long and arduous. There are generally questions, fears, anxieties, myths to debunk, doubts, grief, regrets, etc.

Here are five reasons why reaching out to cancer patients is important:

Health care is still in crisis. People continue to struggle with every aspect of it, including access and cost, the government and how much is enough.

- In the past decade, Medicare costs have more than doubled – from \$224 billion in 2000 to **\$555 billion in 2011**. And that was before an estimated 80 million Baby Boomers began turning 65 from 2012-2015. The population is outstripping the system.
- Health care not funded by private individuals, or those with insurance that will not pay, will no longer be available. The natural place for it to fall is onto the church, from where health care first sprang.

Cancer diagnoses are increasing. The leading cancer research organizations in America released a study in 2000 indicating that the number of Americans diagnosed with cancer each year will double by 2050.¹

- In 2000, about 1.3 million people annually received a cancer diagnosis. By mid-century, experts predict that the number will have increased to 2.6 million annually.

The American Cancer Society estimates that in 2016, 1.6 million Americans will be diagnosed with cancer and more than 580,000 will die of cancer.²

- CNN is reporting that cancer has surpassed heart disease to become the leading cause of death among Hispanics in the United States, according to a recently released American Cancer Society report.

Cancer patients/families want spiritual support. Two studies done between 2007-2009 and published in the *Journal of Clinical Oncology* addressed the spiritual needs of cancer patients.

- The first showed there is a strong desire for spiritual support on the part of cancer patients. **But of the 88 percent who considered religion to be at least somewhat important, nearly half said their spiritual needs were not being met by their religious community and 72 percent felt those needs were similarly unaddressed by the medical system.**³

¹ American Cancer Society, National Cancer Institute, Centers for Disease Control and Prevention, North American Association of Central Cancer Registries. (2000). Annual Report to the Nation on the Status of Cancer, 1973-1999. *Cancer*, 94:2766-2792.

² American Cancer Society. (2016). *Cancer Facts & Figures*. Atlanta: American Cancer Society.

³ Balboni, T., Vanderwerker, L., Block, S. D., Paulk, M., Lathan, C., Peteet, J., and Prigerson, H. (2007). "Religiosity and Spiritual Support Among Advanced Cancer Patients and Associations with End-of-Life Treatment Preferences and Quality of Life." *Journal of Clinical Oncology*, 25:550-560.

- The second study concluded that among terminally ill cancer patients when the spiritual needs were supported by the medical team, there was greater hospice utilization and, among high religious copers, better patient quality of life near death.⁴

Cancer patients and their families are vulnerable, facing major life questions and issues.

- The Institute of Medicine has published that cancer patients have seven critical psychosocial needs.⁵ They are:
 - Information on cancer and its treatments
 - Help in coping with emotions related to cancer
 - Material and logistical resources
 - Help in managing disruptions in work, school, and family
 - Assistance in changing behaviors
 - Help in managing the illness
 - Financial advice and assistance
- An article in *US News & World Report* on July 23, 2012, stated that cancer patients ages 14-39 are more likely to report unmet social, psychological, and informational needs.⁶

The church should show Jesus to cancer patients and their families – attend to their needs, minister to them, care for their souls, and open the doors of the church community to them.

⁴ Balboni, T., Paulk, M., Balboni, M. P., Loggers, E., Wright, A., Block, S., and Prigerson, H. (2010). "Provision of Spiritual Care to Patients With Advanced Cancer: Associations With Medical Care and Quality of Life Near Death." *Journal of Clinical Oncology*, 28:445-452.

⁵ Institute of Medicine. (2008). *Cancer Care for the Whole Patient: Meeting Psychosocial Health Needs*. Washington, D.C.: The National Academies Press.

⁶ HealthDay. (2012, July 23). "Young Cancer Patients Often Lack Support: Study." Retrieved Oct. 1, 2013, from *US News & World Report*: <http://health.usnews.com/health-news/news/articles/2012/07/23/young-cancer-patients-often-lack-support-study>.

Scientific Research and Spirituality

Spirituality vs. Religion – Excerpts from *Spiritual Caregiving Healthcare as a Ministry* by Verna Benner Carson and Harold G. Koenig, MD⁷:

- **Spirituality** – how we're connected in relationship with God ... deals with meaning and purpose and how these factors into being a "holistic" person. Spirituality is within us, around us, about us. Every aspect of life has a spiritual component.
- **Religion** – represents our outward actions in response to our spirituality. It's the formal expression of God incarnate expressed in relationship with others through education, worship, fellowship, etc.

From *The Healing Power of Faith* by Harold G. Koenig, MD⁸:

Studies from the Duke University Center for Spirituality, Theology, and Health, as well as hundreds of major studies by other physicians, researchers, and organizations, have produced the following results:

- People who regularly attend church, pray individually, and read the Bible have a significantly lower diastolic blood pressure than the less religious (in older adults, they were 60 percent more likely to). Those with the lowest blood pressure both attend church and pray or study the Bible often.
- People who attend church regularly are hospitalized much less often than people who never or rarely participate in religious services.
- The deeper a person's religious faith, the less likely he or she is to be crippled by depression during and after hospitalization for physical illness.
- Religious people have healthier lifestyles. They tend to avoid alcohol and drug abuse, risky sexual behavior, and other unhealthy habits.
- Elderly people with a deep, personal ("intrinsic") religious faith have a stronger sense of well-being and life satisfaction than their less religious peers. This may be due in part to the stable marriages and strong families religious people tend to build.
- People with strong faith who suffer from physical illness have significantly better health outcomes than less religious people.

⁷ Benner Carson, V., and Koenig, H. G. (2004). *Spiritual Caregiving: Healthcare as a Ministry*. West Conshohocken: Templeton Foundation Press.

⁸ Koenig, H. G. (2001). *The Healing Power of Faith: How Belief and Prayer Can Help You Triumph Over Disease*. New York: Touchstone.

- People who attend religious services regularly have stronger immune systems than their less religious counterparts. People who went to church regularly had significantly lower blood levels of interleukin-6 (IL-6), which rises with unrelieved chronic stress. High levels of IL-6 reflect a weakened immune system, which, in turn, increases the risk of infection, autoimmune disease, and certain cancers.
- Religious people live longer. A growing body of research shows that religious people are both physically healthier in later life and live longer than their nonreligious counterparts. ***Religious faith appears to protect the elderly from the two major afflictions of later life: cardiovascular disease and cancer.*** In this regard, religion may be as significant a protective factor as not smoking, in terms of survival and longevity.
- Religious hip-fracture patients recover faster than their nonreligious counterparts.
- Older people who attend religious services avoid disability significantly longer than their non-attending peers.
- After open-heart surgery, patients who find comfort in their religious faith are three times more likely to survive than nonreligious patients.
- Persons with mental illnesses like schizophrenia can achieve higher functioning if they're surrounded by a supportive church community.
- A year into recovery from heroin addiction, people in religious-based recovery programs were almost eight times more likely to report abstinence from opiates than those who received purely secular treatment.⁹
- In 1998, the *Journal of the American Medical Association* reported that depression visits to physicians between 1985 and 1994 almost doubled from 10.99 million to 20.43 million. The National Institute of Mental Health estimates that approximately 17.6 million Americans suffer depression each year. But people with strong religious faith are less likely to suffer depression from stressful life events, and, if they do, they are more likely to recover from depression than those who are less religious.
- Deeply sincere devotional practices reduce stress. People enjoy improved mood; they are delivered from anguished tension to tranquility. Mood is connected to chemical neurotransmitters in the brain, such as serotonin. Neuroscientists now believe many people suffering from depression have low levels of certain neurotransmitters, which seem to predispose them to drug or alcohol abuse.

⁹ Matthews, D., Larson, D., and Barry, C. (1993). *The Faith Factor: An Annotated Bibliography of Clinical Research on Spiritual Subjects, Vol 1*. Rockville: National Institute for Healthcare Research.

From the *American Academy of Anti-Aging Medicine*: “Science or Miracle? Holiday Season Survey Reveals Physicians’ Views of Faith, Prayer and Miracles”¹⁰

A national survey of 1,100 physicians, conducted by HCD Research and the Louis Finkelstein Institute for Religious and Social Studies of The Jewish Theological Seminary in New York City, found that 74 percent of doctors believe that miracles have occurred in the past and 73 percent believe that miracles can occur today.

The poll also indicated that American physicians are surprisingly religious, with 72 percent indicating they believe that religion provides a reliable and necessary guide to life.

Those surveyed represent physicians from Christian (Roman Catholic, Protestant, Orthodox Christian, and other), Jewish (Orthodox, Conservative, Reform, and secular), Muslim, Hindu, and Buddhist religious traditions.

From *Stress and Health in Psychology*: “Spirituality and Faith Communities”¹¹

As medical science matured, healing and religion diverged. The separation between religion and medicine is now shrinking. “Spirituality” has made a comeback:

- Since 1995, Harvard Medical School has annually attracted 1,000–2,000 health professionals to its Spirituality and Healing in Medicine conferences.
- Duke University has established a Center for Spirituality, Theology, and Health.
- Eighty-six of America’s 126 medical schools offered spirituality and health courses in 2002, up from five in 1992 (Koenig, 2002).
- A Yankelovich survey (1997) found 94 percent of HMO professionals and 99 percent of family physicians agreeing that “personal prayer, meditation, or other spiritual and religious practices” can enhance medical treatment.
- More than 1,000 studies have sought to correlate “the faith factor” with health and healing. Consider two:
 - Jeremy Kark and his colleagues (1996) compared the death rates for 3,900 Israelis either in one of 11 religiously orthodox or in one of 11 matched, nonreligious collective settlements (kibbutz communities). The researchers reported that over 16 years, “belonging to a religious collective was associated with a strong protective effect” not explained by age or economic differences. In every age group, those belonging to the religious communities

¹⁰ HCD Research. (2004, December 20). “Science or Miracle? Holiday Season Survey Reveals Physicians’ Views of Faith, Prayer and Miracles.” Retrieved Oct. 1, 2013, from HCD Research: <http://www.hcdi.net/News/PressRelease.cfm?ID=47>.

¹¹ Myers, D. (2007). “Spirituality and Faith Communities.” Originally printed in Chapter 14: Stress and Health, in *Psychology*. Retrieved Oct. 1, 2013, from David G. Myers: Professor of Psychology, Hope College:

were about half as likely as their nonreligious counterparts to have died. This is roughly comparable to the gender difference in mortality.

- An earlier study of 91,909 persons in one Maryland county found that those who attended religious services weekly were less likely to die during the study period than those who did not – 53 percent less from coronary disease, 53 percent less due to suicide, and 74 percent less from cirrhosis of the liver (Comstock & Partridge, 1972).

From the International Center in Health and Spirituality: Attending Religious Services Lowers Risk of Death by 28 Percent¹²

Older Americans' chances of living longer are stretched by 28 percent when they attend religious meetings each week – even after considering key health and social factors that also could lengthen lives.

“The risk of dying for frequent attendees was 46 percent lower than for those attending less often,” commented researcher Dr. Harold G. Koenig.

From a CBS News Poll: “Should Doctors Pray with Their Patients?” (April 20-21, 1998)¹³

- 80 percent believe personal prayer or other spiritual and religious practices can speed or help the medical treatment of people who are ill.
- 22 percent say they have been cured of an illness as a result of personal prayer or other spiritual and religious practices.
- 63 percent believe doctors should join their patients in prayer to ask for help in curing an illness if patients request it.
- 34 percent believe that prayer should be a standard part of the practice of medicine.
- 59 percent say religion is very important or extremely important in their daily lives.
- 60 percent say they pray at least once a day. 64 percent say they pray for their health, and 82 percent say they pray for the health of others.

¹² Koenig, H., George, L., Hays, J., Larson, D., Cohen, H., and Blazer, D. (1998). “The Relationship Between Religious Activities and Blood Pressure in Older Adults.” *International Journal of Psychology in Medicine*, 28(2):189-213.

¹³ Sperry, L. (2001). Use of Spiritual Interventions by Mental Health Professionals. In L. Sperry, *Spirituality in Clinical Practice* (p. 7). Ann Arbor: Sheridan Books.

USA Weekend Faith and Health Poll (1996)¹⁴

- 56 percent say their faith has helped them recover from illness, injury, or disease. Most interesting: 49 percent of 18–34-year-olds say their spiritual faith has helped them heal. That number rises to 62 percent in the 45-54 age group.

¹⁴ Associated Press. (1996, April 3). "Poll: 6 in 10 Think Doctors Should Talk About Spiritual Faith."
Retrieved Oct. 1, 2013, from AP News Archive: <http://www.apnewsarchive.com/1996/Poll-Six-in-10-Think-Doctors-Should-Talk-About-Spiritual-Faith/id-3bb9a6cd75efc883027442f5d35e474a>

The Calling of God to Cancer Care Ministry

Cancer care ministry is not about healing people. Only God can heal.

Biblical Support

A few days later, when Jesus again entered Capernaum, the people heard that he had come home. They gathered in such large numbers that there was no room left, not even outside the door, and he preached the word to them. Some men came, bringing to him a paralyzed man, carried by four of them. Since they could not get him to Jesus because of the crowd, they made an opening in the roof above Jesus by digging through it and then lowered the mat the man was lying on.

When Jesus saw their faith, he said to the paralyzed man, “Son, your sins are forgiven.” Now some teachers of the law were sitting there, thinking to themselves, “Why does this fellow talk like that? He’s blaspheming! Who can forgive sins but God alone?” Immediately Jesus knew in his spirit that this was what they were thinking in their hearts, and he said to them, “Why are you thinking these things?”

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

—Mark 2:1-12 NIV

This is a man who found himself in a helpless situation. Four stretcher-bearers got him to the feet of Jesus. At the feet of Jesus, he was healed.

How do we, as cancer care ministers, get patients and caregivers to the feet of Jesus?

We meet their needs:

- Physical
- Emotional
- Social
- Spiritual

What would have happened to this paralyzed man if he had not had four friends willing to climb up on a roof and get their hands dirty?

This man's life was changed when he encountered Jesus. His life changed because four people helped him get there.

A Minister's Role

Cancer is overwhelming physically, emotionally, and spiritually — both for the patient and the caregiver. Having someone to take the pressure off at various points in their life makes all the difference in the world.

That is our calling.

But we are not called to do this alone.

Carry each other's burdens, and in this way you will fulfill the law of Christ.

—Galatians 6:2 NIV

And the things you have heard me say in the presence of many witnesses entrust to reliable people who will also be qualified to teach others.

—2 Timothy 2:2 NIV



Our Sponsor

The Understanding Behind the Program

The training you have received from Immersion® has been brought to you by the Pastoral Care Department at The Fishers of Men University. The following information is provided to you by our sponsor as a resource. This will provide you with an understanding of why Immersion is so important to the Pastoral Care Department.

Introduction

Since 2015, The Fishers of Men Universities has been educating, and helping communities, patients win the fight against cancer using advanced technology and a personalized approach.

If your mother had cancer, how would you want her to be treated? That simple question has evolved into the Immersion Standard of Care. The Father Standard represents a unique, vibrant approach that delivers a complete, patient-focused treatment experience.

The Father Standard of care allows physicians to offer patients the latest, evidence-based treatments to attack the cancer, combined with a comprehensive array of scientifically supported integrative therapies to help strengthen the immune system, ease side effects, and improve quality of life.

Immersion knows that cancer patients want their treatment to incorporate the needs of the whole person – physically, emotionally, and spiritually. They know patients value greatly a multidisciplinary care team that will be responsive to their personal needs throughout treatment.

The following sections will explain how the mental/emotional, physical, and spiritual needs of patients are addressed according to Immersion understanding philosophy.



Caring for the Mind/Emotions

The Mind-Body Medicine Program supports patients and their caregivers before, during, and after cancer treatment.

Mind-body medicine, an integral part of whole-person care, recognizes the powerful ways in which emotional, mental, social, and behavioral factors can directly affect health. Licensed mental health and allied professionals offer caring relationships and therapeutic practices and techniques to help patients and caregivers respond to cancer diagnosis and treatment in empowering and stress-minimizing ways to improve their health, relationships, and overall well-being.

Each new patient should be scheduled to meet with a mind-body therapist at least once to introduce the services. It is their decision if they would like to continue meeting with a mind-body therapist and/or participate in any of the following services:

- **Individual, couples, and family counseling:** Meet with a mind-body therapist to work through difficult decisions, cope with cancer and how it affects life and relationships, discover how to use inner strengths, and explore ways to enjoy life while on this journey.
- **Support groups:** Connect with others going through a similar experience.
- **Wellness practices for stress management/reduction:** Discover tools and strategies that can be built into everyday life to help reduce stress and positively affect overall well-being.
- **Therapeutic laughter:** Enjoy a distraction from everyday stresses by joining in laughter exercises. Research has shown that positive laughter and humor can offer many physical and psychological health benefits.

Caring for the Body

Our sponsor uses leading technology to aggressively treat cancer. At the same time, they support patients with nutrition and other therapies, because they know that managing the side effects of cancer treatment is half the battle.

Patients receive continuous care from a dedicated team, including oncologists, surgeons, and other integrative care clinicians. Most or all of the diagnostic testing and treatments take place onsite.

Diagnosis

When patients first visit one of the cancer treatment centers or hospitals, their team of cancer experts performs a complete array of diagnostic tests to diagnose and stage the disease. Based on these results, they work with patients to develop a comprehensive, fully integrated treatment plan that best suits their individual needs.

- **Diagnostic imaging:** Advanced diagnostic imaging technology and tools are used to formulate treatment recommendations best suited to the patient's needs. One technology, the Discovery™ PET/CT 600 scanner, can often detect cancerous cells before tumors are present.
- **Genomic tumor assessment:** Genomic tumor assessment reveals the DNA alterations that are driving the growth of a cancer. As the doctors understand more about these gene mutations, they are better able to provide cancer treatment therapies that specifically target changes in the tumor's genomic profile.

Treatment Options

Advances in cancer treatment like surgery, chemotherapy, and radiation therapy are combined with integrative oncology services to provide patients with the best possible care.

- **Surgery:** Whether a patient is a candidate for surgery or not depends on factors such as the type, size, location, grade, and stage of the tumor, as well as general health factors such as age, physical fitness, and other coexisting medical conditions the patient may have.
- **Chemotherapy:** Chemotherapy is the use of anticancer drugs. These drugs are designed to interfere with and halt the growth of rapidly dividing cancer cells in the body. Tests like tumor molecular profiling help identify the right drug combination for each cancer type and avoid unnecessary toxicity to the patient.
- **Radiation therapy:** Radiation therapy uses targeted energy to kill cancer cells, shrink tumors, and provide relief of certain cancer-related symptoms. Expert radiation oncologists use a variety of advanced technologies to deliver maximum radiation doses to tumors, with less damage to healthy tissues and organs. By focusing the radiation directly on the tumor, there is a lower risk of side effects.

Nutrition Therapy

The Nutrition Therapy team helps restore digestive health, prevent malnutrition, and provide dietary recommendations during treatment. Their goal is to help patients stay strong and nourished, so they can continue with their cancer treatment.

Every patient is scheduled to meet with a registered dietitian during the first visit to CTCA. During this visit, they are given a full assessment to identify daily goals for calories and protein. Their dietitian will look at their health history, disease type, and treatment plan to recommend nourishing foods during cancer care.

The dietitian will monitor their nutrition status from the beginning to the end of cancer treatment, making modifications as needed to minimize side effects and treatment interruptions before they arise.

The patient's dietitian communicates regularly with their oncologists and the other members of the cancer team. Working together closely allows for a fully integrated approach to treating cancer. The dietitian can share any specific nutrition challenges with other members of the patient's care team, such as the oncologist. Everyone works together to find solutions that meet each patient's needs.

The Nutrition Therapy team also provides information and classes about healthy eating habits to caregivers and family members, so the patient can continue a healthy lifestyle at home.

Pain Management

Managing pain is a priority during cancer treatment. The experienced Pain Management team cares for patients throughout their treatment to ensure that they are comfortable. The team uses a variety of modalities to treat and control pain, including:

- Prescription medications
- Implanted pain pumps
- Nerve block therapies
- Physical therapy
- Massage therapy
- Chiropractic treatment

The Pain Management team is fully integrated with the patient's oncologist and other members of the cancer team. In addition to medication, the pain management regimen may include one or more of these integrative oncology services:

- **Naturopathic medicine:** Uses natural therapies to help patients combat pain, as well as reduce the hormonal side effects that may accompany cancer treatment.
- **Oncology rehabilitation:** Plays a key role in pain management by using a variety of physical therapy and other techniques to improve mobility and trigger the release of endorphins, which are the immune system's natural defense against pain.

- **The mind-body medicine team:** Available to teach patients relaxation tools to help manage pain and reduce the anxiety and fatigue related to cancer or cancer treatment.

Caring for the Spirit

At Immersion, faith is embraced as part of their commitment to providing hope that never quits.

One of the first things that cancer does is to try and steal hope. However, the Pastoral Care Department at Immersion recognizes that God is the source of hope. Through faith, patients can find strength and hope in Him, especially in the face of challenges and difficult moments. The Scripture is full of words of encouragement, but one verse that many patients find particularly meaningful is Jeremiah 29:11...

Most hospitals have a dedicated pastoral care team that is united in the purpose of encouraging patients in their faith and helping them find strength and hope in God. From the moment a patient walks into one of these state-of-the-art medical facilities, a pastor is available to participate in the patient's care along with their oncologists, surgeons, nurses, and integrative care clinicians.

Every patient, every caregiver, and every family is precious to God. When they walk through the door at any Cancer Treatment Center, the Pastoral Care Team should be there to encourage them and provide spiritual support. The team is dedicated to walking with patients through their journey as they face issues that impact life values: sickness and healing, despair and hope, guilt and forgiveness, fear and peace, anger and acceptance, as well as eternity and mortality.

Additionally, our Pastoral Care Team offers assistance and support to family members, as well as patients.

Patients and family members can integrate spiritual care into treatment in a variety of ways:

- Individual and group prayer
- Counseling by a faith representative
- Weekly interfaith worship and communion services
- Communication between the pastoral care team and a family's spiritual advisors at home
- Patient and caregiver classes focused on healing, faith, and life
- Covers of Love – a homemade blanket or quilt given to treating patients the first time they attend a mid-week worship service
- Taped ministry
- Support with end-of-life issues and decisions
- Baptisms, weddings, and funerals

If patients are more comfortable seeing clergy from their church or denomination, the Pastoral Care team can contact local clergy for them and help coordinate visitation and support. The Pastoral Care team will do everything they can to support each patient's faith and help them through this journey with hope. After patients leave a cancer treatment center, the team can continue to provide them and their families with spiritual support remotely by phone and Internet.



Appendix

Resources

These ministry resources can be used by leaders for their own education, as well as given to patients and caregivers as appropriate. Find all of these expanded resources online at ourjourneyofhope.com.

Expanded Online Material

Understanding Cancer

A step-by-step guide to understanding some of the basic medical elements of cancer.

Helpful Scriptures

Biblical references for patients, caregivers, and ministers.

Creative Care

How to address a spectrum of patient and caregiver needs in creative ways.

Hospital Visitation

Preparation for visiting patients while they are in the hospital.

Communication Exercises

Responses to life-threatening illness and styles of helping.

Risk Reduction and Prevention

Life choices that may help reduce risk.

Special Needs of Cancer Patients

Physical, spiritual, and practical needs of cancer patients.

Definition of a Ministering Person

The calling of the cancer care ministry and who should consider it.

Naturopathic Medicine

What is naturopathic medicine and what may it be able to help with?

Nutrition Essentials

Carbohydrates, fats and proteins in the body.

Helpful Internet Sites

General Cancer Sites

- American Cancer Society – www.cancer.org
- Cancer Care, Inc. – www.cancercare.org
- Cancer Education – www.cancereducation.com
- Cancer News – www.cancernews.com
- Cancer Prevention and Control – www.cdc.gov
- Health, Hope & Inspiration Radio with Rev. Percy McCray – <http://www.healthhopeandinspiration.com/>
- Medscape – www.medscape.com/oncology
- National Cancer Institute – www.cancer.gov
- National Library of Medicine – www.nlm.nih.gov
- Oncology.com – www.cancer.net
- Oncology Nutrition – www.oncologynutrition.org
- Immersion Cancer Care Ministry Leaders Facebook Group – <https://www.facebook.com/groups/590010337803217/>
- Immersion Leaders Network – <http://leaders.ourjourneyofhope.com/>
- Reuters Health Information Service – <http://www.reuters.com/news/health>
- Web MD – www.webmd.com

Grief

- Grief share – www.griefshare.org
- The Grief Recovery Institute – www.grief.net
- The American Academy of Bereavement – www.thebereavementacademy.com
- The Grief Recovery Method – www.griefrecoverymethod.com

Supportive Therapies

- Journal of Supportive Oncology – www.mdedge.com/jcso
- American Heart Association – www.heart.org
- American Stroke Association – www.strokeassociation.org
- American Lung Association – www.lung.org
- Nicotine Anonymous – www.nicotine-anonymous.org
- Centers for Disease Control and Prevention – www.cdc.gov/tobacco
- Smokefree.gov – www.smokefree.gov

Medication information

- Coping With Cancer Online Magazine – www.copingmag.com/coping-with-cancer
- CURE Magazine (free publication) – www.curetoday.com

Recipes

- American Institute for Cancer Research – www.aicr.org
- Cancer Treatment Centers of America – <http://www.cancercenter.com/after-care-services/recipe-cards.cfm>

Cancer Care Leadership Training

Answer Key

Day One

- | | |
|---|---|
| <p>2: biblically based
tools
insight and resources</p> <p>4: 2015
2015</p> <p>6: Immersive
networking</p> <p>7: action plan
curriculum
access
network</p> <p>8: burdens
encouraging</p> <p>9: hope
death sentence
Family and caregivers
re-evaluate
ostracized</p> <p>10: defined
health
time or energy
emotional and spiritual</p> <p>11: peace and joy
friendships
faith</p> <p>12: compassion
bitterness
hope
punished
Accepting
Reassessment</p> <p>13: abandonment
anger
frustration</p> | <p>14: Isolation
Embarrassment
advice
family</p> <p>15: treatments
resources
behaviors
Financial</p> <p>17: 2
3</p> <p>21: surfaces
supporting
immune
bone marrow</p> <p>22: DNA
Treatment and results</p> <p>27: chemicals
Genetics</p> <p>31: large
lymph nodes
metastasized</p> <p>32: irregular
grow
resemble</p> <p>33: complex
200</p> <p>34: variations
subtypes</p> <p>35: progression</p> <p>36: Surgery
Radiation
Chemotherapy</p> <p>37: cancer cells
MORE</p> <p>43: tumor
normal</p> |
|---|---|

- 45: radiation
- 46: naturopathic
- 47: supportive care service
anxiety
- 49: Resources
Group

Day Two

- 50: nurturing
insight
- 51: prayer points
video session
- 52: network
encourage
- 53: commission
- 54: announce
Recruit
- 55: Bulletin
Flyer
PowerPoint
- 57: Terms and Conditions
- 58: senior pastor
activator
- 62: 20 and 30
inspire and engage
- 63: mind and spirit
1.5
- 64: sensitive
practical
- 65: emotional
integrative
differently
- 66: hope
mind
Side effects
- 67: love
negative
feelings

- 68: trivializing
biblically based
limitations
- 69: companion
calling
- 71: courage
fears
- 72: cognitive
empowerer
- 73: strong
health
indirect
- 76: self-image
insurance
- 77: Respect
Value
Christ
- 79: Terms and Conditions
resources
encouragement and feedback
weekly
- 81: handouts
monthly meetings
- 82: 86-91
- 85: Home
Family
- 86: brochure
counselors
- 87: curriculum
endorse
training group
- 88: 5 to 12
time and location

Immersion Ministry Concierge Service

The Ministry Concierge Service (MCS) is an exclusive resource for cancer care ministry leaders and those to whom they minister.

- The MCS provides access to a dedicated team of Oncology Information Specialists who work with the faith community to provide answers to questions about cancer care, explore potential treatment options, and facilitate second opinions.
- The MCS helps save time and frustration for patients and caregivers by enabling them to bypass layers of process and talk directly with seasoned cancer care experts who also respect and embrace their faith.
- The MCS helps give ministry leaders the peace of mind that their people will be able to call and talk with an appropriate person, the first time, every time.

CANCER CARE MINISTERS OFFER HOPE AND A NETWORK OF SUPPORT TO PATIENTS AND THEIR FAMILIES DURING THE MOST DIFFICULT TIME IN THEIR LIVES.



“The Spirit of the Lord GOD is upon Me
Because the LORD has anointed Me
To preach good tidings to the poor;
He has sent Me to heal the brokenhearted,
To proclaim liberty to the captives,
And the opening of the prison to those who are bound;
... To **comfort all who mourn**,
To console those who mourn in Zion,
To give them **beauty for ashes**,
The oil of joy for mourning,
The garment of praise for the spirit of heaviness;
That they may be called **trees of righteousness**,
The planting of the LORD, that He may be glorified.”

Isaiah 61:1-3 (NKJV)

