


1-2023

# Transgenerational Wellness: Trauma Informed Christian Spiritual Formation

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*Doctor of Ministry*. 599.  
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GEORGE FOX UNIVERSITY

TRANSGENERATIONAL WELLNESS  
TRAUMA INFORMED CHRISTIAN SPIRITUAL FORMATION

A DISSERTATION SUBMITTED TO  
THE FACULTY OF PORTLAND SEMINARY  
AND JAKES DIVINITY SCHOOL  
IN CANDIDACY FOR THE DEGREE OF  
DOCTOR OF MINISTRY

BY

WINFORD AMOS

PORTLAND, OREGON

JANUARY 2023



## CERTIFICATE OF APPROVAL

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DMin Dissertation

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This is to certify that the DMin Dissertation of

Winford Amos

has been approved by  
the Dissertation Committee on February 14, 2023 for the degree of  
Doctor of Ministry in Spirit-Filled Global Leadership in the African Diaspora.

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## DEDICATION

Dedicated to my lovely wife Tiffany Amos who has supported me in all that God has called me to do.

## ACKNOWLEDGMENTS

I praise God for the wisdom, strength, and perseverance to bring this to completion. The sacrifice made by my lovely wife Tiffany Amos is beyond measure. Words cannot express the gratitude that I have for all she has done to support this journey. My parents Clement and Mary Amos laid the foundation for who I am today and continue to love and support me in their nineties. My children and grandchildren made space for this journey, and I am grateful for their patience and understanding. My Florida family provided necessary resources, prayer, and supporting relationships during this process. This endeavor cost valuable time away from my wife, parents, and others. May the Lord Bless each of you for the sacrifices that you made.

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## ABSTRACT

Certain mindsets, processes, and practices produce health inequities and disparities including poor spiritual health. Young adults between the ages of eighteen and twenty-five years old are experiencing challenges with mental health and substance use resulting in a high rate of suicides and overdose related deaths. Many are experiencing co-occurring substance use and mental health challenges and have a history of trauma. There are limited options available for integrated treatment. Accessibility to services is very difficult due to limited providers and limited resources at this age. Church attendance has decreased significantly for young adults which limits the capacity of the church to respond to this crisis. A multifaceted and multidisciplinary approach is needed to engage the mission field for these young adults. A spiritually oriented social ecological approach to Christian spiritual formation that integrates healthy leadership, mindsets, processes, and practices will produce healthy faith communities leading to nested relationships across generations. A Spiritually Oriented Social Ecological Model provides the framework to respond to the complexities of this intergenerational problem. A multidisciplinary approach is utilized to build an interdisciplinary team for the mission field. Christian spiritual formation that is theologically sound provides families with the core beliefs, values, and practices to build a relationship with God, themselves, others, and the world. Equipped for The Journey facilitates a web platform that creates virtual access to services that are in dire need within the body of Christ. The organization also functions as a bridge between the church, health providers, and the community through collaboration, service delivery, and training.

## SECTION 1: THE PROBLEM

### **Introduction**

SOSEM is an acronym for a Spiritually Oriented Social Ecological Model. SOSEM is a theologically sound approach that allows for deliverance, healing, strengthening and spiritual maturity. This approach provides a multifaceted and multidisciplinary response to a complex set of community challenges. Health, covenant relationships and spiritual formation are among the fruits produced from the SOSEM approach. SOSEM is congruent with evidence-based models of psychotherapy which foster healing in the social sciences field. Psychotherapy offers a healing process without a foundational belief system to ground those who engage in the therapeutic process. The SOSEM approach incorporates biblical theology to define the core beliefs and values necessary for Christian Spiritual Formation. SOSEM is a comprehensive framework that grounds evidence-based interventions within Christian spiritual formation allowing orthodoxy, orthopraxy and orthopathy to guide the model. The synergism of evidenced based therapeutic interventions with the values, beliefs, and practices of Christian spiritual formation produces health in a community of believers. The SOSEM approach is designed to function within a social ecological framework honoring the synergistic relationships between God, person, family, community, and society. Equipped for The Journey, Inc. is a nonprofit organization which facilitates a web platform to blend virtual and in person experiences seamlessly to accommodate the way young adults in our current society.

## **The Story**

Louis is a twenty-two-year-old male visiting a charismatic church after the death of three friends within the past twelve months. He also attends an evangelical church with his family. Louis wants a deeper relationship with God and healing from past and current experiences. His faith community teaches sound doctrine and provides Christian spiritual formation. The charismatic church offers spiritual healing and deliverance from the pain he is experiencing. He attends both churches and collaborates with a therapist to continue his healing journey.

There is a struggle to establish nested relationships in the evangelical church focused on right action and the charismatic church offers the right feeling without the structure of the evangelical church. It is difficult managing the complexity of two faith communities along with receiving psychotherapy. Louis desires a faith community where orthodoxy, orthopathy, and orthopraxy are available in a safe environment for healing. He is receiving services and support from multiple places and he is struggling to navigate the process alone. It is difficult to grow spiritually when there is a need for healing and deliverance. Having the processes and practices for Christian spiritual formation is essential for Louis to move from surviving to thriving. His desire is to have access to the various resources he needs within a community compared to engaging different organizations who have no point of collaboration. Louis considers his interactions online as part of his overall community.

### **Discovery Session**

The researcher facilitated a discovery session with various stakeholders from the community. This group included a local Judge who is in training to be a deacon in the Roman Catholic Church. A deacon from a non-denominational church and his wife who is a Licensed Professional Counselor also participated in the discovery session. Another stakeholder was a Licensed Practical Nurse with diverse experience working in hospitals, medical clinics, and mental health clinics. She was able to give insight from a medical perspective. The final person is a Christian who is not attending a local church at this time which provided a perspective from someone who experienced challenges in a local church community. The group included three males and two females. We met on a Thursday evening with light refreshments provided for attendees.

An overview of the NPO was provided for the individuals present and the agenda for the evening was presented. The participants were very engaged in the process and desired to be an active part of the project as it materializes. Positive feedback on the structure and process was received from all participants. There was an atmosphere of community by the end of the session. The most challenging part for most people was not to produce an immediate solution but rather have a heartfelt discussion about the challenges we faced. It was interesting to watch the targeted audience for the project develop into a focus on 18-26-year-old young adults. The initial focus was on leadership development to address the problem as part of the overall process. A transgenerational approach is needed to allow formation for leaders as well as the population of focus. Themes of alienation and indifference prevailed. Generational pain and lack of

compassion were the consensus used to describe the majority of what emerged during the discovery session.

### *Discovery Statement*

Considering young adults, we have discovered generational pain, which is caused by lack of compassion. If solved, it would mean nested relationships in the community.

### *Key Insights from Discovery Session*

The discovery session provided valuable insight and shifted the focus of the one-on-one interviews. It was very apparent from the discussion and initial research that young adults are facing immense challenges and this follows their maturity to older adults. Although the problem is known, there has not been a focus to address this problem in our community. Initially the focus was on leadership development for current and emerging leaders and a gap was identified in relationships. This identification of relationship challenges was revealed, and the consequences related to the absence of meaningful relationships are dire. Social media and other factors contribute to the decline in close meaningful relationships. The theme of indifference was very insightful. Having no particular interest or sympathy is the working definition of indifference the group decided to embrace. Young adults are sometimes seen as being indifferent due to the generational pain experienced. The population was further defined as young adults between the ages of 18-26 who are experiencing challenges relating to gender, single parents, relationship failures, lack of life skills, lack of resources, substance use, trauma, and feeling alienated from older adults.

*One-on-one Interview Discoveries*

The first person interviewed was a 19-year-old college student who “loves God” and does not attend a local church. She described the disconnect when “older people are teaching youth groups.” Her desire is for more community focused engagement, and she is not sure how to get there. Her main concerns included a dual focus of individuals in the LGBTQ community not feeling comfortable and those who support the LGBTQ community feeling alienated as well. The youth would like to have a voice and be involved with developing a solution. They do not have the answers and would like to be involved in the development of solutions.

The second interview was conducted by the researcher with a 24-year-old female college graduate who is active in her local church. She has a seven-month-old baby and has been married for 1 year and eleven months. Her source of spiritual growth was the small group at her local church she started attending while in college. She describes the most beneficial experiences coming from an intimate small group environment where interaction and questions are allowed. She disagreed with the focus of the project not being on ministry leaders. “If the leadership is right, that will solve the problem.” Her meaningful connection to the church is the small group where she can actively engage the teaching process in this setting. The opportunity to participate in a discussion has allowed her to grow spiritually as it gives her access to insight into life applications.

The final interview was with a 27-year-old female who is single after a long-term relationship ended. She is actively engaged with an online ministry called Transformation Nation. She described how her “friend group” struggled trying to accomplish more than the previous generation. This has led to some challenges relating to a performance-based

mindset that is filled with disappointments. She reports that many individuals in her friend group suffer with depressive symptoms due to always striving to be better. Small groups that teach life principles showing people how to activate their faith is the focus of what she considers important. She struggles to find a balance with the local faith community and states the churches in her area lack diversity.

### *Synthesis*

The project will focus on giving young adults a voice, providing a safe environment for healing, and growing spiritually, developing nested relationships in a community that embraces diversity and inclusion with a focus on overall health. Empowering older adults through training will allow for a transgenerational response. The discovery session identified the generational pain and lack of compassion or indifference present. Online ministry provides the teaching for growth but does not provide a community for social connections. Young adults desire an environment where they can share and relate to one another. Friendships and connection are important at this age. Young adults are struggling with developing peer to peer relationships as well as nurturing relationships with older adults. The demands of starting a family and raising children contribute to the alienation experienced by young adults. There is a sense that church leadership does not understand them and does not allow for open communication surrounding current issues. It will be important to develop emerging leaders who are young adults as well as growth for current leaders.

The young adults can articulate their challenges and admit they do not have an answer. The common thread that has emerged is the need for healthy relationships. These relationships would be reciprocal and allow for open and honest discussion. Older adults,



age 27-50 are struggling with the same challenges of a lack of meaningful relationships. Individuals and families are attending activities and programs but do not feel that they are developing relationships.

Areas of academic research will focus on challenges faced by young adults aged 18-25 and leadership strategies for effectively engaging this age group. Special populations will include individuals that are facing challenges with spiritual formation, mental health, substance use, trauma, physical health, gender identity, poverty, employment, and meaningful relationships. The research may reveal effective strategies for mentoring, spiritual formation, personal growth, life skill development, economic development and building healthy relationships.

### **Disparities For the Least of These**

#### *Trauma*

Certain children and adults display trauma symptoms even though they have experienced no identifiable traumatic event. This phenomenon has become known as intergenerational trauma. The American Psychological Association defines intergenerational trauma as a phenomenon in which the descendants of a person who has experienced a terrifying event show adverse emotional and behavioral reactions to the event like those of the person himself or herself.<sup>1</sup> These reactions vary by generation but often include shame, increased anxiety and guilt, a heightened sense of vulnerability and helplessness, low self-esteem, depression, suicidality, substance abuse, dissociation,

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<sup>1</sup> American Psychological Association, APA dictionary of psychology, accessed April 25, 2022, <https://dictionary.apa.org/>.

hypervigilance, intrusive thoughts, difficulty with relationships and attachment to others, difficulty in regulating aggression, and extreme reactivity to stress.<sup>2</sup> According to the Centers for Disease Control and prevention, Epigenetics is the study of how your behaviors and environment can cause changes that affect the way your genes work.<sup>3</sup> Someone experiencing challenges related to trauma and stress related factors are at higher risk for impact in oppressive and alienating environments. Matthew Bennett asserts intergenerational epigenetic expression, and the resulting intergenerational trauma, describes how a developing fetus's noncoding DNA is prepared to express itself.<sup>4</sup> He would argue that if a person's family has a history of trauma and suffering, they are born ready to express genes that will give them the greatest possible chance to survive their family's environment. The family's environment includes the dimensions of the social ecological model. The environment may produce resiliency for some individuals leading to strength or it may express itself in a way that leads to a challenging life. A person's environment and behavior significantly contribute to epigenetic expression. The argument is that oppressive mindsets, systems, and structures contribute to the manifestation of symptoms related to intergenerational trauma.

Trauma, oppression, poverty, and addiction are positively correlated with incarceration and mortality. The crack cocaine epidemic ravaged the Black community

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<sup>2</sup> Ibid.

<sup>3</sup> Centers for Disease Control, "What is Epigenetics?," Genomics and Precision Health, Center for Disease Control and Prevention, last modified August 15, 2022, <http://www.cdc.gov/genomics/disease/epigenetics.htm>.

<sup>4</sup> Matthew Bennett, *Connecting Paradigms: A Trauma Informed Amp; neurobiological Framework for Motivational Interviewing Implementation* (Denver, CO: Bennett Innovation Group, L3C, 2017), 26.

and resulted in a war on drugs which led to enslavement of a sizable portion of the Black male population through incarceration. Crystal meth disproportionately impacted poor Caucasians and produced the same lengthy incarcerations as crack cocaine did using mandatory minimums. Opioids historically had the greatest impact on white Americans with access to healthcare and the response was to spend billions of dollars towards helping these individuals with medication assisted treatment. Access to healthcare is limited for individuals without resources. Lack of access to healthcare for minorities and those in poverty is a well-known fact in the United States. This response of rehabilitation and legal diversion for the privileged is in stark contrast to the war waged against poor users of crack cocaine and methamphetamines. It is not only the laws or rules that change, but also how these laws and rules are applied to certain demographics in the United States.

### *Stress*

Stressful events occur regularly in our society. According to the World Health Organization, stress can be defined as any type of change that causes physical, emotional, or psychological strain.<sup>5</sup> Stressors are any event, force, or condition that results in physical or emotional stress and requires adjustment or coping strategies on the part of the affected individual.<sup>6</sup> The American Psychological Association defines stress as the physiological or psychological response to internal or external stressors. Stress involves changes affecting nearly every system of the body, influencing how people feel and

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<sup>5</sup> World Health Organization, "Stress," What Is Stress?, WHO News, accessed December 3, 2022, <https://www.who.int/news-room/questions-and-answers/item/stress>.

<sup>6</sup> APA dictionary of psychology, American Psychological Association.

behave.<sup>7</sup> It is the body's response to the stressor that requires attention or action. A person's response to stress varies and it has an impact on their overall well-being. Individuals and families may encounter the same stressor with some family members having the capacity to bounce back and other members of the family have ongoing challenges at varying levels of intensity. Stress is experienced by everyone at varying intensities and often will not require adjustment or coping strategies. Prolonged internal or external stressors may lead to chronic stress when the stressor remains present and having its effects or memories of the stressor are present.<sup>8</sup> The stressor may occur at varying levels of intensity and a person may respond at varying levels of impairment of functioning.

Traumatic events are a type of stressor that include those caused by human behavior such as war, rape, and industrial accidents.<sup>9</sup> Nature may also be the cause of a traumatic stressor such as earthquakes or hurricanes. Traumatic stressors may alter a person's worldview by having them question whether the world is predictable, just, or safe. The manifestations for individuals who experienced or witnessed a traumatic event are physiological, psychological, sociological, and spiritual.

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<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5-TR* (Washington, DC: American Psychiatric Association Publishing, 2022), 305.

## *Overdose*

Black/African American drug overdose deaths between 2015-2016 increased by 40 percent compared to the overall population increase at 21 percent.<sup>10</sup> This exceeded all other racial and ethnic population groups in the U.S. From 2011-2016, compared to all other populations, Black/African Americans had the highest increase in overdose death rate for opioid deaths involving synthetic opioids like fentanyl and fentanyl analogs.<sup>11</sup> Since beginning this project, Black males have become the primary demographic disproportionately impacted by Opioid overdose deaths along with Black females as secondary. The national response to the Opioid epidemic was designed to service those with adequate healthcare access while knowing barriers exist for Blacks due to inequitable access to healthcare. This was implemented strategically and intentionally with full knowledge of healthcare disparities.

According to the National Center for Drug Abuse Statistics:<sup>12</sup>

1. Drug overdose death rate among Black women increased from 7.7 per 100,000 to 18.1 per 100,000 between 2015 and 2020. That is an increase of 147%
2. In 2020, Among men, Black or African Americans are the most likely to die from an overdose.

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<sup>10</sup> Substance Abuse and Mental Health Services Administration: The Opioid Crisis and the Black/African American Population: An Urgent Issue, Publication No, PEP20-05-02-001. Office of Behavioral Health Equity (Substance Abuse and Mental Health Services Administration, 2020).

<sup>11</sup> Ibid.

<sup>12</sup> “Drug Overdose Death Rates,” National Center for Drug Abuse Statistics, accessed April 28, 2022, <http://drugabusestatistics.org/drug-overdose-deaths/>.

3. Drug overdose death rate among Black men increased from 17.3 per 100,000 to 54.1 per 100,000 between 2015 and 2020. That is an increase of 213%

4. Among 25- to 34-year-olds, the male overdose death rate exceeds women by 146.8%.

The Substance Abuse and Mental Health Services Administration reports:<sup>13</sup>

1. Negative images of Black/African Americans with Substance Use Disorder contribute to mistreatment, discrimination, and harsh punishment instead of treatment and recovery services.

2. A comprehensive, multi-layered approach is necessary to address opioid misuse and addiction. Some would argue that for individuals with emotional pain opioids are a way of coping in the absence of healing when a community has been traumatized by decades of violence, poverty, and neglect.

### *Access to Care*

Getting access to care is difficult, unclear, and lacks continuity for individuals and families who lack resources. It is difficult for an individual or family to engage care when providers along the continuum may or may not accept the payment source for services. Medicaid allows for the service, but multiple plans exist within the plan of care for Medicaid. A provider must enroll in each one of the panels separately for the insurance companies. Each insurance plan provided by the insurance company allows various types of services. It is common for an insurance company to favor either physical health,

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<sup>13</sup> Substance Abuse and Mental Health Services Administration: The Opioid Crisis and the Black/African American Population: An Urgent Issue, Publication No, PEP20-05-02-001. Office of Behavioral Health Equity (Substance Abuse and Mental Health Services Administration, 2020).

mental health, or services geared towards a segment of the population such as children. If a person needs services for trauma, the plan may not provide the best access to a primary healthcare doctor due to rates and methods of reimbursement.

There are structural impediments for a person on Medicaid or other insurance providers to receive the multifaceted approach needed to achieve the best outcomes. A plan that favors physicians will likely lead to an individual receiving a medication intervention and they may lack access to other therapeutic services. Conversely, a plan that favors therapeutic services will likely limit the person's access to someone who can prescribe mental health medication. There are several theoretical orientations within each area of specialty and many therapeutic approaches for each theoretical orientation. Tracking through this explanation highlights how difficult and ambiguous it is for someone attempting to navigate the healthcare system and receive adequate care. It is important to note that the individual attempting to access care is suffering from their condition while trying to navigate this journey.

### *Comorbidity*

Comorbidity is when a person has more than one illness, disease, or disorder simultaneously. This occurs frequently with substance use and other mental health disorders. Comorbidity also means that interactions between these two disorders can worsen the course of both.<sup>14</sup> Stress related conditions may present alone or with other conditions. Evidence-based practices are researched for effectiveness treating a specific

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<sup>14</sup> "Comorbidity: Substance Use and Other Mental Disorders," National Institute on Drug Abuse, last modified June 3, 2022, <https://nida.nih.gov/research-topics/trends-statistics/infographics/comorbidity-substance-use-other-mental-disorders>.

diagnosis. A person diagnosed with posttraumatic stress disorder may also suffer from depression, anxiety, and or a substance use diagnoses.

Stress involves changes affecting nearly every system of the body and may be manifested by palpitations, sweating, dry mouth, shortness of breath, fidgeting, accelerated speech, augmentation of negative emotions (if already being experienced), and longer duration of stress fatigue.<sup>15</sup> It is also common for physiological conditions such as hypertension, diabetes, and other chronic health conditions to co-occur with mental health conditions including substance use. I am making a distinction referring to substance use alongside mental health conditions because it is commonly referred to in this way.

A substance use disorder is a mental health disorder. Treatment for substance use disorders is segregated from the treatment of other mental health disorders and is often referred to as addiction. People with substance use disorders are at particular risk for developing one or more primary conditions or chronic diseases. The coexistence of both a mental illness and a substance use disorder is known as a co-occurring disorder. Co-occurring disorders may include any combination of two or more substance use disorders and mental disorders identified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).<sup>16</sup> The 2020 National Survey on Drug Use and Health revealed the continued disparity of treatment for persons with co-occurring substance use and other mental health disorders. Our population focus is young adults aged 18-25 and

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<sup>15</sup> APA dictionary of psychology, American Psychological Association.

<sup>16</sup> Substance Abuse and Mental Health Services Administration, “Co-Occurring Disorders and Other Health Conditions,” SAMHSA, accessed December 3, 2022, <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/co-occurring-disorders>.



they have the highest rate of co-occurring substance use and other mental health disorders.

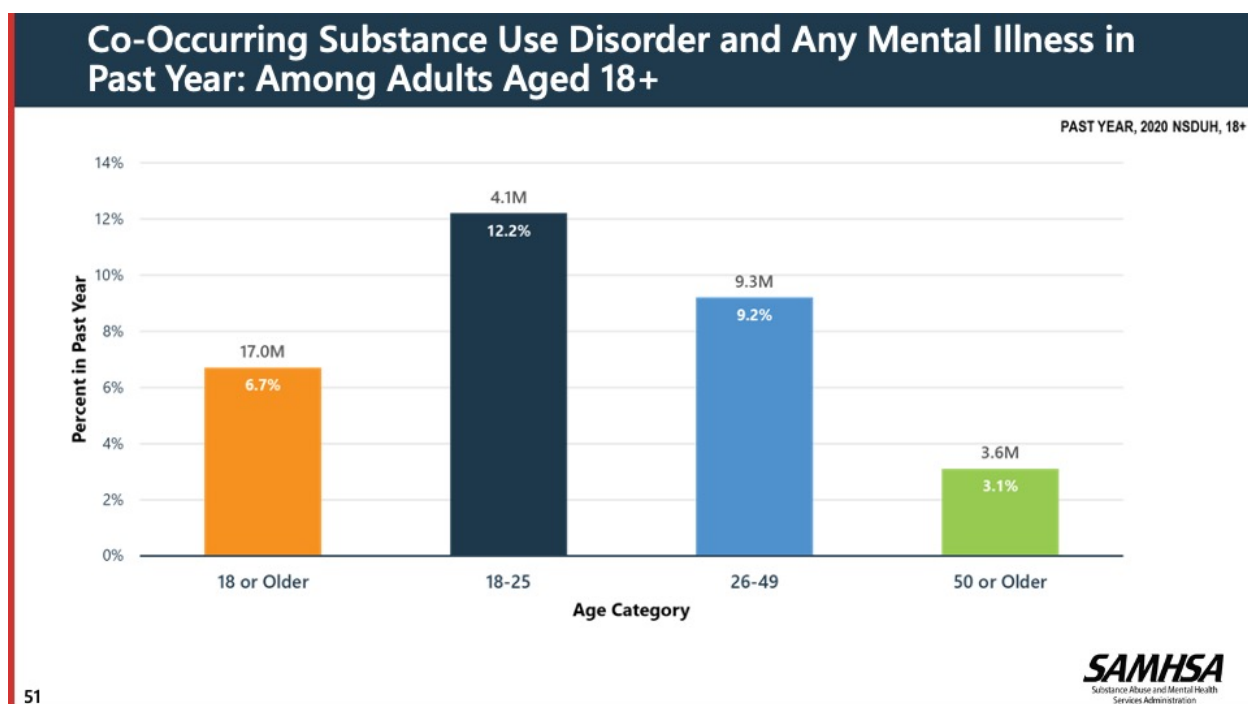
### *Co-Occurring Disorders*

#### Service Use among People with Co-Occurring Substance Use Disorder and Mental Health Issues:

- About half of adults aged 18 or older in 2020 with a co-occurring substance use disorder (SUD) and any mental illness (AMI) in the past year received either substance use treatment at a specialty facility or mental health services in the past year (50.5%), but only 5.7% received both services.
- About two thirds of adults aged 18 or older with a co-occurring substance use disorder (SUD) and serious mental illness (SMI) in the past year received either substance use treatment at a specialty facility or mental health services in the past year (66.4%), but only 9.3% received both services.<sup>17</sup>

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<sup>17</sup> Substance Abuse and Mental Health Services Administration, “2020 National Survey of Drug Use and Health (NSDUH) Releases,” NSUDH, SAMHSA, accessed December 2, 2022, <https://www.samhsa.gov/data/release/2020-national-survey-drug-use-and-health-nsduh-releases>.



*Figure 1- Co-Occurring Substance Use Disorder and Any Mental Illness in Past Year: Among Adults Aged 18+*

Rates of co-occurring substance use disorder and any mental illness in the past year was highest among young adults aged 18 to 25 and lowest among adults aged 50 or older.<sup>18</sup>

### *Service Delivery*

A siloed approach to service delivery that segregates mental health and substance use disorders ignores a significant part of the population with co-occurring disorders. Individuals with PTSD are 80% more likely than those without PTSD to have symptoms that meet diagnostic criteria for at least one other mental disorder (e.g., depressive,

<sup>18</sup> Ibid.

bipolar, anxiety, or substance use disorders).<sup>19</sup> It is phenomenal to consider that eight out of ten individuals diagnosed with PTSD will have at least one other mental disorder. Adjustment disorders are frequently diagnosed with trauma and stressor related disorders. The percentage of individuals in outpatient mental health treatment with a principal diagnosis of an adjustment disorder ranges from approximately 5% to 20%. In a hospital psychiatric consultation setting, it is often the most common diagnosis, frequently reaching 50%.<sup>20</sup> It is important to note that up to 50% of hospital psychiatric consultations are for a trauma and stressor related disorder. Adjustment disorders are common accompaniments of medical illness and are associated with an increased risk of suicide attempts and completed suicide.<sup>21</sup>

Trauma and stressor related disorders are highly correlated with substance use disorders, depressive disorders, anxiety disorders, and personality disorders as evidenced by data in the DSM-5 and other sources of statistics. Personality disorders are characterized by significant impairments in self (identity or self-direction) and interpersonal (empathy or intimacy) personality functioning and the presence of pathological personality traits, which are relatively stable across time and consistent across situations. For example, 85% of patients with borderline personality disorder (BPD) have at least one more disorder on Axis I of the DSM-IV and 74% have another

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<sup>19</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, 5th ed. (Washington, DC: American Psychiatric Publishing, 2013), 280.

<sup>20</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, 5th ed., 287.

<sup>21</sup>: Ibid.

personality disorder.<sup>22</sup> Recent data on prevalence and treatment of personality disorders is difficult to find.

Psychotherapy by a professionally trained and licensed psychotherapist is the primary treatment for personality disorders. Psychotherapy is provided by a trained professional called a psychotherapist and counseling is often the provision of evidence-based treatment protocols. Counseling is professional assistance in coping with personal problems, including emotional, behavioral, vocational, marital, educational, rehabilitation, and life-stage (e.g., retirement) problems.<sup>23</sup> Counseling may be provided by individuals who are trained to facilitate evidence-based interventions with fidelity to the model. Access to counseling is more affordable than Psychotherapy and more accessible for someone struggling with a mental health condition. Unfortunately, individuals suffering with trauma, substance use, and personality disorders are typically poor and do not have private insurance due to the economic impact associated with their disorders. We previously discussed the barriers to access treatment in the Medicaid and overall managed care environment. The statistics reveal that over 90% of individuals diagnosed with co-occurring disorders do not receive synchronous integrated treatment for their co-occurring conditions. The data from the Substance Abuse and Mental Health Services Administration does not include any measures of prevalence or treatment engagement for individuals diagnosed with personality disorders.

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<sup>22</sup> Jana Volkert, Thorsten-Christian Gablonski, and Sven Rabung, "Prevalence of Personality Disorders in the General Adult Population in Western Countries: Systematic Review and Meta-analysis," *The British Journal of Psychiatry* 213, no. 6 (2018), accessed August, 2022, <https://georgefox.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/prevalence-personality-disorders-general-adult/docview/2213122302/se-2>.

<sup>23</sup> APA dictionary of psychology, American Psychological Association.

A trend emerges that is more disheartening than the lack of treatment for individuals with co-occurring disorders. Personality disorders are not included in the National Survey on Drug Use and Health although there is a high rate of co-occurring personality disorders with substance use disorders. National diagnostic and treatment statistics from the past five years for individuals diagnosed with personality disorders are difficult to find. According to the National Institute of Mental Health, over a third 39.0% of respondents with any personality disorder and 42.4% of respondents with borderline personality disorder reported receiving mental health treatment at some time in the past 12 months. Comorbidity of personality disorders with any substance use disorders is 22.6% and with any mental health disorder is 67%.<sup>24</sup>

Personality disorders are grouped into three clusters based on descriptive similarities. Cluster B includes antisocial, borderline, histrionic, and narcissistic personality disorders. Individuals with these disorders often appear dramatic, emotional, or erratic.<sup>25</sup> The highest prevalence of antisocial personality disorder (greater than 70%) is among most severe samples of males with alcohol use disorder and from substance abuse clinics, prisons, or other forensic settings. Prevalence is higher in samples affected by adverse socioeconomic (i.e., poverty) or sociocultural (i.e., migration) factors.<sup>26</sup> Borderline personality disorder is about five times more common among first-degree biological relatives of those with the disorder than in the general population. There is also

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<sup>24</sup> “Personality Disorders,” National Institute of Mental Health, accessed January 9, 2023, <https://www.nimh.nih.gov/health/statistics/personality-disorders>.

<sup>25</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, 5th ed., 659-672.

<sup>26</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, 5th ed., 661.

an increased familial risk for substance use disorders, antisocial personality disorder, and depressive or bipolar disorders.<sup>27</sup> Premature death from suicide may occur in individuals with this disorder, especially in those with co-occurring depressive disorders or substance use disorders.<sup>28</sup> “Physical and sexual abuse, neglect, hostile conflict, and early parental loss are more common in the childhood histories of those with borderline personality disorder. Common co-occurring disorders with borderline personality disorder include depressive and bipolar disorders, substance use disorders, eating disorders (notably bulimia nervosa), posttraumatic stress disorder, and attention-deficit/hyperactivity disorder.” This highlights the correlation between poverty, incarceration, substance abuse, personality disorders, and trauma and stressor related disorders.

There is an increased risk for suicidal thoughts, plans, and attempts for young adults diagnosed with mental health disorders. The young adult population aged 18-25 are at the highest risk for suicide.

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<sup>27</sup> American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, 5th ed., 665.

<sup>28</sup> Ibid.

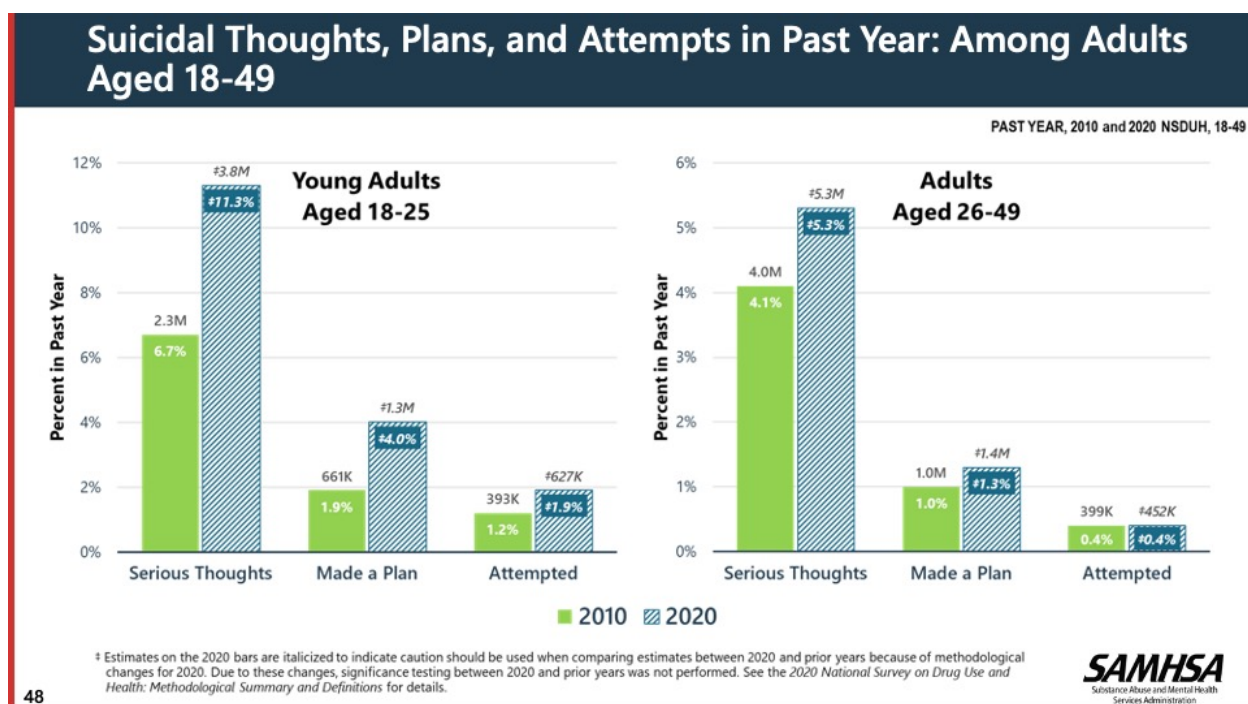
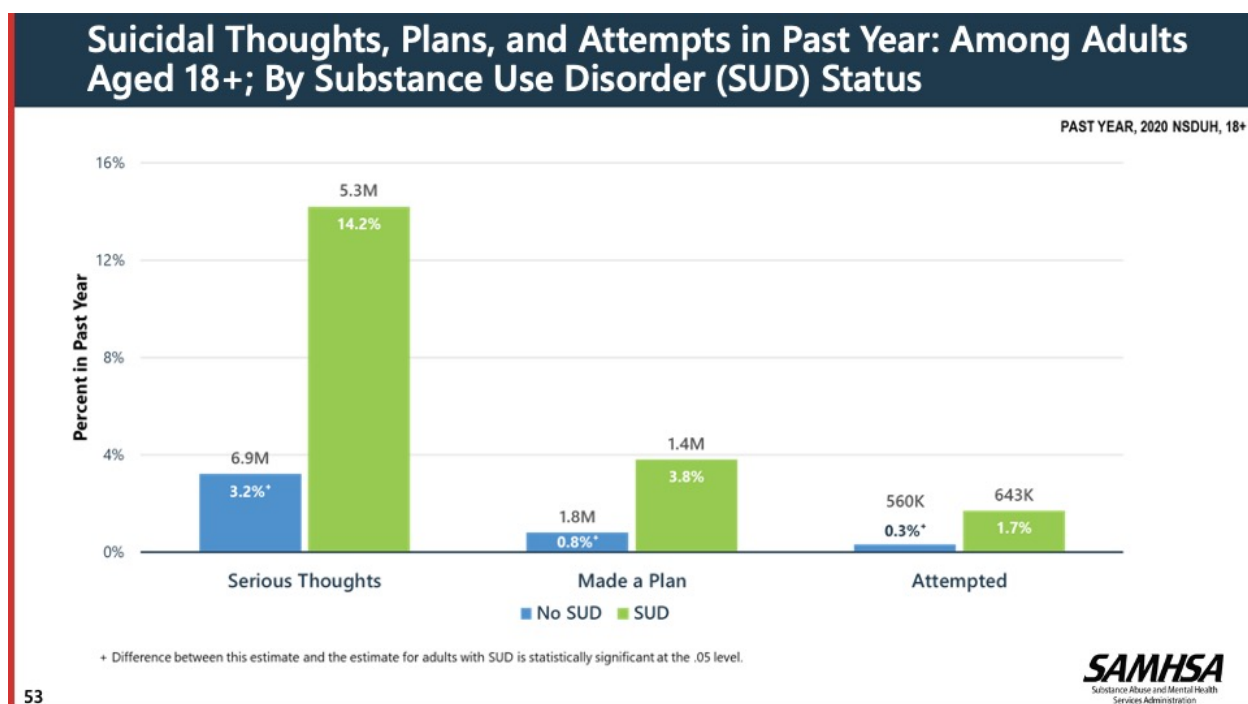


Figure 2 - Suicidal Thoughts, Plans, and Attempts in Past Year: Among Adults Aged 18-49

In 2020, serious thoughts of suicide were reported by more than 10 percent of young adults aged 18 to 25—more than double the rate reported by adults aged 26 to 49.<sup>29</sup>

<sup>29</sup> Substance Abuse and Mental Health Services Administration, *Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health*, HHS Publication No. PEP21-07-01-003, NSDUH Series H-56 (Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2021), <https://www.samhsa.gov/data/>.



*Figure 3 - Suicidal Thoughts, Plans, and Attempts in Past Year: Among Adults Aged 18+; By Substance Use Disorder (SUD) Status*

Adults aged 18 or older with an SUD had higher rates of serious thoughts of suicide in the past year than adults who did not have an SUD.

### *Oppression*

Structural and systemic oppression have been designed and implemented into many of our institutions such as banking, real estate, education, healthcare, and many others. It will take strategic and intentional planning along with skilled implementation to bring about and maintain equity. The path to brokenness is trauma and oppression which lead to spiritual, physiological, neurobiological, psychological, social, and interpersonal challenges. Individuals and families are left without a place of safety within themselves or in society. The impact of trauma may lead to several mental health conditions including PTSD, depression, anxiety, and addiction. An interdisciplinary trauma



informed approach can help to heal, nurture, support, lead, equip and build the Body of Christ.

Oppression and exploitation for economic gain were key factors in the institution of slavery and remnants remain in some expressions of capitalism. While studying business administration, there was a constant reinforcement that we live on a planet with limited resources. The enormous agricultural opportunity that presented itself, in what is now the United States, presented a need for a workforce. Slavery eventually became the answer to a workforce shortage. Exploitation of people for profit is the main fabric for the tapestry of slavery and institutionalized racism. It was present in the peasant class of the feudal system and continues today in exploitative business practices that do not supply a living wage. It is important to note that exploitation for profit or economic gain at the expense of one group of people to benefit others is implemented strategically and intentionally to produce the desired result. The mindset and practices impact all who participate in the system. Some would argue that we are products of our environment and that we do not really have options. Others would argue that you can pull yourself up with your bootstraps and be great. Change happens incrementally and normally brings conflict.

Dr. Camara Jones, MD, MPH, PhDs is a family physician, epidemiologist, and Past President of the American Public Health Association. She argues that institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom,

practice, and law, so there need not be an identifiable perpetrator.<sup>30</sup> Indeed, institutionalized racism is often evident as inaction in the face of need. The consequences of inaction are clear in Matthew 25:44-45 “Then they themselves also will answer, ‘Lord, when did we see You hungry, or thirsty, or a stranger, or naked, or sick, or in prison, and did not take care of You?’ “Then He will answer them, ‘Truly I say to you, to the extent that you did not do it to one of the least of these, you did not do it to Me.’”

Historically, the African church in the diaspora was the center of the community for all ages and provided the structure and systems to live a fruitful life. It is very alarming that engagement in the church by young adults in the African American community is declining rapidly.

#### United States Church Membership:<sup>31</sup>

1. Americans' membership in houses of worship continues to decline, dropping below 50% for the first time in Gallup's eight-decade trend. In 2020, 47% of Americans said they belonged to a church, synagogue, or mosque, down from 50% in 2018 and 70% in 1999.

2. Black adult membership decreased from 78% in 1999, 70% in 2009 to 58% in 2019. A decrease of nineteen percentage points.

3. Church membership is strongly correlated with age, as 66% of traditionalists -- U.S. adults born before 1946 -- belong to a church, compared with 58% of baby boomers, 50% of those in Generation X and 36% of millennials. The limited data

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<sup>30</sup> Camara Jones, “Levels of Racism: A Theoretic Framework and a Gardner's Tale,” *American Journal of Public Health* 90, no. 8 (August 2000).

<sup>31</sup> Jeffrey M. Jones, “U.S. Church Membership Falls Below Majority for First Time,” Politics, Gallup Poll, March 29, 2021, <https://news.gallup.com/poll/341963/church-membership-falls-below-majority-first-time.aspx>.

Gallup has on church membership among the portion of Generation Z that has reached adulthood are so far showing church membership rates like those for millennials.

### *Ministry*

The church founded by the African diaspora in America has its roots in African culture and African spirituality. There is much in that culture and spirituality of Africans that survived the middle passage and the years of slavery. A relationship with a transcendent God is central to Africans and has remained central to those in the diaspora in America. The church of the African diaspora can be viewed as authentic vital and enduring while having some variation between urban and rural settings. The overall function and purpose of the church is consistent across multiple denominations as well as nondenominational or independent churches. The focus of the church differs based on the needs of the community, but they share common characteristics of the needs to thrive for everyday life for the communities they serve.

It is important to note that Africans have been engaged in Christianity since the first century and have a part of forging and shaping of the Christian faith from then to the present.<sup>32</sup> Kenneth Henry chooses to define authentic as worthy of acceptance or belief; not imaginary, false, or imitative. He gives examples of how the Africans brought from their homeland concepts of the nature of the world and humankind's place within it; highly developed views of God and of God's presence or spirit within the world; elaborate structures for the ordering of society that integrated the role of the family, tribal

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<sup>32</sup> Kenneth E. Henry, "The Black Church in America: Authentic, Vital, and Enduring," *Lexington Theological Quarterly* 25, no. 4 (October 1990): 97-104.

governance, and communal ownership of property; a symbiotic relationship between human beings and nature; powerful artistic expressions through songs, dance, and treasured memories.

Individuals that suffer from severe and chronic situations are often segregated from the rest of the congregation in the provision of care through programs. There is a tendency for churches who provide a great environment for deliverance and healing to lack effectiveness supporting the journey to spiritual maturity. Conversely, churches that are effective in providing discipleship leading to spiritual maturity are not equipped to minister to the “least of these” described in Matthew 25. When ministry is provided, this occurs through programs that operate outside of the core church community. The current church structure has become siloed and follows the mindset of individualism. This is contrary to scripture which describes the body of Christ, the church, as many members of one body with Christ as the head.

A siloed approach leads to specialization in certain aspects of ministry and limits the opportunity for spiritual maturity and diversity of gifts. The siloed structure is supported by systems that connect the fragmented parts. The lack of integration is comparable to a person having multiple identities who lacks the integration needed to become whole. Highly differentiated and specialized parts of the body of Christ are a barrier to continuity of care, continuity of thought, continuity of core beliefs and continuity of action resulting in maladaptive functioning. With a strong focus on individualism, interpersonal and intrapersonal relationships in the church community suffer the consequence of becoming transactional rather than reciprocal. It can be argued that the world is shaping the mindset, structures and systems of the church instead of the

church being the light that brings life to this troubled world. This individual focused, highly specialized, siloed approach is also prevalent in nonprofit human service organizations with missions that focus on spiritual, physical, mental, social, and economic health. There is an expectation for human services focused nonprofit organizations to have a narrow focus based on what is called best practices. Access to funding and recognition by governmental entities use these practice standards to determine whether a nonprofit organization qualifies for nonprofit status.

### *Governance*

The concept of leadership is discussed by some without consideration of cultural and historical factors. The idea of leadership is something that is discussed by many and often met with questions concerning whether leaders are made or born that way. The attributes associated with good leadership vary widely. The initial challenge is coming to a consensus of what one may consider effective and ethical leadership. What is the measurement that is used to determine the effectiveness of a person's leadership? It is also important to consider the context in which leadership is practiced. The political ideologies, economic systems, and governance structures influence the styles of leadership that will be effective. There are key factors that contribute to the effectiveness of the leader. The leadership theory, governance, political ideology, economic theory, and historical factors play a major role in the outcomes of the leader and the impact to those under their leadership.

According to the Oxford Languages dictionary, capitalism is an economic and political system in which a country's trade and industry are controlled by private owners for profit, rather than by the state. Julius Nyerere embraced the view that “Socialism—like

democracy—is an attitude of mind. In a socialist society it is the socialist attitude of mind, and not the rigid adherence to a standard political pattern, which is needed to ensure that the people care for each other’s welfare.”<sup>33</sup> There continues to be a great debate about which mindset is correct. Some would argue that capitalism affords everyone the same opportunity to live free and obtain wealth while others believe it is exploitive and inequitable. This premise of equity is based upon capitalistic ideals that equality exists for all. If we put this premise into context, equal treatments were not afforded to women and slaves because they were not valued the same as land owning white men. Others would argue as Nyerere did, “The wealth of the millionaire depends as little on the enterprise or, abilities of the millionaire himself as the power of a feudal monarch depended on his own efforts, enterprise or brain.”<sup>34</sup> This points to another area of concern which charges that capitalism has feudal ideologies incorporated within its belief system.

The feudal system was present in Ethiopia up to the reign of Haile Selassie I. Ras Tafari was tasked with confronting the old guard of Menelik’s generation—older, experienced warlords, proud and self-assured—who strove to preserve Ethiopia’s conservative feudal system.<sup>35</sup> According to Merriam-Webster’s dictionary, feudalism is the system of political organization prevailing in Europe from the 9th to about the 15th centuries having as its basis the relation of lord to vassal with all land held in fee and as chief characteristics homage, the service of tenants under arms and in court, wardship,

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<sup>33</sup> Julius K. Nyerere, “Ujamma – The Basis of African Socialism,” *The Journal of Pan African Studies* 1, no. 1 (1987), 1.

<sup>34</sup> Nyerere, “Ujamma – The Basis of African Socialism,” 2.

<sup>35</sup> Haggai Erlich, *Haile Selassie: His Rise, His Fall* (Boulder, CO: Lynne Rienner Publishers, 2018), 2.

and forfeiture. A review of current ideologies is that syncretism is present, and iterations of ideology exist based on cultural factors and desired growth.

Syncretism is defined as the amalgamation or attempted amalgamation of different religions, cultures, or schools of thought by Oxford languages. Nyerere was exposed to socialist ideologies while studying at Edinburgh University in Scotland. Nyerere was able to see the value in the cultural practices that were already present in Africa and did not “follow foreign models” when establishing a new government according to the article *Julius Nyerere argues for African democracy, self-reliance, and socialism (1967)*. Nyerere focused on strategies to reduce inequalities and to implement the best of the culture of his country on a broader scale. The harmony that people lived in within a tribal context was implemented with the country being one nation. The term micronation and nation is preferred to the term tribal and will be used to describe communities. He brought those that were rural together in the context of family and groups of families represented the broader community. Nyerere gives us an example of syncretism with the blending of African culture, values, and practices with a socialist mindset.

Looking back to colonialism and the colonization of North America provided key insights into the iterations of governing styles that have survive to this day. It offered answers to some of the questions about the accountability structure of nonprofit boards. Inequities, disparities, and abuses of power are sometimes the unintended consequence of solving a problem from a flawed ideology. “The Massachusetts Bay Company’s charter, which created the first American board, illustrates the lack of distinction between public

and private domains. It was more than a grant of property; it also delegated the right to govern.”<sup>36</sup>

We see that property rights and governance were inseparable in the initial charter. The charter was equivalent to a state which is why I use the term state in describing these relationships. The Massachusetts Bay Company had a tripartite structure with an executive board and two legislative bodies. The executives included the governor and deputy governor which ideology can be traced to the feudal system. The two legislative branches included the assistants and the general court. “The churches adopted a congregational polity, with the roles of the minister, elders (deacons), and the congregation as a whole mirroring the relationships between government bodies; the townships similarly divided authority between the selectmen (the executive) and the town meeting (legislative). Decision-making groups like the assistants, town selectmen, and church elders were all representatives of the public: They served at the pleasure of those who elected them.”<sup>37</sup>

Previously, the 13-member board would have been able to pass the office to a family member in succession. The subtle change of making the office permanent to be filled with new officers as a result of voting was a subtle but significant shift. The development process of the Massachusetts Bay Company included education (Harvard), religious, economic, and political spheres. Some would argue that the methods and strategies that find their roots in the mindset of colonialism would produce the fruit of inequity because it comes from the tree of domination and supremacy. It is important to

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<sup>36</sup> Peter Dobkin Hall, *A History of Nonprofit Boards in the United States* (n.p.: Board Source, 2003), [www.boardsource.org](http://www.boardsource.org).

<sup>37</sup> Ibid



examine the historical and cultural factors that underpin systems of governance that continue to produce inequities and disparities to this day.

Nonprofit boards that meet tax exempt status in the United States are structured in a way that limits the authority of the officers. This structural governance is present in some denominations as well. The board is given authority to hire the executive to lead the organization and provide oversight to prevent malfeasance. Focusing on preventing a problem that occurred by introducing restrictions is called management by exception. This decision-making process can lead to restrictive practices to prevent a leader from abusing power, creating a situation where the board of directors has too much power.

A flaw of this governing model is the founder of a nonprofit who takes on the executive leadership role at risk of being removed from an organization he or she founded. This phenomenon presents itself in local congregation who lead a committee to hire a Pastor to lead the congregation. Some would argue that this prevents the Pastor from going rogue and protects the congregations. Others would argue that this type of governance limits the leadership capacity of the Pastor who is subject to what the congregation would allow making it more difficult to be led by the Holy Spirit. Which way is right? What is the ethical governmental structure? The answer to these questions depends on the beliefs of the person giving the answer and motivated by their lived experience as well as cultural factors. Imposing beliefs and governance on groups of people is consistent with colonialism and when ideology of supremacy of value of one group or a focus lesser value of the other drives the why of colonization.

## SECTION 2:

### OTHER PROPOSED SOLUTIONS

#### **Biopsychosocial Model**

It is common to engage individuals from a Biopsychosocial model in the human services field. In this model, Bio represents biological concerns and would address physical health concerns. Psycho is short for psychological and is the area addressing mental health and substance use concerns. Social is the domain that addresses employment, relational, education and developmental concerns. For this project, economic concerns are placed in the social domain. This framework expands when applying the social ecological model which considers political and societal influences. The addition of a spiritual dimension would allow for a more holistic approach including spiritual health as a fourth dimension of the individual. This would focus on a Bio-Psycho-Social-Spiritual model and allow for Christian spiritual formation to take place within the context of the whole person. The social ecological perspective allows for consideration of cultural concerns including an understanding of the economic and political environment. The current trend is to address spiritual as something optional or additional. Christian spiritual formation is the focus of what is described as spiritual for the purposes of this project. There is movement towards mindfulness as the primary spiritual approach as an addition to the Biopsychosocial model in the field of counseling. Mindfulness draws from non-Christian spiritual practices and the goal is to have an option for Christians to engage without compromising their core spiritual beliefs. The social ecological model sees the spiritual domain as something in the community opposed

to something that is present in all areas of life. This multifaceted approach includes all aspects of the person and how they live their lives within the context of family, community, and the broader society. A siloed approach to a healthy lifestyle has increased disparities and diminished health communities.

### **Systems of Care**

Variable levels and types of responses to stressors have produced numerous types and intensities of care. The approaches to reduce the impact of stress are for people who have experienced a stressor or for populations that are at risk to experience a stressor. A continuum of responses to internal and external stressors allows for a person to receive intervention based on the severity of their response to the stressor. The continuum of care widely used in healthcare is prevention, early intervention, outpatient, and inpatient levels of care. Each level of care may be implemented by a different type of agency and facilitated by various types of practitioners. We have established that it is unpredictable to know how a person will respond to a stressor irrespective of whether it is a traumatic stressor or a sustained minor stressor. Another key feature of the stress response is that it may be immediate, delayed, brief, or chronic. The complexity of the manifestations coupled with the duration and intensity of symptoms presents a challenge to the current paradigm of treatment. Continuity of care measures the quality of care for a person over time and is directly linked to the continuing relationship between the helper and a person receiving assistance. A systems of care approach can be described as a coordinated network of providers with the intent of creating a broad integrated process to service complex needs. The child welfare system has embraced and implemented the systems of care approach. It is an attempt to compensate for the specialized siloed approach to

providing care by integrating a spectrum of providers to meet the needs of the individual and their families. Child welfare is part of The Administration for Children & Families (ACF) which is a division of the Department of Health & Human Services. ACF promotes the economic and social well-being of families, children, individuals, and communities.<sup>38</sup>

### **Spiritual Formation**

It is a challenge to evaluate what is Spiritual Formation because there is no single definition. Spiritual growth is often used interchangeably with spiritual formation and sometimes described as discipleship. Discipleship may be one of the practices in Christian spiritual formation but does not give a broad enough scope to define it. A person is disciplined after deciding to turn from their current way of life and turn to God. The person's environment and other factors often remain the same. The doctrine of Sanctification is also a guiding principle. William Evans discusses two thoughts that are prominent in the definition of sanctification. Separation from evil which "has to do with the turning away from all that is sinful and that is defiling to both the soul and body."<sup>39</sup> The second thought is that sanctification is for separation or dedication to God, "whenever a thing or person is separated from the common relations of life in order to be devoted to the sacred."<sup>40</sup> Spiritual growth is the fruit of sanctification and spiritual

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<sup>38</sup> Administration For Children & Families, "What We Do," Administration for Children and Families, accessed December 3, 2022, <https://www.acf.hhs.gov/about/what-we-do>.

<sup>39</sup> William Evans, *The Great Doctrines of the Bible* (Chicago: Moody Press, 1949), 168.

<sup>40</sup> Ibid.

formation when embracing the processes and practices that lead to formation in the image of Christ.

A working definition of spiritual formation has been developed based on the research conducted from key voices in the movement of Christian spiritual formation. Spiritual formation may be defined as the processes and practices from the various Christian traditions that guide a person on a path of spiritual growth into the likeness of Christ according to the scripture. The definition of spiritual formation may vary slightly but the foundation remains consistent. Henri Nouwen wrote “Spiritual formation presents opportunities to enter into the center of our heart and become familiar with the complexities of our own inner life.”<sup>41</sup> Nouwen was a pastor, psychologist, professor, and author. Richard Foster describes moored spirituality as “responsible to textual traditions and the communities that attempt to live by them” as compared to unmoored which “makes up reality as it goes along; it flits and is fleeting, leaving one at sea.”<sup>42</sup> Greenman gives a succinct theologically oriented definition: “Spiritual formation is our continuing response to the reality of God’s grace shaping us into the likeness of Jesus Christ, through the work of the Holy Spirit, in the community of faith, for the sake of the world.”<sup>43</sup>

The spiritual formation movement has been embraced in the broader Evangelical tradition yet not widely embraced by Pentecostal and Non-Denominational churches. The evangelical spiritual formation movement has embraced some aspects of the spirit-

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<sup>41</sup> Henri J.M. Nouwen, *Spiritual Formation: Following the Movements of the Spirit* (New York: HarperOne, 2010), vii.

<sup>42</sup> Richard J. Foster, *Streams of Living Water: Celebrating the Great Traditions of Christian Faith* (San Francisco, CA: HarperSanFrancisco, 1998), xii.

<sup>43</sup> Jeffrey Greenman and George Kalantzis, eds., *Life in the Spirit: Spiritual Formation in Theological Perspective* (Downers Grove, IL: IVP Academic, 2010), 24.

empowered life associated with the Pentecostal movement, along with prayer associated with the contemplative tradition, and some elements of sacramental life from the incarnational tradition. The current climate in the United States is presenting an opportunity for the social justice tradition to be more fully embraced. Richard Foster's book, *Streams of Living Water*, examines the Pentecostal movement through the lens of the Azusa Street revival. Although the Pentecostal movement is examined, Pentecostal practices are not referenced in the practices of spiritual formation materials written and utilized by many evangelicals as evidenced by Renovaré publications. Renovaré was founded in 1988 by Richard Foster in Wichita, Kansas.

Richard Foster is an influential voice in the evangelical spiritual formation movement approaching spiritual formation from an experiential and historical perspective. Foster identified the varying Christian faith traditions as streams that "have been isolated from one another for a very long time" and forming a mighty flowing river of the Spirit.<sup>44</sup> He wrote *Celebration of Discipline* in 1977 and it was published in 1978. Richard founded Renovaré in 1988 after a call to silence in 1986. His personal formational process sparked a fire that has burned for over 40 years that is ecumenical and has an international reach. The six streams at the core of Renovaré include the Contemplative Tradition, the Holiness Tradition, the Charismatic Tradition, the Social Justice Tradition, the Evangelical Tradition, and the Incarnational Tradition. These traditions are discussed in detail in his book *Streams of Living Water*. Foster used the story of William Seymour and "the Azusa Street Revival" as a contemporary paradigm to discuss the Charismatic Tradition. Paul was the biblical paradigm and Francis of Assisi

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<sup>44</sup> Foster, *Streams of Living Water: Celebrating the Great Traditions of Christian Faith*, xv.

was referenced as a historical paradigm. The work of the Holy Spirit present in the Pentecostal movement described in the theoretical orientation does not make it into the application of spiritual formation.

Spiritual Formation from a theological perspective provides the foundation of who, what, where, why, and how. The 2009 Wheaton Theology Conference sought to examine the biblical, theological, and historical roots of the church's calling to spiritual formation and the dialogue from the conference about the theological shape of the contemporary discussion about spiritual formation in the evangelical Protestant community are included in the book, *Life in The Spirit*. Jeffrey Greenman provides us with a theological orientation toward spiritual formation. Gordon Fee provides the key hermeneutical voice for spiritual formation and challenges the church to use the adjective spiritual in a biblical way. It is important to differentiate Christian spiritual formation from the contemporary view of spirituality.<sup>45</sup>

Spiritual Formation, Soul Care, and Spiritual Direction are some of the terms associated with cultivating a heart that is after the heart of God. It takes some searching to discover the complements for spiritual formation that are relevant in various cultures. Soul Care is a term used by Dr. Robert Kelleman when describing the processes and practices that were embraced by Africans and African Americans. Kelleman describes spiritual practices that are foundational to what is called spiritual formation today in the Evangelical community which include spiritual friendship, interdependence and the

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<sup>45</sup> Greenman and Kalantzis, eds., *Life in the Spirit: Spiritual Formation in Theological Perspective*, 44.

importance of community.<sup>46</sup> The African American church community during slavery was described by Kellemen as fulfilling “Christ’s commission for the church which has always emphasized the creation of an atmosphere in which mutual lay spiritual friendship and spiritual mentoring would be common features of our shared life together.”<sup>47</sup> He describes the one-on-one mentoring, spiritual direction, and how church leaders were referred to as a “spiritual father” which continues to happen now.<sup>48</sup> Prayer, spiritual friendship, community, sacrifice, being led by the Holy Spirit, and the love of God were essential for the church gatherings for slaves. The richness of the Word of God is for all, and all revelation comes from God.

There is consistency within the literature that formation engages transformation in the body, soul, heart, spirit, and relationships. The differing faith traditions tend to embrace parts of the whole. For example, the Pentecostal tradition focuses on being led by the Spirit of God along with the evidence of speaking in tongues. The embrace of the Holy Spirit is captivating, and the freedom is exhilarating. This faith tradition would benefit from the centering and peace that is experienced in the Contemplative Tradition. The harmonious life that can be achieved through embracing the fullness of God as expressed in the various faith traditions allows for a more holistic relationship. Prayer is one of the most consistent areas of agreement amongst the various voices. Prayer along with being present with God in the moment is embraced by medical doctors, neurobiologists, psychologists, researchers, pastors, professors, nuns etc.... The

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<sup>46</sup> Robert W. Kellemen and Karole A. Edwards, *Beyond the Suffering: Embracing the Legacy of African American Soul Care and Spiritual Direction* (Grand Rapids, MI: Baker Books, 2007), 134.

<sup>47</sup> Ibid.

<sup>48</sup> Ibid.



effectiveness of prayer has been embraced by the scientific community as an intervention for health and mental health issues. Another area of agreement is that sin, trauma, oppression, hunger, and other conditions of the broken-hearted impact an individual's mind, body, soul, and spirit. Healing is most beneficial when it is experienced in all the areas that have impacted a person's life. Social support from a community is another area that is found to be life giving by the church, medical professionals, mental health professionals, and the scientific community. The outcomes are the best when social support is provided interdependently and independently. Balance comes when the personal work of healing is done within the community. The process of being formed inwardly as well as practicing that faith can be seen as vital from the diverse voices that are committed to helping individuals heal and grow.

The literature tends to be very tribal and safe when embracing the various faith traditions to the point of exclusion. A theme of either or emerged with the more diversity of voices that were studied. The area of spiritual direction is deeply rooted in the Roman Catholic faith and there was a tendency to not embrace that terminology by the charismatic tradition. The literature produced in the Evangelical tradition provided limited engagement the charismatic tradition or Pentecostal movement was embraced. To hear the voice of the African American church, literature had to be sought out that was specific to the race and culture. The same challenge exists when reading about spiritual care or soul care in the African American church. The literature does not mention the broader church community. It is difficult to locate literature concerning spiritual formation that is inclusive of all Christian traditions and is written in a language that is inclusive to all. This is less of a challenge when reading scientific, medical,

psychological, or mental health focused literature. Cultural diversity is considered by the voices outside of the church and literature is produced in a language that is inclusive and without bias.

The ongoing tensions, disagreements, and exclusions follow a heart-breaking trend that has plagued our country for some time. The tensions are displayed from the voices of minorities and the disenfranchised who speak of the exclusion by the leaders and authors related to the movement of spiritual formation. On more than one occasion, spiritual formation was presented to me as something that was available to someone with resources and privilege. The mainstream literature does not embrace the spiritual history of the African American church and the rich worship practices that are part of this culture. It can be argued that current spiritual formation literature does not account for and acknowledge the historical oppression in the United States related to slavery nor the current systemic oppression evident in our society. Trauma, oppression, hunger, addiction, and other symptoms of broken-hearted bring the same pain regardless of the person who has this lived experience.

### **Trauma Informed Care**

Broken hearted individuals who have been traumatized suffer in specific areas of their lives and the healing journey brings restoration to these areas that are suffering. Community plays a vital role in preventing or minimizing the impact of trauma as evidenced by research conducted globally. There are many practices that will help bring healing to the individuals that experience trauma. The methods and approaches must engage the body, mind, soul, and spirit. The healing process for most people involves (1) finding a way to become calm and focused, (2) learning to maintain peace in response to

images, thoughts, sounds, or physical sensations that remind you of the past, (3) finding a way to be fully alive in the present and engaged with the people around you, (4) not having to keep secrets, including secrets about the ways that you have managed to survive.<sup>49</sup>

Neurobiology presents us with a way to examine the body, mind, soul, and spirit connections more fully. The research and teachings by Andrew Newberg on the spiritual brain bridges the gap between the brain, religion, and health.<sup>50</sup> His research includes analyzing brain scans of people in prayer, meditation, rituals, and various trance states to better understand the physiological correlates of acupuncture therapy, massage, and other types of alternative therapies.<sup>51</sup> Newberg's work allows a licensed health or mental health professional to use spiritually based evidenced-based practices to bring healing to the broken hearted. One of the main challenges for licensed mental health professionals is that the therapies utilized to promote healing must come from practices that have been evaluated through well-designed research studies. Newberg has provided the practitioner with the evidence needed to ethically implement these processes and practices as part of the course of therapy. The lectures presented by Newberg that are the most relevant to spiritual formation include (1) Brain Function and Religion, (2) Spiritual Development, (3) The Brain and Religious Rituals, (4) The Biology of Spiritual Practices, (5) Religion and Health, (6) Religion and Mental Health, and (7) The Mystical Mind.<sup>52</sup>

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<sup>49</sup> Bessel Van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York: Viking, 2014), 79.

<sup>50</sup> Andrew Newberg, *The Spiritual Brain: Science and Religious Experience* (Chantilly, VA: Teaching Company, 2012).

<sup>51</sup> Ibid.

<sup>52</sup> Ibid.

The areas of research conducted and referenced by Newberg can be utilized to give scientific credibility to the practices engaged by faith. Brain scans of Franciscan nuns were conducted in a 1993 study at the University of Pennsylvania that focused on brain activity while participants engaged in centering prayer and this a primary practice of the Contemplative Tradition. The faith traditions referenced in this section will be more fully detailed in the next key voice discussed. Newberg's lecture on Brain Function focuses on brain systems and this sets the framework for how the various parts of the nervous system interact and how the mind, brain, body connect systemically. The systems thinking of Newberg complements van der Kolk's work of the impact of trauma on the functioning of the autonomic, parasympathetic, limbic systems as well as the four lobes of the brain. This systemic approach will guide the selection of process and practices of spiritual formation that will manifest healing for the broken hearted. The goal of this NPO is to integrate the way spirituality is usually approached in terms of psychological, emotional, or cognitive processes with physiological and neurophysiological dimensions. Spiritual development is complementary to developmental psychology.

James Fowler has a book entitled *Stages of Faith* that offers a template for spiritual development that is seven stages. Newberg connects the developmental stages with brain development, and this provides a framework to consider mind, body, and spirit with the social factors represented in the faith community. Newberg also discusses the neurophysiological development considering the stages of spiritual development.<sup>53</sup> The additional lectures of interest focus on areas of physical health, mental health and how

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<sup>53</sup> Ibid.

spiritual practices have an impact on biology. The lecture on the Mystical Mind by Newberg gives understanding of how the practices of Mystics impact the spirit, mind, and body.

### **Theoretical Orientations**

Theoretical orientations and theological views are the mindsets driving systems of care. The structural context for the church is demonstrated in denominationalism. Denominationalism is the exclusive adherence to or advocacy of denominational principles and beliefs and allegiance to denominational bodies; used often in an unfavorable sense as synonymous with sectarianism.<sup>54</sup> The American Psychological Association defines theoretical orientation as an organized set of assumptions or preferences for given theories that provides a counselor or clinician with a conceptual framework for understanding a client's needs and for formulating a rationale for specific interventions.<sup>55</sup> Theological views provide a framework for the minister and informs the way he responds to a congregant. Congruent theological views underpin the principles and beliefs of a denomination. Theoretical orientations are congruent for clinicians who conform to a particular theory of personality and are formalized in the form of psychotherapy. Cognitive therapy is based on the concept that problems in individuals are based on faulty thinking and distorted attitudes. Gnosticism is a theological view that expresses similar ideas. Gnosticism was present in a variety of second-century ad religions whose participants believed that people could only be saved through revealed

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<sup>54</sup> Thomas Nelson, *Nelson's Dictionary of Christianity: The Authoritative Resource on the Christian World*, ed. George Kurian, illustrated ed. (Nashville: Thomas Nelson, 2009).

<sup>55</sup> APA dictionary of psychology, American Psychological Association.

knowledge, or γνῶσις (*gnōsis*). Gnostics also held a negative view of the physical or material world.<sup>56</sup> The belief system of the practitioner whether theoretical in the social sciences or theological in the church are similar constructs. For this project, we will consider ministers within the framework of practitioners including medical doctors, psychiatrists, nurses, counselors, social workers, and other helping professionals. The list of practitioners does not speak of the importance or significance of the type of practitioner but has a common word to describe individuals committed to improving the health and well-being of others. The authors of *Caring for People God's way* explain it this way:

*Theology/Spirituality/Religion.* The religious correlates to the thinking/feeling/acting aspects of a psychological orientation are proposed as theology/spirituality/religion. Theology literally means the knowledge of God and correlates to thinking or cognitive modes. Spirituality is more feeling oriented—an affective mode of perceiving and understanding the world. Religion correlates with action—the behavior of belief.

*Head/Heart/Hands.* The body orientation of many clients might express itself by way of head/heart/hands. The head obviously correlates with thinking and theology—with a cognitive orientation. The heart is the grand metaphor for feeling, for affect, and for spiritual life. And hands have to do with action and behavior—they are the prime tools (along with our feet) by which we take action and get things done.<sup>57</sup>

### **Trauma and Stress Interventions**

The continuum of care for stressor related diagnoses is comprehensive but siloed. Establishing an evidence-based protocol requires research to prove its effectiveness. The

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<sup>56</sup> Winfried Coduan, *Lexham Bible Dictionary*, ed. John D. Barry, David Bomar, Derek R. Brown, Rachel Klipperstien, Douglas Mangnum, and Carrie Sinclair Wolcott (Bellingham, WA: Lexham Press, 2016).

<sup>57</sup> Thomas Nelson, *Caring for People God's Way*, ed. Tim Clinton, Archibald Hart, and George Ohlschlager (Nashville: Thomas Nelson, 2005), 77.

research studies are carried out using specific protocol with clients having similar profiles. Interventions are researched based on the intensity and severity of the conditions they are used to treat. The continuum of stressor related disorders ranges from mild unspecified or specified trauma and stressor related disorders to severe episodes of posttraumatic stress disorder. The continuum of evidence-based treatment for trauma and stressor related disorders is designed to intervene on a distinct range of symptom severity and diagnosis. Here is a crosswalk of diagnoses and interventions for trauma and stressor related disorders with some description of theoretical orientation.

### **Continuum of stressor related diagnoses**

*Unspecified or Specified Trauma- and Stressor-Related Disorder*

*Adjustment Disorder*

*Prolonged Grief Disorder*

*Acute Stress Disorder*

*Posttraumatic Stress Disorder*

### **Continuum of evidenced-based treatment for stressor related disorders.**

*Critical Incident Stress Management (CISM)*

*Stress Inoculation Training (SIT)*

*Cognitive Processing Therapy (CPT)*

*Cognitive Behavioral Therapy (CBT)*

*Eye Movement Desensitization Reprocessing (EMDR)*

*Prolonged Exposure Therapy (PE)*

## **Theoretical Orientations to PTSD**

### **Emotional Processing Theory<sup>58</sup>**

Theory developed to explain (fear-based) anxiety disorders including PTSD.

“Fear structure” includes information about:

- The feared stimulus
- The fear responses
- The meaning of stimuli and responses

### **Information Processing Theory of PTSD<sup>59</sup>**

- Events are processed in the context of pre-existing schemas and can be schema-congruent or schema- incongruent.
- If the event differs from one’s existing understanding, (schema- incongruent), it will represent a conflict and be difficult to understand and store in memory, resulting in strong unprocessed emotions and intrusions

Intrusions→Strong Emotions→Avoidance→Maintenance of PTSD

### **Cognitive Model of PTSD<sup>60</sup>**

- PTSD occurs if a person processes an event and/or its sequelae in a way that produces a sense of “current threat.”
- Processes that lead to sense of current threat:
- Individual difference in appraisal of the event/its sequelae

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<sup>58</sup> Edna B. Foa and Michael J. Kozak, “Emotional Processing of Fear: Exposure to Corrective Information,” *Psychology Bulletin* 99, no. 1 (1986).

<sup>59</sup> Patricia A. Resick and Monica K. Schnicke, *Cognitive Processing Therapy for Rape Victims* (London: Sage Publications, 1996).

<sup>60</sup> Anke Ehlers and David M. Clark, “A Cognitive Model of Posttraumatic Stress Disorder,” *Behaviour Research and Therapy* 38, no. 4 (2000).



- Individual differences in the nature of the memory for the event and its link to other autobiographical memories

### **Rationale for In Vivo Exposure<sup>61</sup>**

- Emotionally accept trauma is in the past.
- Examine similarities and differences between then and now helps with time perspective.
- New information to correct appraisals.
- Overgeneralization of danger (never go out at night) can be challenged.
- What is the worst that could happen?
- Drop safety behaviors.
- Behavioral experiments to challenge appraisals.

### **Rationale for Imaginal Exposure<sup>62</sup>**

- Links unconnected parts, providing context.
- Facilitates retrieval of elements of trauma memory— may lead to immediate change in appraisals
- Patients link info they received after the trauma to correct impressions and thoughts during trauma
- Facilitates discrimination between then and now.
- Verbalization of visual/sensory cues may make it more difficult to retrieve original sensory impressions from memory.

### **Methods for Confronting the Trauma Memory**

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<sup>61</sup> Ibid.

<sup>62</sup> Ibid.



Van Minnen and colleagues (2012) reviewed the comorbidities commonly considered contraindications to Prolonged Exposure. Findings supported the use of trauma-focused work with patients with comorbidities such as:<sup>63</sup>

- Dissociation
- Borderline personality disorder
- Psychosis
- Suicidal and non-suicidal self-injury
- Substance use disorders.
- Major depressive disorder

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<sup>63</sup> Agnes van Minnen et al., “Examining Potential Contraindications for Prolonged Exposure Therapy for PTSD,” *European Journal of Psychotraumatology* 3, no. 1 (2012).

### SECTION 3:

#### THESIS

Certain mindsets, leadership styles, processes, and practices produce health inequities and disparities including poor spiritual health. Considering young adults, we have discovered generational pain, which is caused by intergenerational trauma in a stressful environment. If solved, it will produce a thriving life with nested relationships in family, church, and community.

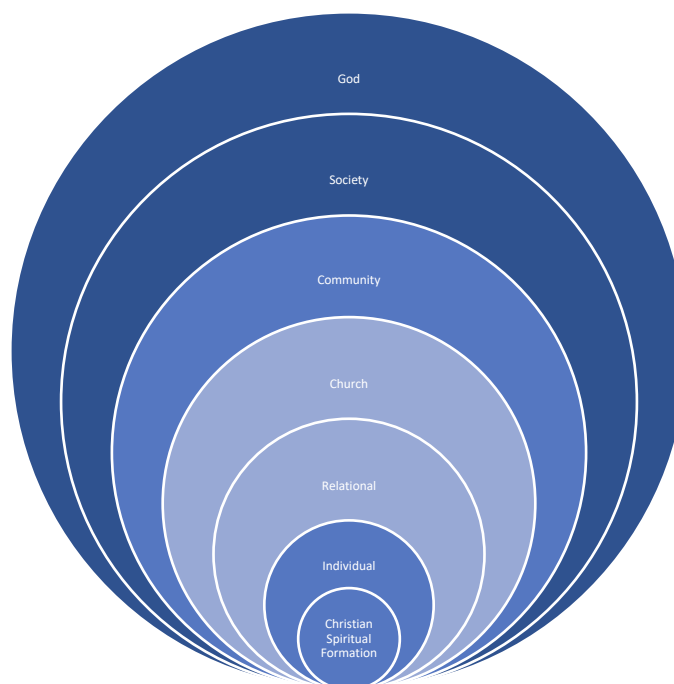
#### **Claim/Theses**

Mindsets, leadership, processes, and practices that are theologically and ecologically sound will produce a faith community where individuals and families can survive, revive, and thrive.

#### **Intended Outcome**

A spiritually oriented social ecological approach to Christian spiritual formation that integrates mindsets, leadership, processes, and practices producing healthy faith communities leading to nested relationships across generations.

### Spiritually Oriented Social Ecological Model



*Figure 5 – Spiritually Oriented Social Ecological Model<sup>64</sup>*

A social ecological model is an integrative model that considers the individual, family/peers (relational), community, and societal factors. This integrated model pictured above is adapted from Urie Bronfenbrenner's social ecological model.<sup>65</sup> The church as a dimension in the model is placed between the relational and community dimensions for a theoretical approach that represents the ecclesia as part of the ecological structure. Christian spiritual formation is placed at the heart of the individual as the foundation for beliefs, values, and practices. Christian spiritual formation is placed at the core of the individual and God is represented throughout all dimensions. The model allows for the implementation of resources that are traditionally housed in its own silo within an

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<sup>64</sup> Urie Bronfenbrenner, *The Ecology of Human Development* (Cambridge, MA: Harvard University Press, 1979).

<sup>65</sup> Ibid.

ecosystem that produces health. Jesus engaged His disciples in the various factors of their lives which allowed for health in all aspects of their lives. The biblical foundations are clear that God is interested in all areas of our lives and does not see us as segmented parts. God desires a body that is fitly joined together by what every joint supplies. God's desire is for us to be made whole and function according to the way He designed us to function. The spiritually oriented social ecological model which will be referred to as SOSEM for this project.

### *Biblical Foundations*

The plans is to use sound Christian doctrine which embraces the imminence and transcendence of God to strengthen the Kingdom of God through developing individuals, families, churches, communities and impact society. It goes beyond knowledge and integrates practices based on sound doctrine. These practices can adapt to the established culture to meet them where they are with the goal of being transformed spiritually, socially, and mentally to the image of Christ. The measure of competency can be a measure of maturity with a philosophy of wholeness of individual parts of the body as well as a functioning body according to the will of God.

The spiritual, personal, social, and societal challenges prophesied by Isaiah manifested themselves during the ministry of Jesus Christ and are present today. The meaning of Isaiah's name in Hebrew, the Lord saves, also reveals the theme of the book.<sup>66</sup> Isaiah ministered during the reign of four kings mentioned in the first verse of the

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<sup>66</sup> Warren P. Baker, *The Complete Word Study Old Testament*, ed. Spiros Zodhiates, word study series ed., Word Study (Chattanooga: AMG Publishers, 1994), 1676.

book and falls in the societal sphere. Over the course of his 40-year ministry, there were times of war, peace, idolatry, worshiping God, slavery, and freedom. During Isaiah's times, God was being worshiped and leaders allowed idol worship to continue with some who worshipped God and idols.<sup>67</sup> Idolatry, pride, stubbornness, wickedness, greed, self-centeredness, oppression continue to plague our society. It can be argued that worshipping an ideal is comparable to worshiping a false God if that ideology is placed above the things of God.

The book of Isaiah provides a comprehensive view of God's loving plan of salvation while assessing the condition of the human heart and behaviors requiring change. God speaks through Isaiah in Chapter 58 concerning selfish desire (pride), driving workers hard (exploitation, greed), contention, strife, and striking with a wicked fist (oppression, affliction).<sup>68</sup> It is God's assessment of the heart and actions of the leaders who are allowing and/or practicing idolatry. The solution is a type of fast that is a heart change "to loosen the bonds of wickedness" with the fruit of changed behavior. Fruit of the heart change includes breaking the yoke, letting the oppressed go free, feeding the hungry, providing shelter to the homeless, clothing the naked and taking care of your own family's needs.<sup>69</sup> These issues were present in the time when Jesus Christ ministered amongst the people in the flesh and are prevalent in our society today. Greed, strife, and the lack of compassion for one another has become the norm rather than an outlier.

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<sup>67</sup> Ibid.

<sup>68</sup> Ibid.

<sup>69</sup> Baker, *The Complete Word Study Old Testament*, ed. Spiros Zodhiates, word study series ed., Word Study.

The Christian spiritual formation dimension of the model represents the issues of the heart which is based on our beliefs, values, and practices. The heart is referenced interchangeably throughout the scripture with the mind. The core of who you are lies in the mindset which encompasses a person's beliefs, values, and worldview. One description of worldview is being a set of values, attitudes, beliefs, and testimony that impact our thoughts or perspective while shaping how we act in the world. Worldview can also be described as a particular philosophy of life or conception of the world as defined by Oxford languages.<sup>70</sup> Worldview may be defined as a framework of ideas and beliefs forming a global description through which an individual, group, or culture watches, interprets, and interacts with the world as expressed. The pandemic provided an opportunity to love one another, and this lasted for a couple of months and quickly fell away.

Isaiah 58:1-12 is an assessment of the condition of the heart in his day and Jesus addresses the same heart condition in Matthew 25:31-46 in relation to when "The Son of Man comes in His glory" to separate the sheep from the goats.<sup>71</sup> The reference to feeding the hungry, providing drink to the thirsty, clothes for the naked, shelter to the homeless, taking care of the sick and those in prison (bondage).<sup>72</sup> The response by Jesus was more than a change of heart. There is an expectation to meet the physiological needs of the people. Jesus extends the focus to those that are in bondage. This displays the core

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<sup>70</sup> "World-view noun," Definition, pictures, pronunciation and usage notes | Oxford Advanced Learner's Dictionary at OxfordLearnersDictionaries.com, accessed January 9, 2023, <https://www.oxfordlearnersdictionaries.com/us/definition/english/world-view>.

<sup>71</sup> Spiros Zodhiates, comp., *The Complete Word Study New Testament*, reissue ed., Word Study (Edinburgh: AMG Publishers, 1991).

<sup>72</sup> Ibid.



connection between trauma and physiological needs that are in desperate need of intervention today.

There is clear direction to turn from the ways of wickedness that bring destruction and turn to the loving God who is merciful. It is important to “rend your heart and not your garment” and “return to the Lord your God, for He is gracious and compassionate” (Joel 2:13). Change of heart is the key to redemption. The text in Isaiah 58 and Matthew 25 provides the blessings of turning away from wickedness and turning to God as well as the consequences of continuing in your ways and not repenting in Matthew 25. The promise of a speedy recovery and a righteousness that goes before you with the Lord as your rear guard is a safe place for a person and community to be (Isaiah 58:8). From a place of safety, the Lord promises to hear our call and our cry while being present with us. It is a safe place to be in the presence of God with our righteousness before us and the Lord God as our rear guard. The behavior changes involving removing the yoke, pointing of the finger, speaking wickedness displays that there is a responsibility for the believer to change their behavior because of the heart change. Feeding the hungry and satisfying the desire of the afflicted is the desired behavior to produce additional blessings and is the fruit of a changed heart (Isaiah 58:9-10). The Lord promises to guide you, take care of you in a barren land, give strength to your bones and give you continual provision that do not fail. Additional blessings are available for those who will rebuild the foundations and become a “repairer of the breach” (Isaiah 58:10-11).

Jesus promises to receive unto Himself those who feed the hungry, provide drink to the thirsty, give shelter to the homeless, clothe the naked, visit the sick and come to the imprisoned. He will say to them “Come, you who are blessed of My Father, inherit the

kingdom prepared for you from the foundation of the world” (Matthew 25:34-37).<sup>73</sup> It is best summarized in the words of Jesus Christ “Truly I say to you, to the extent that you did not do it to one of the least of these, you did not do it to me. These will go away into eternal punishment, but the righteous into eternal life” (Matthew 25:45-46). It is clear from this passage that the lack of response to the needs of the broken hearted is as severe as oppressing them.

Isaiah prophesied of a time when the afflicted would be exalted. This will manifest when the Spirit of the Lord comes upon Jesus Christ, the Anointed One. Isaiah prophesies that “the Spirit of the Lord will rest on Him, the spirit of wisdom and understanding, the spirit of counsel and strength, the spirit of knowledge and the fear of the LORD” (Isaiah 11:2). The Messiah shall bring good news to the afflicted through the gospel. This builds upon the foundation set in Isaiah 58 which focuses on the wicked turning from their ways and living for God. The Messiah brings a gospel message of salvation to the afflicted and He is also sent to bind up the brokenhearted. This ushers in the opportunity for healing. A message of hope concerning the messiah is followed up with a binding (bandaging) of the wounds to begin the healing process. Emancipation is given to those that are oppressed and freedom to prisoners (Isaiah 61:1-3). God’s vengeance is to bring freedom and healing while comforting all who mourn. God promises healing for the grieving, praise instead of fainting and restoration of dignity as they are called oaks of righteousness. A common theme of rebuilding the ancient ruins and a restoration to holiness as evidenced by “you will be called priests of the Lord; ministers of our God” (Isaiah 61:4-6). The healing message continues as a double portion

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<sup>73</sup> Ibid.

is allotted instead of shame, and joy instead of humiliation. This allows for a healing of physical wounds, healing of emotional wounds, freedom from oppression and a double portion in their land to heal from poverty. The restoration and blessings meet all spiritual, physical, psychological, economic, and social needs.

The fulfillment of the prophecy in Isaiah 61 is life giving and freeing to the poor, widows, orphaned, captive and oppressed. The inequities and prejudice that existed in the individual, relational, community, and societal constructs were present in the religious community as well. Change was ushered in through God's house and the impact was felt in the all dimensions of life from the individual to all of society. The mandate is to spread this message, heart change, and practices to the whole world. The ministry of Christ directly brought spiritual, physical, psychological and relational healing to the community. When Christ read from the book of Isaiah in the synagogue as it is written in Luke 4:14-30, He confronted the doubt of those present and gave insight into the condition of the Church as a community of believers. The people were enraged as it was pointed out to them that Elijah was sent to a widow in Sidon and Elisha was sent to a Syrian leper. This reinforced the message of preaching the Gospel to the poor, deliverance, miracles and healing that Jesus Christ continues to fulfill and is available to all that will receive Him. The ministry of Jesus Christ has been, is and shall remain focused on the poor, widow, orphaned, oppressed, sick, afflicted and those that are bound. This adverse reaction continues to happen in the present age when the loving, healing, delivering ministry of Jesus Christ is applied to the least of these.

## *Mindset*

The focus on the individual as distinct and operating solely on self-interest is the premise that is foundational to a mindset that is destructive to cultural competency. We begin at the individual to interrogate how it difficult it is to achieve community and societal outcomes through this self-driven ideology. Cultural identity is a way of describing an individual's affiliation or identification with a particular group or groups.<sup>74</sup> Looking through a historical lens, the ancestors of Africans are portrayed as savages, uneducated, uncivilized, and less than human. The very comparison of one culture to another lays the foundation of one as superior and one as inferior.

It is important to recognize that mindset which includes core values, beliefs, and worldviews of the individual shapes how he or she will engage family, community, and society. The social ecological model allows for a theoretical orientation that considers multiple factors and how they interact rather than an individual focus that seeks to engage for their benefit. The SOSEM approach considers all creation, the creator, and how creation interacts with the creator as well as the rest of creation. This includes the person, family, community, church, society, planet, and the relationships between these factors. The list of factors presented is not meant to be all inclusive but to create contexts on how they interplay. Establishing cultural identity will provide the dominant factors associated to an individual and then cross cutting factors may be interrogated to promote cultural

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<sup>74</sup> Substance Abuse and Mental Health Services Administration, "Improving Cultural Competence: A Treatment Improvement Protocol," National Center for Biotechnology Information, accessed January 23, 2022, <http://www.ncbi.nlm.nih.gov/books/NBK248431/>.

competency. This perspective will enable us to identify strengths and weaknesses as well as opportunities for growth.

The SOSEM framework provides context for an individual within the family and other relationships as part of a congregation of believers in a community that functions within society. The building of the Body of Christ requires each part of the body to function according to its purpose for the benefit of the Body. This theoretical framework allows us to apply cultural competence from the Body of Believers within society. The bible provides us with the doctrine, ethics, and relational standards of how to function as the Body of Christ within a fallen world. The church is the called-out ones who have joined the Kingdom of God through Jesus Christ and planned to put off their former ways and put on the ways of Christ. Cultural competence may be achieved through living according to sound doctrine and understanding the context where you are living. The measuring rod to cultural competence is sound doctrine to navigate the complexities of the person's geographical and social location along with multiple other factors. This allows for individuation within the body and allows for accommodation of a developmental lens. A developmental lens with a focus on maturation with a clear goal of living as communicated through sound doctrine and lived out by mature believers. The intended outcome is a functioning body according to the scriptures with an active and relational God to bring life, growth, healing, and deliverance as the Body of Christ needs through the immanent work of the Holy Spirit.

Pentecostalism is and has been growing globally for the past one hundred years. Marginalization and perceived disenfranchisement of clergy by old mission churches along with the exclusion of local customs and practices contributed to the birth of African

Independent Churches.<sup>75</sup> Africans were marginalized within society as well as church polity. Pentecostal churches in Africa and the diaspora became a source of social and economic empowerment which led to engagement in the political sphere of society. As the church grew in number it also grew in influence. Pentecostals in Africa embraced a worldview consistent with the SOSEM approach which integrates societal influence in the political realm.

There has been progress in the area of Spiritual Formation journals embracing the Pentecostal movement since beginning to research this topic. There is continued debate about Spirit baptism and the underlying implications regarding sanctification. It is promising that current literature is wrestling with how Spirit baptism fits within spiritual formation. Frank Macchia proposes an eschatological understanding of Spirit baptism as the basis for an expansive and substantively pneumatological and Christological vision of spiritual formation.<sup>76</sup> Christian spiritual formation is the core of the spiritual ecological model where all other aspects of life are grounded. The goal is to integrate into a lifestyle approach compared to a siloed approach.

### *Theoretical and Theological Orientations*

The SOSEM approach gives us a theoretical framework and Christian spiritual formation provides the mindset or condition of the heart that fuels the model. When God breathed into Adam, he became a living soul. The relationships, processes, and practices

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<sup>75</sup> Adeshina Afolayan, Olajumoke Yacob-Haliso, and Toyin Falola, eds., *African Histories and Modernities: Pentecostalism and Politics in Africa* (Switzerland: Springer International, 2018), <http://doi.org/10.1007/978-3-319-74911-2>.

<sup>76</sup> Frank D. Macchia, "Spirit Baptism and Spiritual Formation: A Pentecostal Proposal," *Journal of Spiritual Formation and Soul Care* 13, no. 1 (2020).

allow for a person to revive, survive, and thrive. Our relationship with God is essential to life and it is important to grow in maturity as well as intimacy with God. An educational model of spiritual formation provides the opportunity to become sound theologically.

Jane Lu asserts that an educational model of spiritual formation in theological education is necessary for students' self-awareness and development.<sup>77</sup> There is an earnest desire for students to have sound theology and true spiritual formation in their daily life.

Thomas Groome expands this viewpoint and believes that religious education is to make a fundamental difference in how people realize their "being" in relation to God, self, others, and the world. He goes on to say that education in Christian faith clearly should shape the lives of people as agents-subjects in right relationship with God, self, other people, and all creation.<sup>78</sup> Groome's perspective of God, self, other people and all creation is consistent with a spiritual ecological model from the perspective of religious education. The shared praxis may be applied to other functions of ministry such as preaching, social justice, and counseling.

The spiritual ecological model is more comprehensive with the addition of physiological health, community development, and addressing comorbidities. The shared praxis model is a resource that will be utilized for the educational and training programs implemented at Equipped for The Journey. Specifically, preparing leaders and members to be in right relationship with God, self, others, and all creation. Life coaches will be trained in their areas of lived experience to be models and mentor others. The goal is to

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<sup>77</sup> Lu and Jane I, "Educational Models of Spiritual Formation in Theological Education: Introspection-based Spiritual Formation," *Teaching Theology & Religion* 24, no. 1 (2021).

<sup>78</sup> Thomas H. Groome, *Sharing Faith: A Comprehensive Approach to Religious Education And Pastoral Ministry: The Way of Shared Praxis* (Eugene, OR: Wipf and Stock, 1998), 13.

provide them with what they need for spiritual maturity and empower them to teach others also. Our hope is that ministry happens from the overflow of the richness experienced in their own lives.

The educational model of spiritual formation will address the person and strategic practical theology will help to synthesize both individual and social transformation in one model. Don Browning emphasized that for individuals to be free to change social structures that oppress them, they must be liberated from the psychologically internalized structures of oppression.<sup>79</sup> Browning brings an applied practical approach and moves toward theological education. This complements Groome's shared praxis models and will appeal to counselors and other health practitioners. The bridge between human sciences and hermeneutics provides a framework to align evidence-based counseling and psychotherapy with practical theology. Browning addressed sociopolitical issues when expounding upon purposive rationality. He claimed that purposive rationality, in its capitalist forms, aims only to improve efficiency and profits even if it requires abandoning the inner-city workforce.<sup>80</sup>

Descriptive theology will be used to assess and respond to the community with the social sciences playing a supportive role in addressing psychological challenges. Browning's development of descriptive theology was influenced by the social sciences taking a dominant role of understanding congregations rather than a theological perspective. Christian spiritual formation, religious education, and counseling will resource the first three dimensions of the model. They are effective in bringing soundness

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<sup>79</sup> Don Browning, *A Fundamental Practical Theology: Descriptive and Strategic Proposals* (Minneapolis, MN: Fortress Press, 1996), 247.

<sup>80</sup> Browning, *A Fundamental Practical Theology: Descriptive and Strategic Proposals*, 251.



to an individual, their family, friends, and other intimate relationships. The church or parachurch organization is the bridge to functioning well in the community and living a healthy life.

### *Church and Parachurch*

It is important to note how well Pentecostalism can coexist with various governmental structures and cultures throughout the world. The movement can achieve flexibility through blending the role of the scriptures with the work of the Holy Spirit. The spiritual gifts allow for a voice that can speak in various contexts. The scriptures are interpreted in a way that speaks to the current time, place, and context with the leading of the Holy Spirit. It can be argued that Pentecostalism allows for adaptation to the culture of those who are being added to the Kingdom of God. The economic system of neoliberal capitalism can be grafted into the Pentecostal movement due to the adaptability of the movement.

One could argue that post-colonialism has given way to the blending of Pentecostalism with a capitalist mindset moving towards the goal of globalization. The neoliberal capitalist mindset allows for the focus on the individual and rejects the idea that systemic or structural exploitation is present. This nuance of denying the oppressiveness of the structures and systems by claiming it is one “bad apple” has been consistent for generations. Reducing everything to the individual seeks to remove the obligation from the group or community. It can be argued that this structure produces no accountability and enables the system to continue functioning while continuing to marginalize individuals. With further inquiry, statistics have shown patterns that specific parts of the population are marginalized not just individuals. The neoliberal capitalist

argument is to reduce this to the individual and deny the collective impact on marginalized groups.

### *Clinical*

We discussed the serious challenges individuals and their families with mental health, substance use, or co-occurring disorders encounter. Nine out of ten people with co-occurring disorders do not receive an intervention and they are at high risk for death by overdose and suicide. Our target population of young adults are experiencing the worst outcomes and it has a direct impact on the next generation. Four out of ten children removed from their home are from zero to four years old and removed from parents in our target audience. The impacted children are often raised by other family members through kinship programs or are placed with a foster or adoptive family. There is a transgenerational impact to the current challenges in our communities. Church attendance is on the steepest decline with young adults as well. This means the church does not currently have the same level of access to young adults bring the necessary healing and deliverance.

Research suggests that brain development is active until approximately age twenty-six and represents our targeted young adult population. “Numerous studies of disaster response around the globe have shown that social support is the most powerful protection against becoming overwhelmed by stress and trauma” which suggests that a community of believers who support each other in a safe environment can increase resiliency.<sup>81</sup> “Neurotheology” is a unique field of scholarship with investigation that

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<sup>81</sup> Bessel Van der Kolk, *The Body Keeps the Score* (New York: Penguin Books, 2014), 79.

seeks to understand the relationship specifically between the brain and theology, and more broadly between the mind and religion. The research and teachings by Dr. Andrew Newberg on the spiritual brain bridges the gap between the brain, religion, and health.<sup>82</sup> Newberg connects the developmental stages with brain development, and this provides a framework to consider mind, body, and spirit with the brain along with the autonomic and parasympathetic nervous system representing the body. Newberg also discusses the neurophysiological development considering the stages of spiritual development.<sup>83</sup>

Equipped for The Journey was founded to function as a bridge between human services and the church as a missional organization. When individuals, families, and communities a stressful or traumatic experience, it provides the perfect opportunity to allow them to experience the love of God. The interaction between the parachurch organization and the broken hearted takes place between the church domain and the community. Members of the organization and the broader church will have the same access to services as anyone in the community. Screening of the individual is the initial point of contact in order to triage the situation and make connections with the appropriate type and intensity of services. Screening tools are available through the platform via computer or mobile devices as well as in person availability. We will provide training to and support to ministries and others in the helping profession on screening and referral to services. Training is available virtually through the web platform and also offered on site at agencies. It is important to replicate all of our offerings both on site and virtual. Our goal is to provide identical services regardless of the way we connect with our member

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<sup>82</sup> Andrew Newberg, *The Spiritual Brain: Science and Religious Experience* (Virginia: Great Courses, 2012).

<sup>83</sup> Ibid.

and collaborative organizations. More detail will be provided on the offerings in the artifact specification section concerning the functionality of Equipped for The Journey. Exploring the role of training in the SOSEM and how it integrates transgenerational wellness is the focus of this section. The approach described for training will apply to the other services offered.

Transgenerational wellness places a demand on the ministry to make an impact across generations and create community that brings synergy to the generations. In order for the community to function, we provide services at multiple levels of care. Prevention and early intervention are for individuals and families that are at risk for psychological and emotional challenges or have a low severity of symptoms. Equipped for The Journey provides coaching and trains coaches that are able to provide Screening, Brief Intervention and Referral to Treatment which is called SBIRT. Members of the community who have lived experience with specific challenges in life are also able to provide peer support to persons who contact the agency and are in need of care. A continuum of care is provided by community members, service providers, and leader within the community. Coaches and peer support specialist can facilitate access to care for the members that join our organization. There are opportunities for volunteering, internships, and employment with Equipped for The Journey.

Providing training to churches, counselors, and other healthcare professionals allows the ministry to become nested within the broader community. The goal is to facilitate the healing journey for individuals in multiple areas of their life. Working with individuals with co-occurring disorders means they require intervention for whatever diagnoses are present. It is common for care to be offered sequentially compared to an

integrated approach. This means that a person may receive services for anxiety and upon completion receive services for a substance use disorder or vice versa. This person may also have diabetic symptoms along with a pain management issue that is being managed by a healthcare professional. This is an example of the individuals referenced earlier that ninety percent of them do not receive any services. Comorbidly and co-occurring disorders are health issues where there is a desperate need to increase access and quality of care. The SOSEM allows for the individual to receive help for a substance use issue, anxiety, and receive spiritual formation simultaneously within the community.

A flaw in the managed care system is that individuals and families are assisted until they are stable enough to be discharged. The function of the ministry is to facilitate movement from surviving to thriving in the community. Educational programs for financial literacy, nutrition coaching, personal training for fitness, and counselor training are a few of the additional programs available within the community. The ministry also hosts community events to increase socialization and provide an opportunity to develop additional social skills. Networking and effective interpersonal communication are essential skills to thrive in the work force and increase chances for economic opportunity. The leadership team is made of a diverse group of professionals and community leaders. Having a diverse team from various specialties allows for the person's multifaceted lifestyle to be considered during the healing and growth journey.

The team structure implemented at Equipped for The Journey is an interdisciplinary team. An interdisciplinary approach is a manner of dealing with psychological, medical, or other areas of specialty in which individuals from different disciplines or professions collaborate to obtain a more thorough understanding of the

challenges and results in a more comprehensive response.<sup>84</sup> The teams includes medical doctor, nurse, counselor, personal trainer, addiction professional, massage therapist, pastor, lawyer and other disciplines. Consultation is provided in an interdisciplinary team meeting which allows for the various professionals to give input from their perspective with the goal of the best function for the person receiving services. Our goal is to provide a full health and wellness clinic in the future. Medical services and acute psychiatric care are not available currently and are part of our second phase. Prior to Covid, it was not possible to receive medial and acute psychiatric services virtually.

The SOSEM framework staffed with an interdisciplinary team with an option for virtual services allows the ministry to effectively serve the young adult population that is overdosing, dying by suicide, and killing each other. This approach also reduces the risk of children age zero to four being placed into foster care. A multifactored multidisciplinary approach is able to respond to the co-occurring disorders and comorbidities that young adults are currently facing. Having Christian spiritual formation as the foundation for this approach, will allow the Spirit of God to move through the organization and the members. This is a micro representation of what the body of Christ the church, is designed to look like on the macro level. One body with different members that is fitly joined together by what every joint supplies.

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<sup>84</sup> APA dictionary of psychology, American Psychological Association.

## SECTION 4:

### ARTIFACT DESCRIPTION

Equipped for The Journey has a web presence on major social media platforms. The scope of the project includes creating a web presence to connect with existing and potential members. A distinguishing feature of Equipped for The Journey's Platform is that we do not offer paid advertising to third parties to target our members. This feature is important in cultivating a trauma informed community that is safe. The nonprofit has active pages on Facebook, Instagram, YouTube, and LinkedIn. This aligns with the societal sphere of the spiritually oriented social ecological which will refer to as the SOSEM model. It is important for the organization to be represented in the community and society spheres.

The targeted audience for this project is young adults aged 18-25 and will be referred to as young adults throughout this section. Social engagement for this age group primarily takes place through digital communication. The most common modes for communication are text messages, direct messages on social media platforms, and communication through snap chats or reels. Outreach and intervention for school age children comes with the benefit of engaging them in the community domain at school or home visiting programs. Young adults may enter the workforce after graduation or enter some type of formal education or training program. Three focus groups were convened in summer 2021 with the purpose of identifying appropriate places to engage with young adults. The outcome of all three focus groups revealed that the primary way to connect with young adults is in the digital space. Digital space is being used to describe the

various online and data driven modes of communication including text, chat, audio, video, and application-based communication.

The relational and community domains of the social spiritual ecological model are the primary focus of this project. The main barrier to overcome is the siloed nature of the different modes of communication and barriers to access. Research on the digital spaces revealed that designing and implementing a digital platform was the best option to create a community that is not siloed by utilizing multiple applications. There are risks involved with utilizing an existing social media platform due to the lack of privacy and constant solicitation through advertising. Algorithms are used by these platforms to decide what content a person sees including what post becomes visible from friends and family.

The design of the web platform requires the functionality to be congruent with in person interactions to increase the probability of those types of interaction. There is a psychological concept from behavioral theory of generalizing behavior to broader contexts. Generalization is the tendency to respond in the same way to a different but similar stimulus. Implementing this web platform required a shift in mindset and behavior from previous successful missionary experiences. It is now a common practice for me to meet with a client for the first time without any personal interaction prior to the appointment. A transgenerational approach will entail engaging new behavior and the emotional coping to engage the new paradigm from each generation. In addition, the rollout of the community will offer the same types of relationships that are consistent with the broader community.

Equipped for The Journey is setup to function in a way that a person can engage who wants to help, needs help, or is in crisis. For those wanting to serve, they can engage



the organization as a volunteer, peer support specialist, coach, counselor, health care professional, and provide services through the organization virtually or in person. There is a leadership team with leaders in all the previously mentioned disciplines to manage onsite and virtual engagement. The web platform is designed to allow for privacy when desired or needed and the engagement of community always available. Having the various disciplines working together in the digital space reduces the burden for volunteers that can help from the comfort of their home. In addition, the virtual option gives the community access to a broader range of subject matter experts without the expense of travel for the expert or the member.

An extremely important feature of the web platform is the ability to join committees and vote for someone or pass a resolution. This prepares the member to engage these functions in the broader community and provides context to understand the importance of these functions. There will be videos explaining all the offerings and the experience of the providers within the platform. This allows a safe environment to learn more about the challenges they may have or the goals they want to achieve at their own pace. The person will not be engaged until they request information or request to participate in those activities. Coaches and peer support specialists will be available to speak with member for consultation and help them determine a path forward. The digital space allows a person to perform due diligence and decide if they want to engage on their terms without pressure to act from someone else. Videos will describe the benefits of the services, education, or training available and invite people to begin their journey without the sales pressure.

We live in a world that is moving at a faster pace and there are constant obstacles and challenges that may impact our ability to keep commitments. A person who is engaging in person may experience transportation issues which prevent them from coming to the organization. They will have the flexibility to convert their appointment to a virtual appointment and continue making progress. It will also give them access to support as they are experiencing the challenges associated with transportation problems. Conversely, someone may begin virtually and desire to engage the community on a more interactive basis. A transition to on site services can be initiated or they may prefer a hybrid option of virtual and onsite. There will be some services that will not have the quick flexibility but will have a complementary service available to offer support at some capacity. When someone is experiencing challenges, it is important to remove as many barriers as possible to either stabilize them or for them to continue making progress.

The web platform for Equipped for The Journey provides trauma informed care with minimal barriers to access the community and a diversity of leaders working towards solutions as an interdisciplinary team. The mindset of the organization is based on sound theology and manifested through Christian spiritual formation. The mindset, structure, and systems staffed by skilled practitioners will increase health and create transgenerational nested relationships within the community.

## SECTION 5:

### ARTIFACT SPECIFICATION

The primary targeted audience for the Equipped for The Journey platform is 18–25-year-old young adults. The secondary audience is aged twenty-six and older. A transgenerational approach requires a transgenerational audience. Overdose, suicide, homicide, and declining church attendance are most prevalent in 18-25-year-olds and where pregnancies are more likely to result in loss of child custody. Targeting this age group would allow an impact to be made on the most vulnerable part of the population from age 0-4 in the context of the family. Forty one percent of children in the United States who are confirmed by child protective services as victims of maltreatment in the year 2020 are from age 0-4.<sup>85</sup> Adults aged twenty-six and older can be provided services and trained to provide peer support for those age 18-25. There are many prevention and intervention programs available to school-aged children aged 5-17 both in the local church and the community with schools as the primary location of services. Collaboration with current community services utilizing the social ecological perspective is available through Equipped for The Journey both virtual and in person.

The primary goal of the platform is providing a virtual community that seamlessly integrates with in person activities systemically and structurally. Equippedftj.org is a web platform designed for members to experience functionality that previously took multiple

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<sup>85</sup> Ann E. Casey Foundation, “Children who are confirmed by child protective services as victims of maltreatment by age group,” KIDS COUNT Data Center, accessed December 8, 2022, <https://datacenter.kidscount.org/data/tables/9904-children-who-are-confirmed-by-child-protective-services-as-victims-of-maltreatment-by-age-group?loc=1&loct=1#detailed/1/any/false/574,1729,37,871,870,573/62,2594,2595,113,36/19235,19236>.

websites and applications to accomplish. The design and features of the website meet industry standards for a platform. A platform is a dynamic framework from which applications run compared to a website that is a collection of web pages which have been linked together and hosted from one domain.<sup>86</sup> In addition, the mobile application has the same functionality as the web platform which allows for individuals using different devices to communicate in a single virtual space. A person can connect with the community via a laptop computer and have continued connection with a mobile device while traveling or use a mobile device as the primary source of connection.

The website and mobile application integrate writing, photo, audio, and video channels of communication. Young adults rely heavily on mobile devices to access virtual spaces compared to using laptop or desktop computers. It is becoming more common for adults over twenty-five to rely on notebooks, and mobile devices for engaging on the internet. A learning management system is built into the platform for education and training allowing for both in person and virtual training events. The platform's scope of functionality allows registration and access to events, booking and access to services, internal social networking, governance, podcasts, and video through RSS feeds, and much more. Registration can be completed through the mobile application and QR code used to check in at the in-person event. Online event check-in for members is automated through software applications. Mobile application screenshots from the project are pictured below for reference.

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<sup>86</sup> Nathan Moore, The Difference between a Website and Web Platform, November 3, 2016, <https://www.linkedin.com/pulse/difference-between-website-web-platform-nathan-moore>.

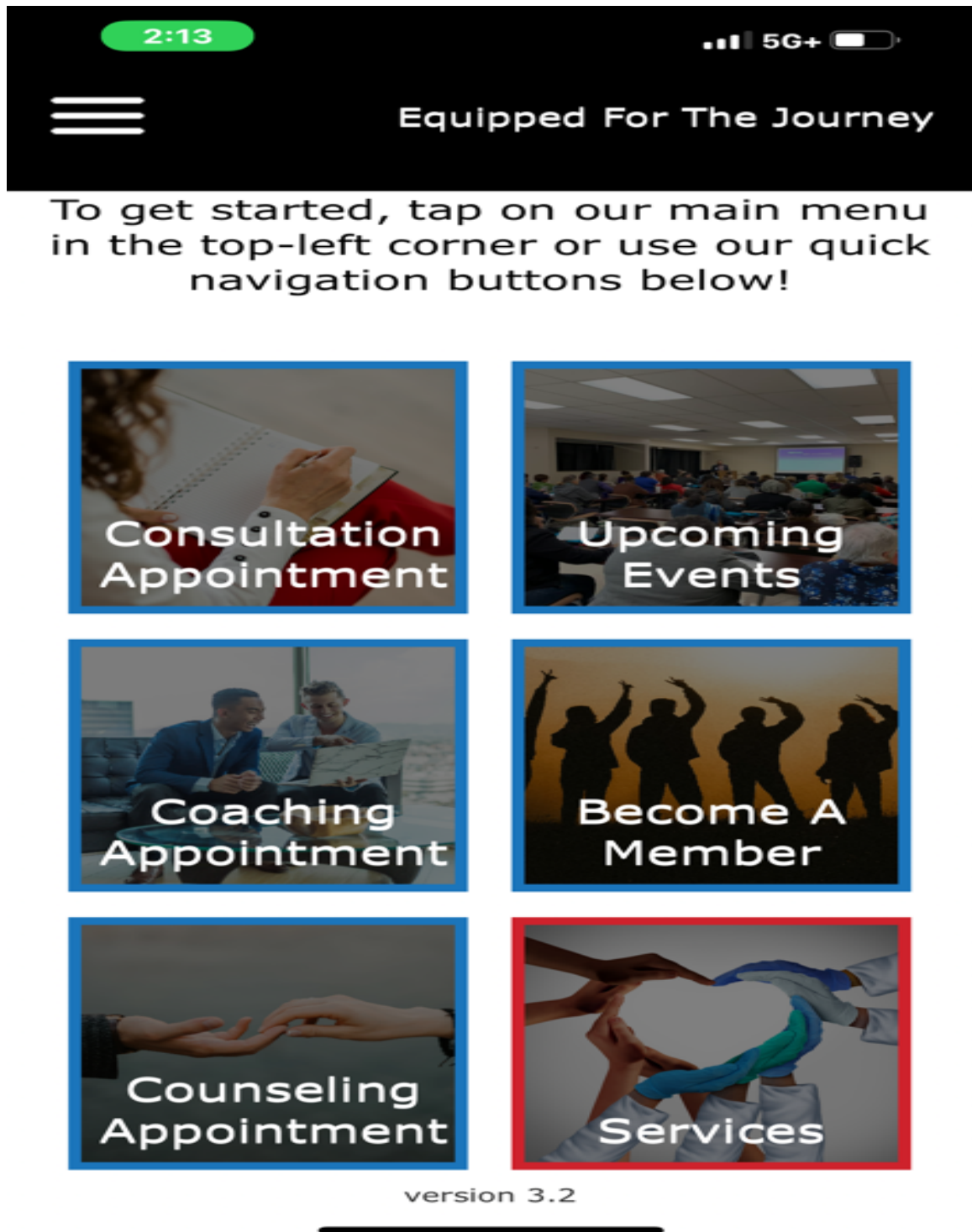


Figure 6 – Mobile Application Home Screen

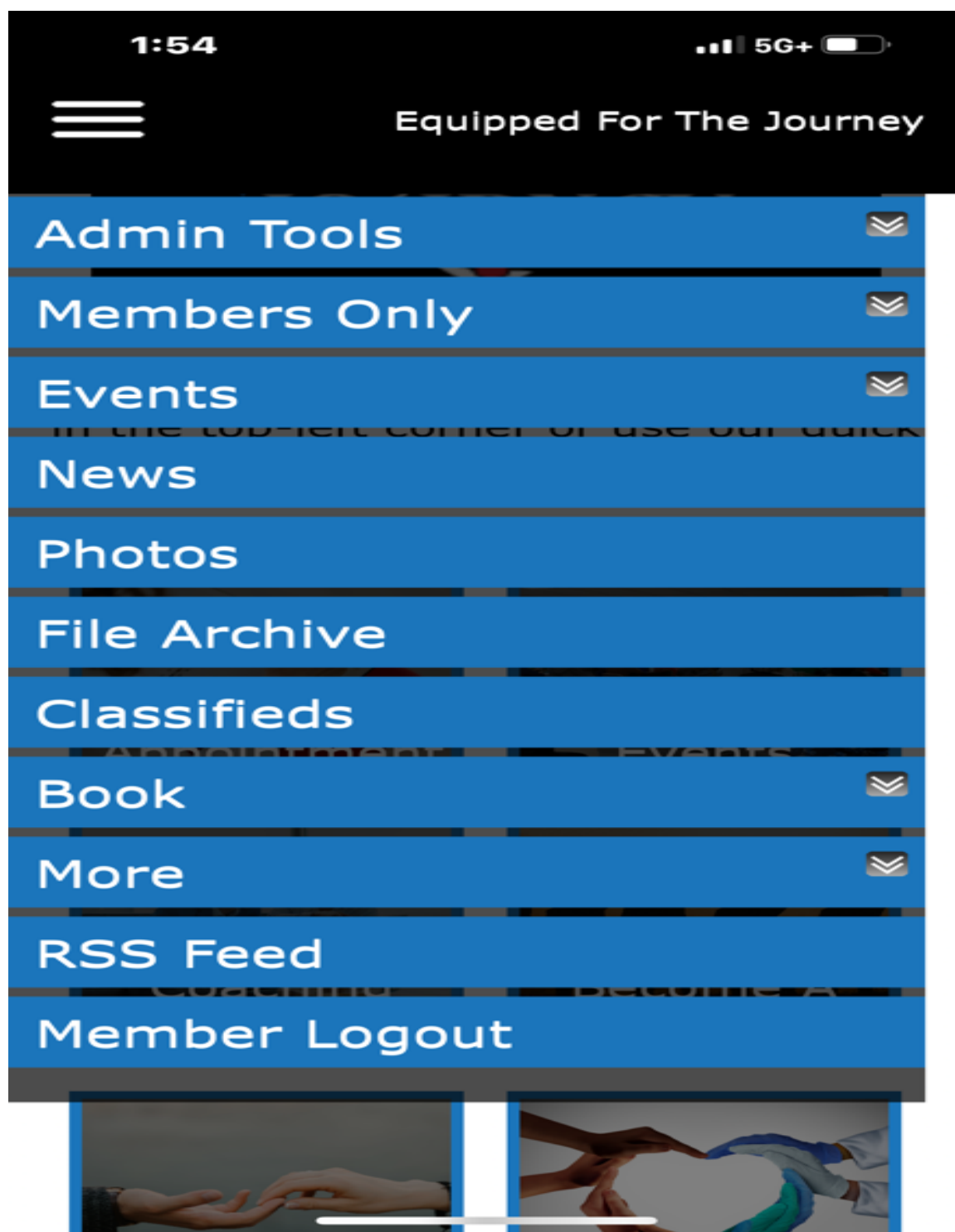


Figure 7 – Mobile Application Main Menu

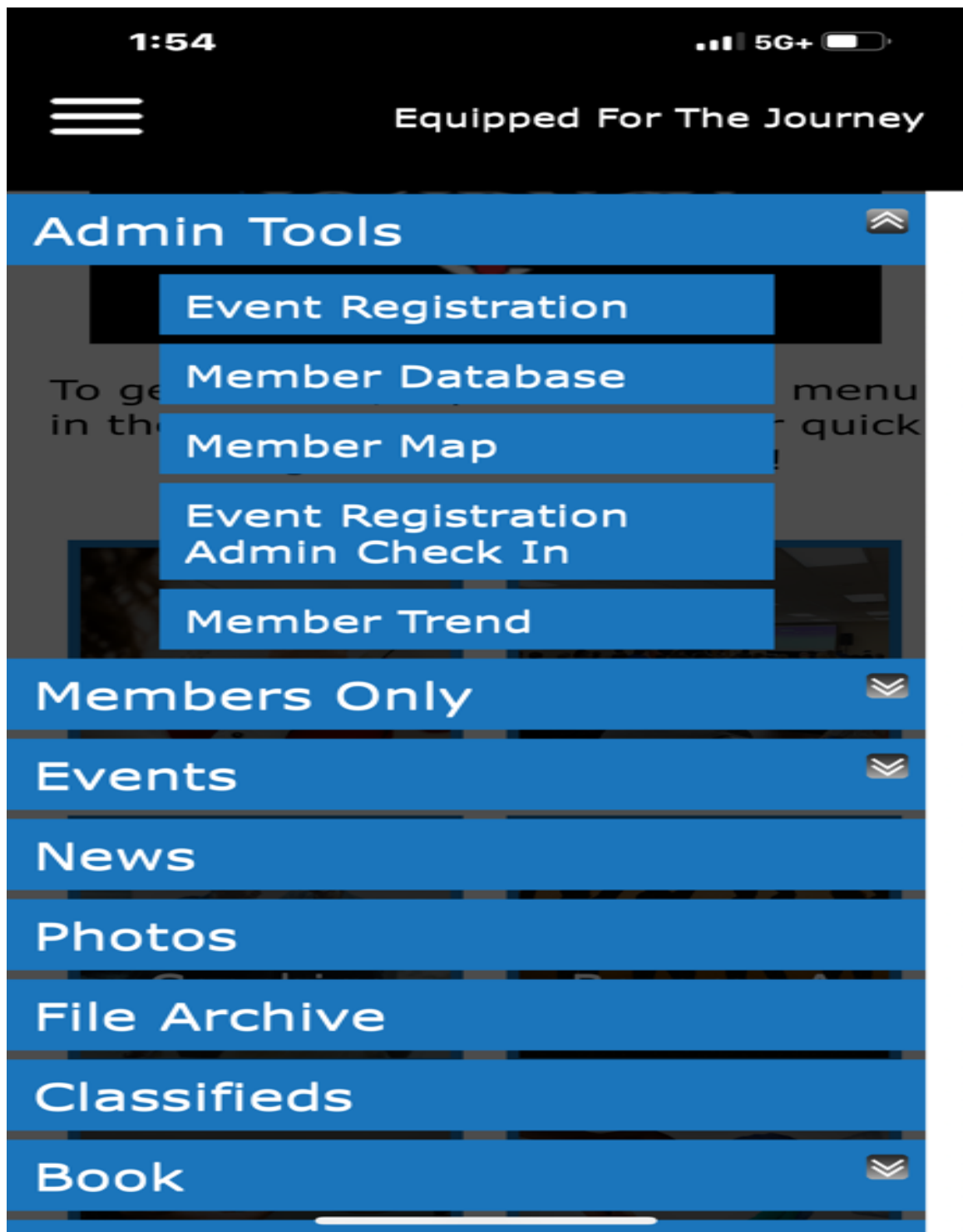


Figure 8 – Mobile Application Admin Menu

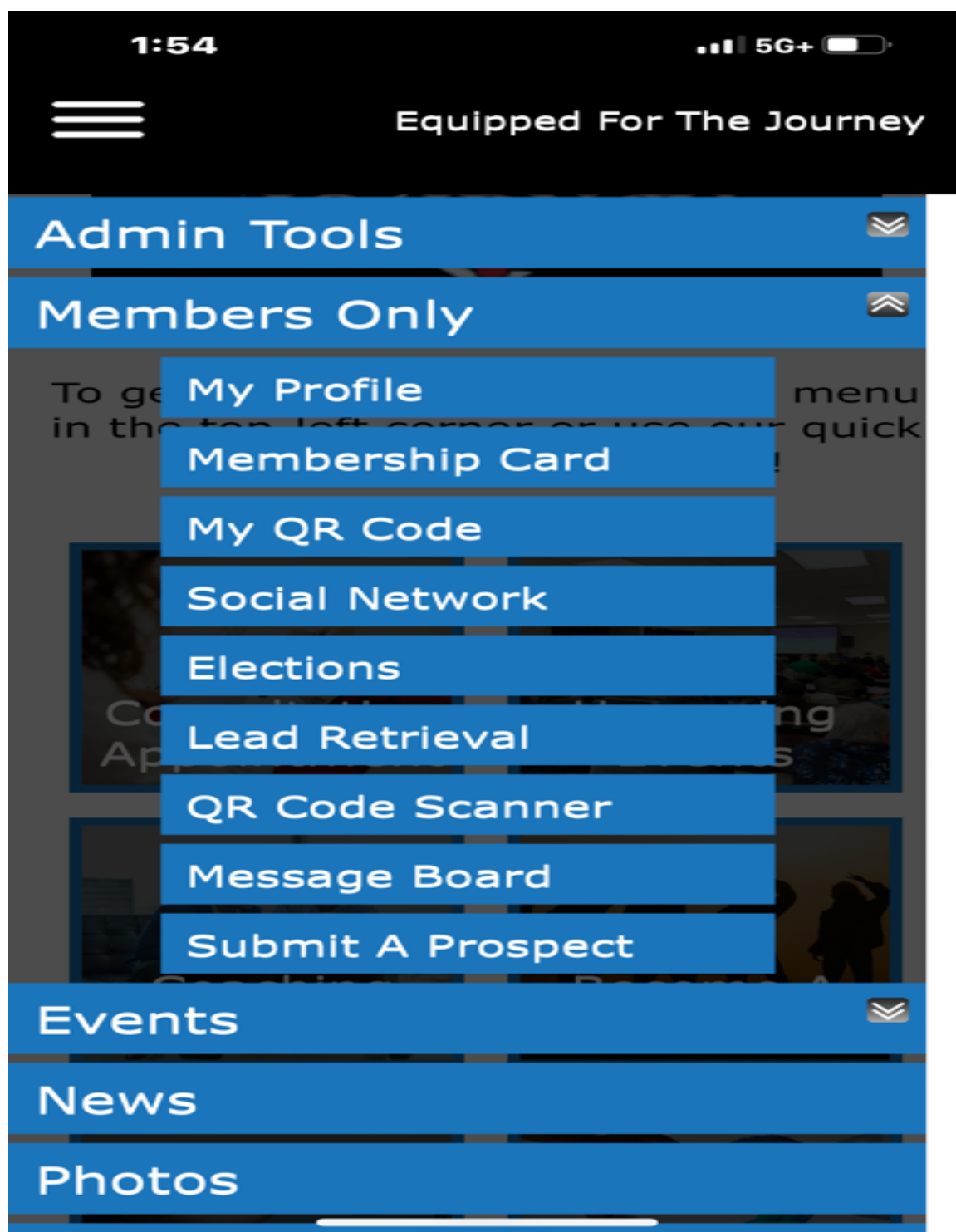


Figure 9 – Mobile Application Member Menu



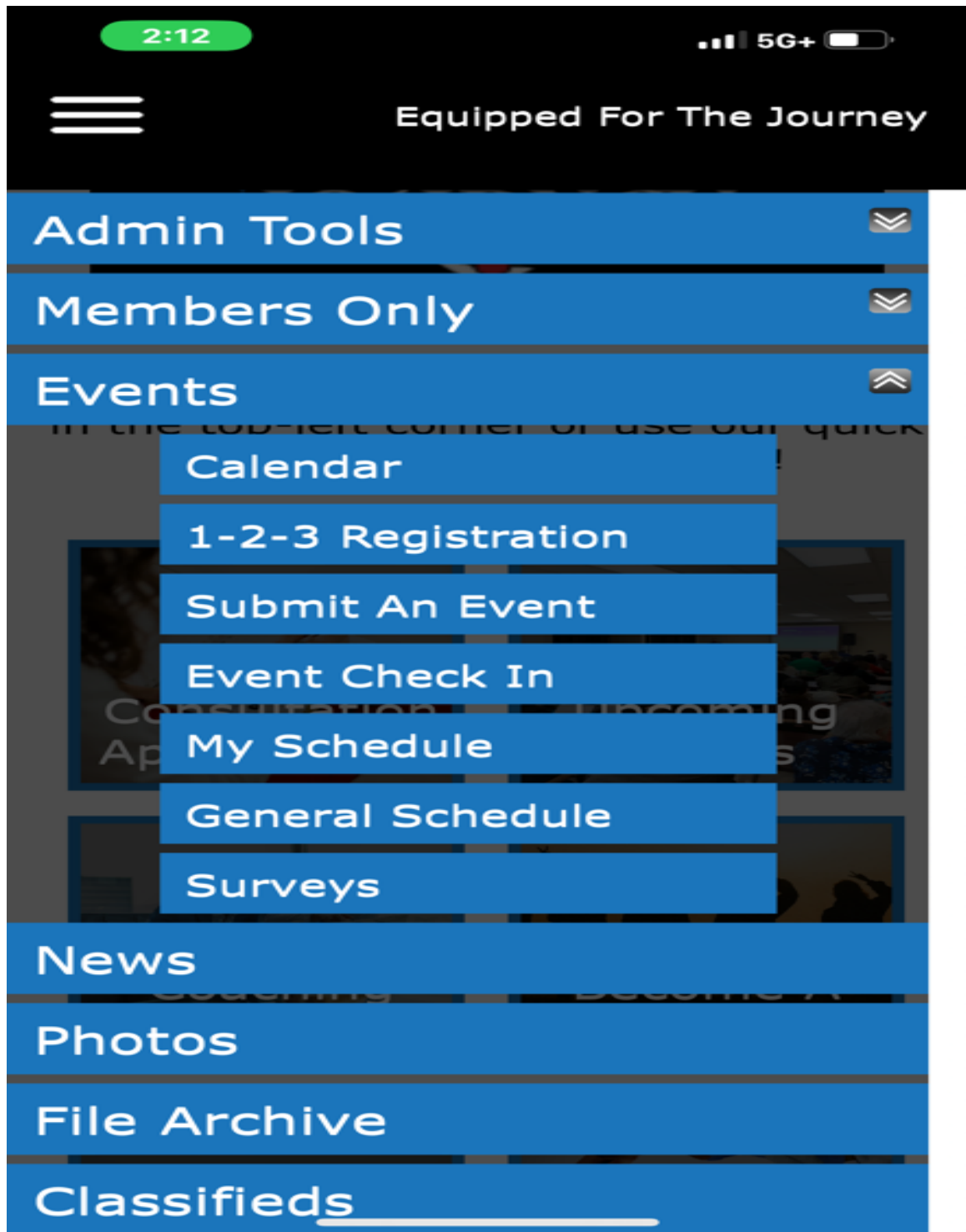


Figure 10 – Mobile Application Events Menu

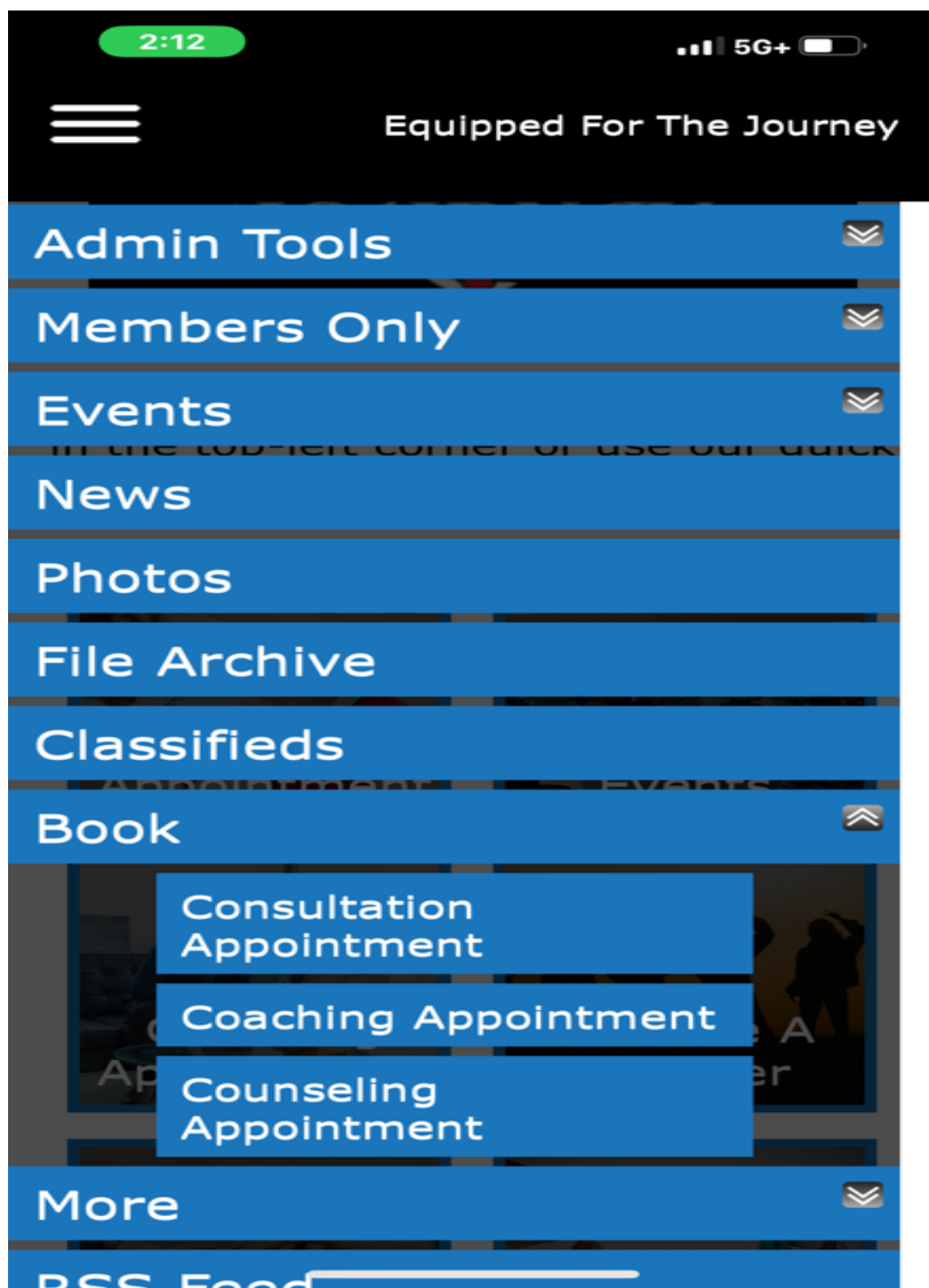


Figure 11 – Mobile Application Scheduling Menu

### *Functionality*

Individuals have the functionality to schedule appointments for coaching, counseling, and other services with automated video conferencing generated and emailed with appointment confirmation. The video conferencing meets HIPPA compliance for privacy and confidentiality. Self-scheduling with automated confirmation has become quite common in the human services industry and the preferred method for 18-15-year-olds to book appointments. Secure messaging with end-to-end encryption is provided for anyone receiving services. It is important to safeguard members from privacy or data related issues. Equipped for The Journey does not collect any information from members outside of what the member provides to facilitate their membership.

### *Budget*

The current cost of the project is approximately \$11,500.00 for the development of the web platform. There is an additional \$3,000.00 expense related to the development of the mobile application. I provided over 200 hours of project design and project management for the design, functionality, and content. The value of this work is \$10,000.00 based on two hundred hours at \$50.00 per hour. Total development cost for the web platform to function is at a minimum of \$25,000.00. This cost does not reflect the research and training necessary to develop the model the web platform implements. The ongoing cost for the project is approximately \$500.00 monthly. The monthly cost includes hosting fees, payment gateway fees, google workspace fees, and accounting software that integrates with the platform. Expenses for the project are based on the size of membership that is actively engaging the platform. The initial cost will support up to

250 members and scalable to 20,000 members for an additional \$550.00 monthly for a total of approximately \$1,000.00 per month at a capacity of 20,000 members.

The platform is designed as an interactive experience for members and providers in the organization. The website on which the members login to the platform allows certain information and functionality without logging in or becoming a member of the community. Articles or blog posts are available to the public and updated as published on the platform. The event registration system displays events that are scheduled, and events are automatically removed once the event date has passed. Live stream content is available on the website and available to members and nonmembers. It is possible to have a live stream event that is available to members only based on the configuration of the event. Coaching, counseling, and peer support may be scheduled on the website, the mobile application, or within the members area. The actual meeting takes place in secure video conferencing and does not interfere with the website or members platform. The structures and systems are congruent with the social ecological model where personal, and family are handled securely while community based interactions are more open.

The web platform has multiple levels of permissions to ensure members, leaders, and providers comply with accepted privacy standards. The executive director has global access to all aspects of the platform. The web platform is designed to provide varying levels of privacy that are consistent with in person meetings. Leaders who manage certain aspects of the community have permissions that allow them to administer and support the area they lead. Members can fluidly move through different services with varying levels of permissions by a simple request. For example, a person receiving counseling may complete counseling services and request to engage services for financial coaching. The

member will always have access to community level interaction but gain access to the financial coaching available from leaders and peer support specialists. The members can have community permissions receiving counseling and coaching services simultaneously are move from one service to another while maintaining community access. Community level permissions are available whether a person engages services in the members area or not. Content provided on the website is available to the public and not restricted to members. The website does have the functionality to have members only web pages that become available once logged in the members area.

Video has become integral in the way we currently communicate and receive information. Equipped for The Journey offers members several ways that members and the public can access video resources. Videoconferencing is available for individuals, families, and small group meetings. Having access to interactive voice and video is vital in counseling, training, coaching, and small group meetings. This is available live through a secure connection. Live streams and webinars are a way to present information and do not require interaction. The audience for these events may include the public and the platform has the capacity to simultaneously stream these events on the website, social media, and other streaming platforms. On demand video which has been previously recorded and is available to be placed in the public sphere or YouTube and other platforms as well as within the website and members area. The learning management system within the platform has the capability to use videos as part of educational and training activities.

The social networking area supports posting written messages and photos. Zoom meetings are integrated into the platform and can be utilized for video interaction

between members. Moderation of content is available based on permissions. Regular monitoring of activity will be conducted to ensure healthy social engagement. This feature functions similarly to groups on Facebook which have guidelines and standards for participation. It is my expectation that individuals who join groups rarely engage in controversial communication. The platform does have the capability to change, restrict, or revoke member privileges. The goal is to maintain a safe and healthy community environment and we understand not everyone who joins will be healthy. It is expected that many of the people we engage will be experiencing challenges in life.

## SECTION 6:

### POSTSCRIPT

The dissertation process began in the fall of 2019 prior to the challenges that would emerge due to the Covid-19 pandemic. A track two dissertation was chosen and the initial goal was to develop a trauma informed approach to Christian spiritual formation. In the middle of the second semester of studies, the country was placed on lockdown and the mental health clinic that I lead, Kingdom Source Counseling & Training, ceased all in person services. The target audience of young adults aged eighteen to twenty-five was selected prior to the lockdown and Zoom videoconferencing was procured in the fall of 2019 as part of the execution of this project. This allowed Kingdom Source to benefit from the research and the clinic was operationally virtually with 72 hours of the lockdown. The limitations and challenges connecting with young adults virtually was launched early due to the crisis. There were many lessons learned over the next couple of years regarding virtual services.

Videoconferencing provided the ability to have interactive video in a confidential environment utilizing email, phone support, and an electronic health record platform to facilitate the remaining parts of the operation. This complicated set of individual channels of communication created barriers to access for clients and increased workload for providers. Experiencing these challenges revealed that a web platform was needed that could accomplish the functions of these various activities. A secure space that met the Health Insurance Portability and Accountability Act guidelines for electronic health records within a platform eliminates the need for a separate place to login for progress notes and other administrative paperwork. Clients wanted a way to self-select and

schedule their appointments which meant having a system that could accommodate this request. The overall design, implementation, and cost of the artifact required a significant larger investment than originally planned. The finished product can be scaled to reach thousands of young adults with many tasks automated in the processes.

A track two dissertation with a balance of artifact and writing aligned with my strengths in project design and project management. The virtual option initially presented as something that would align better with my skillset and could be handled efficiently. The other option was to write a book or manual on Christian spiritual formation. Writing a book or manual would not have been impacted as severely as the web platform and would have probably led to an earlier graduation. The sacrifice is worth the finished product and further research showed that my target audience would not respond favorably to a book. The other option was to complete a track one dissertation without an artifact and focus on writing a more theoretical driven paper. I choose the Doctor of Ministry program because of my calling as a practitioner. The track one option would not support me as well in my ministry vocation.

The web platform received its first members approximately ninety days ago and the first iteration has been evaluated. There are a few features related to billing and QuickBooks integration that need to be addressed. When those updates are made, the billing process will be fully automated for donors, clients, and members. One component that is not as robust and future research is needed to integrate high quality video at an affordable rate. Further research is needed on how to effectively transition young adults from the virtual space to onsite. There is also a challenge onsite with the constant using of their mobile devices. Successfully getting young adults in a parachurch setting does



not address the decline in church attendance. Further research on how to increase their engagement in the church is an area that is important. The desire is to be the bridge to the church and want to be effective at helping them cross that bridge. We are hoping that one of the outcomes of providing Christian spiritual formation is that it will lead to a desire for church attendance.

There is a plan to start a Podcast in February as a response to feedback that received from a survey that was conducted and recent interviews with young adults. The attention span for video has been decreased to sixty second increments by the expectations set on Instagram, Facebook, and other social media platforms including YouTube shorts. The initial responses are favorable that their attention span and duration of engagement is higher for podcasts than other modes of communication. Participants responded that up to thirty minutes of engagement from Podcasts is about average compared to one to ten minutes for video. The outlier is that they will spend several hours binge watching shows on Netflix. It would be interesting to understand how to gain that much of their attention.

The past three and a half years have been challenging and filled with complicated grief due to the loss of several family members and moving one thousand miles away from where I grew up. This journey has been life giving, sacrificial, and accomplished the goal of transitioning back to ministry as the primary vocation. The fact that young adults are overdosing, killing themselves, or killing each other at an increasing rate year over year is startling. It is also humbling to know that less than ten percent of people with co-occurring disorders receive treatment for their co-occurring disorders. The need is great, and I pray that local churches join this fight for our young adults. The children of

the young adult population dying at such a young age are fatherless. I did not spend a considerable amount of time on the foster care system, child abuse, and intimate partner violence because each one of those areas can lead to a dissertation on its own. The leading reason for removal of children in the state of Florida are mental health and substance related issues. This statistic is similar on the national level as well. Working with children zero to four and their parents revealed another major area of concern. Services are geared towards the dyad of mother and child and often the mother's mental health is not addressed.

## APPENDIX A:

## ARTIFACT

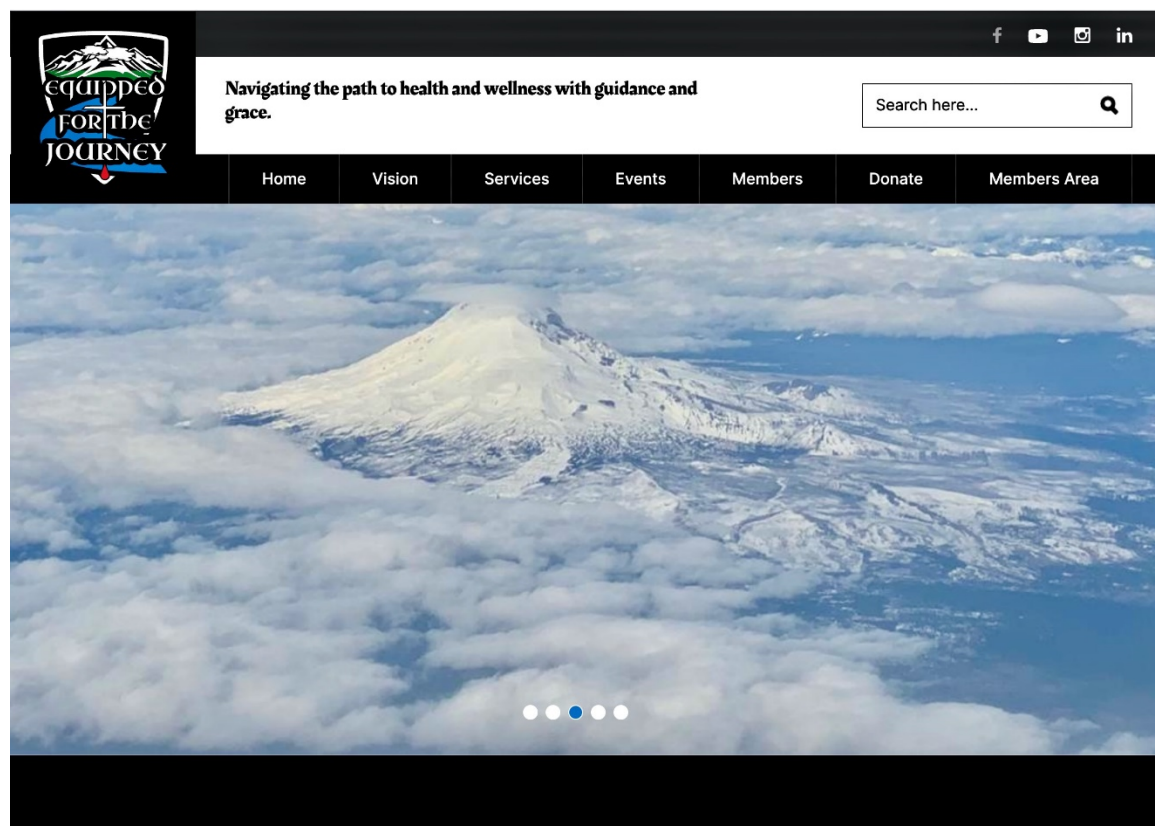


Figure 12 – Website Home Page



Figure 13 – Website Services Offered

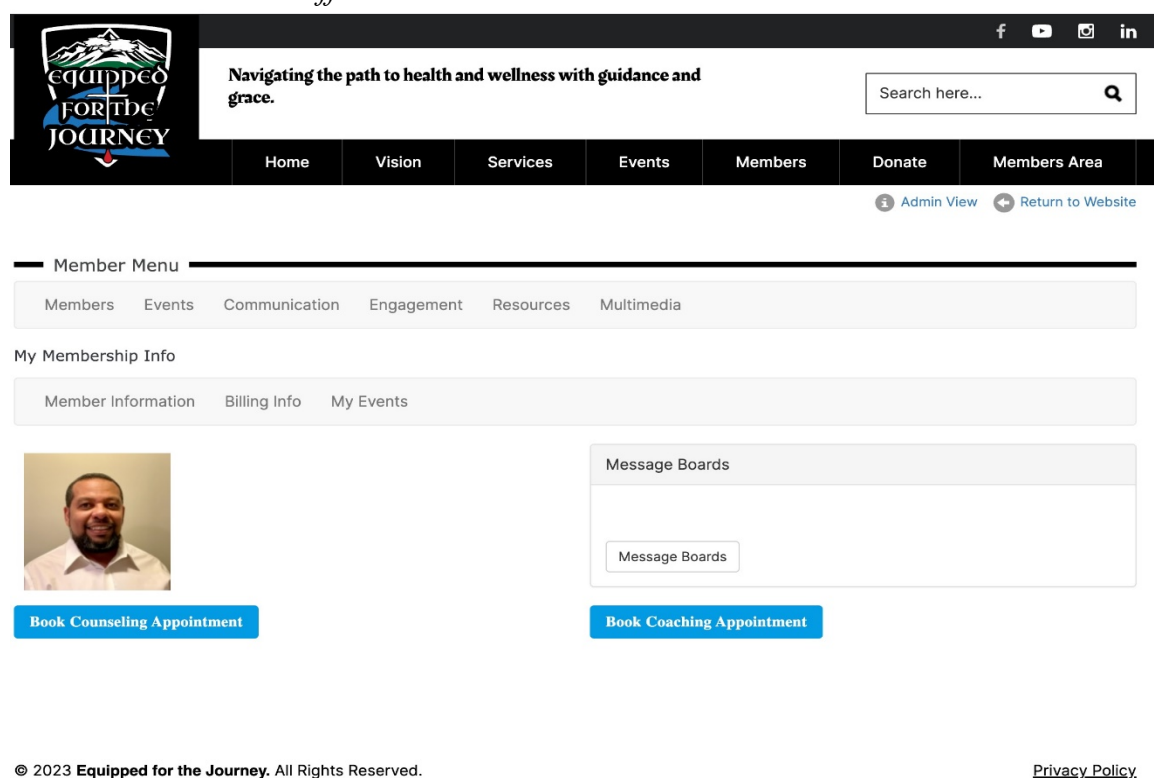


Figure 14 – Website Member Area

## BIBLIOGRAPHY

- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*: DSM-5. 5th ed. Washington, DC: American Psychiatric Publishing, 2013.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*: DSM-5-TR. Washington, DC: American Psychiatric Association Publishing, 2022.
- American Psychological Association. APA Dictionary of Psychology. Accessed August 15, 2022. <https://dictionary.apa.org/>.
- Bennett, Matthew. *Connecting Paradigms: A Trauma Informed Amp; Neurobiological Framework for Motivational Interviewing Implementation*. Denver, CO: Bennett Innovation Group, L3C, 2017.
- Baker, Warren P. *The Complete Word Study Old Testament*. Edited by Spiros Zodhiates. Word Study Series ed. Word Study. Chattanooga: AMG Publishers, 1994.
- Bronfenbrenner, Urie. *The Ecology of Human Development*. Cambridge, MA: Harvard University Press, 1979.
- Browning, Don. *A Fundamental Practical Theology: Descriptive and Strategic Proposals*. Minneapolis, MN: Fortress Press, 1996.
- Coduan, Winfried. *Lexham Bible Dictionary*. Edited by John D. Barry, David Bomar, Derek R. Brown, Rachel Klipperstien, Douglas Mangnum, and Carrie Sinclair Wolcott, Logos Bible Software. Bellingham WA: Lexham Press, 2016.
- Ehlers, Anke, and David M. Clark. "A Cognitive Model of Posttraumatic Stress Disorder." *Behaviour Research and Therapy* 38, no. 4 (2000): 319–25.
- Erlich, Haggai. *Haile Selassie: His Rise, His Fall*. Boulder, CO: Lynne Rienner Publishers, 2018.
- Evans, William. *The Great Doctrines of the Bible*. Chicago IL: Moody Press, 1949.
- Foa, Edna B., and Michael J. Kozak. "Emotional Processing of Fear: Exposure to Corrective Information." *Psychology Bulletin* 99, no. 1 (1986): 20–35.
- Fowler, James W. *Stages of Faith: The Psychology of Human Development and the Quest for Meaning*. San Francisco, CA: Harper and Row, 1981.

- Foster, Richard J. *Streams of Living Water: Celebrating the Great Traditions of Christian Faith*. San Francisco, CA: Harper San Francisco, 1998.
- Greenman, Jeffrey P., and George Kalantzis, eds. *Life in the Spirit: Spiritual Formation in Theological Perspective*. Downers Grove, IL: IVP Academic, 2010.
- Groome, Thomas H. *Sharing Faith: A Comprehensive Approach to Religious Education and Pastoral Ministry: The Way of Shared Praxis*. Eugene, OR: Wipf and Stock, 1998.
- Hall, Peter D. "A History of Nonprofit Boards in the United States." *Board Source*, 2003. <http://www.boardsource.org>.
- Henry, Kenneth E. "The Black Church in America: Authentic, Vital, and Enduring." *Lexington Theological Quarterly* 25, no. 4 (October 1990): 97–104.
- Johnson, Timothy. "The Black Church as an Afrocentric Institution." *The Journal of the Interdenominational Theological Center* 17, no. 1-2 (1990): 135–54.
- Jones, Camara. "Levels of Racism: A Theoretic Framework and a Gardner's Tale." *American Journal of Public Health* 90, no. 8 (August 2000): 1212–15.
- Jones, Jeffrey M. "U.S. Church Membership Falls Below Majority for First Time." Politics, Gallup Poll, March 29, 2021. <https://news.gallup.com/poll/341963/church-membership-falls-below-majority-first-time.aspx>.
- Kasongo, Muteho. "Family Leadership in Africa." In *Responsible Leadership Global and Contextual Ethical Perspectives*, edited by Christoph Stückelberger and Jesse N.K. Mugambi. N.p.: WCC Publications, 2007.
- Kellemen, Robert W., and Karole A. Edwards. *Beyond the Suffering: Embracing the Legacy of African American Soul Care and Spiritual Direction*. Grand Rapids, MI: Baker Books, 2007.
- Lu, and Jane I. "Educational Models of Spiritual Formation in Theological Education: Introspection-based Spiritual Formation." *Teaching Theology & Religion* 24, no. 1 (2021): 28–41.
- Macchia, Frank D. "Spirit Baptism and Spiritual Formation: A Pentecostal Proposal." *Journal of Spiritual Formation and Soul Care* 13, no. 1 (2020): 44–61.
- National Institute of Mental Health. "Personality Disorders." Accessed January 9, 2023. <https://www.nimh.nih.gov/health/statistics/personality-disorders>.

- Nelson, Thomas. *Caring for People God's Way*. Edited by Tim Clinton, Archibald Hart, and George Ohlschlager. Nashville, TN: Thomas Nelson, 2005.
- Nelson, Thomas. *Nelson's Dictionary of Christianity: The Authoritative Resource on the Christian World*. Edited by George Kurian. Illustrated ed. Nashville, TN: Thomas Nelson, 2009.
- Newberg, Andrew. *The Spiritual Brain: Science and Religious Experience*. Chantilly, VA: Great Courses, 2012.
- Nouwen, Henri J.M. *Spiritual Formation: Following the Movements of the Spirit*. New York, NY: Harper One, 2010.
- Nyerere, Julius. "Ujamma-The Basics of African Socialism." *The Journal of Pan African Studies* 1 (1987).
- Porter, Steven L. "The Future of The Spiritual Formation Movement." *Journal of Spiritual Formation and Soul Care* 12, no. 2 (2019): 173–76.
- Resick, Patricia A., and Monica K. Schnicke. *Cognitive Processing Therapy for Rape Victims*. London: Sage Publications, 1996.
- Reuther, Rosemary R. "Black Theology and Black Church." *Religious education* 64, no. 5 (1969): 26–33.
- Substance Abuse and Mental Health Services Administration. "2020 National Survey of Drug Use and Health (NSDUH) Releases." NSUDH, SAMHSA. <https://www.samhsa.gov/data/release/2020-national-survey-drug-use-and-health-nsduh-releases>.
- Substance Abuse and Mental Health Services Administration. *Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health*. HHS Publication No. PEP21-07-01-003, NSDUH Series H-56. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, 2021. <https://www.samhsa.gov/data/>.
- Substance Abuse and Mental Health Services Administration: The Opioid Crisis and the Black/African American Population: An Urgent Issue. *Publication No.* PEP20-05-02-001. Office of Behavioral Health Equity. Substance Abuse and Mental Health Services Administration, 2020.
- Van der Kolk, Bessel. *The Body Keeps the Score*. New York, NY: Penguin Books, 2014.

van Minnen, Agnes, Melanie S. Harned, Lori Zoellner, and Katherine Mills. “Examining Potential Contraindications for Prolonged Exposure Therapy for PTSD.” *European Journal of Psychotraumatology* 3, no. 1 (2012), under “Article 18805.”

Volkert, Jana, Thorsten-Christian Gablonski, and Sven Rabung. “Prevalence of Personality Disorders in the General Adult Population in Western Countries: Systematic Review and Meta-analysis.” *The British Journal of Psychiatry* 213, no. 6 (2018): 709–15. ProQuest.

Zodhiates, Spiros, comp. *The Complete Word Study New Testament*. Reissue ed. Word Study. Edinburgh: AMG Publishers, 1991.