International College of Ministry

Brighter Than the Storm:

How Parental Mental Illness Affects Families and Children

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Chapter 1 — Introduction: Purpose, Scope, and Method

***"Victoria, you did nothing wrong." — Brighter Than the Storm*, ch. 1**

1. Background & Problem Statement

Across congregations and communities, parental mental illness remains both common and commonly misunderstood. Children often carry the emotional pressure of what they cannot name: altered routines, withdrawn or irritable caregivers, and fearful secrecy. In *Brighter Than the Storm*, the child main character's simple question, "Why is Mommy so sad?", articulates a clinical reality: when mental illness enters the household, children need truthful, age-appropriate guidance, steady care, and a community that dignifies their experience. Left unaddressed, confusion calcifies into shame; secrecy corrodes trust; and children may adopt distorted beliefs (e.g., "It's my fault," "Love disappears when moods change").

This dissertation addresses that gap through proposing an integrative framework, anchored in biblical wisdom and supported by established clinical practices, for strengthening children's well-being in families where a parent lives with depression, anxiety, post-traumatic stress, or bipolar disorder. Rather than centering solely on diagnostic labels, the project

emphasizes (Stapp et al. 153) family behaviors that children can see and feel, such as predictable presence, truthful communication, simple rituals, and relational belonging.

2. Significance for Church and Clinic

The church is uniquely positioned to offer a non-stigmatizing community, spiritual resources of lament and hope, and practical support that supplements professional treatment (ESV, Ps. 34.18; Rom. 12.15). Licensed clinicians, in turn, bring evidence-based tools for emotion coaching, family systems work, and safety planning. When pastors and clinicians collaborate, each inside their appropriate scope, children benefit from coherent messages: mental illness is real and not the child's fault; help is available; families can practice resilient rhythms together; and God's presence is not negated by suffering (ESV, Rom. 8.26–28). The integrative approach also reduces caregiver shame, supports therapy adherence, and counters secrecy by encouraging truthful, age-appropriate disclosure within clear boundaries (ESV, Eph. 4.15).

3. Definitions & Scope

Parental mental illness. For this project, the term refers to a parent or primary caregiver who currently meets, or has a history of meeting, criteria for major depressive disorder, generalized anxiety or related anxiety disorder, post-traumatic stress disorder, or bipolar spectrum disorder. Substance-use disorders and psychotic disorders are acknowledged but are not the primary focus due to scope limits.

Children's well-being. The term denotes a child's affective regulation and adaptive resilience, secure attachment behaviors, school and peer functioning, and spiritual sense of belonging, plus hope.

Age focus. Middle childhood (~ages 6–12), when children form enduring narratives about self and family, and can learn concrete skills for naming feelings and asking for help.

Key concepts. *Psychoeducation* (child-appropriate information about mental illness), *pastoral care* (shepherding that attends to soul and situation), *stigma reduction* (language and practices that counter shame), and *family rituals* (predictable practices that anchor belonging; cf. Deut. 6.4–9).

4. Thesis, Research Questions, and Delimitations

Approved Thesis. In families affected by parental mental illness, cultivating positive biblically grounded family behaviors alongside clinical care can contribute more efficiently to children's well-being than approaches focused solely on diagnosis.

Primary research question. Which biblically faithful practices and clinically supported skills most effectively promote children's well-being when a parent lives with mental illness?

Secondary questions (1) How can *Brighter Than the Storm* function as a pastoral-educational tool to help children name feelings, receive truthful reassurance, and practice help-seeking? (2) What ministry structures enable pastors and clinicians to collaborate for child safety and family support while observing confidentiality and role boundaries?

Delimitations. The study is theological-pastoral and applied, not a clinical trial. It focuses on church-based support that complement, not replace, professional treatment. Cultural humility and family diversity are assumed; examples are adaptable rather than prescriptive.

Limitations. Without original human-subjects research, proposed outcomes rely on synthesis from existing literature, pastoral theology, and narrative application; context-specific adaptation will be critical.

5. Methodology & Sources

Approach. The project uses (a) biblical-theological synthesis, drawing attention to themes of imago Dei (Image of God), household discipleship, lament and hope, and burden-bearing (ESV, Gen. 1.26–27; Deut. 6.4–9; Ps. 13; Rom. 8; Gal. 6.2); (b) a selective, practitioner-oriented review of clinical literature on parental mental illness, child resilience, family rituals, and emotion socialization; and (c) pedagogical vignettes drawn from *Brighter Than the Storm* to illustrate child-level communication and skills.

Use of narrative. Because *Brighter Than the Storm* is a published children's story, its scenes can ethically serve as composite-style vignettes for psychoeducation and ministry training.

Quotations are limited, child-safe, and clearly distinguished from clinical case notes. The narrative voice keeps the child's perspective central and guards against adult-centric analysis.

Pastoral–clinical boundaries. Pastors offer presence, prayer, and biblically grounded guidance; clinicians assess risk, treat symptoms, and manage safety/medical questions. Collaboration happens in place via consented referrals, aligned language (e.g., "feelings as weather"), and coordinated support during crises.

Ethics. This dissertation conducts no human-subjects research. Any instruments or templates included in appendices are for program evaluation or ministry use and would require appropriate consent and monitoring policies if implemented locally.

As the author of Brighter Than the Storm and the researcher conducting this dissertation, I occupy a practitioner-scholar dual role. The book was developed as a ministry and educational resource alongside this dissertation. Its use as the primary pedagogical vehicle is intentional: the narrative serves the same function as a composite clinical vignette, grounding abstract principles in a child-level, ministry-accessible story. I have endeavored throughout to maintain scholarly

integrity by clearly distinguishing the book's narrative content from the clinical and theological literature that evaluates and supports it.

This introductory chapter grounds the project's purpose: to equip churches and collaborating clinicians with a biblically faithful, clinically informed framework that centers children's well-being. Chapter 2 explains how *Brighter Than the Storm* functions as a narrative bridge for pastoral-clinical teaching. Chapter 3 surveys clinical impacts and protective factors for children when a parent lives with mental illness. Chapter 4 develops a biblical-theological foundation for family care. Chapter 5 presents the BTS Integrative Model with four anchors: attachment, emotion literacy, rituals, and community, and applied safety/referral pathways. Chapters 6 and 7 translate the model into concrete skills for children and support for parents. Chapter 8 offers an implementation guide for churches. Chapter 9 outlines an evaluation design with ministry-friendly measures. Chapter 10 concludes with a synthesis, implications, and a pastoral benediction.

Key outcome. Through integrating Scripture's wisdom on truthful love and burden-bearing with clinical practices that children can experience in daily life, congregations can become places where children in affected families learn to name feelings safely, receive steady care, and discover hopeful pathways through seasons of suffering.

Chapter 2 — Narrative Bridge: Using Brighter Than the Storm as Pastoral–Clinical Vignettes

"Daddy, why is Mommy so sad? Did I do something wrong?" Brighter Than the Storm, ch. 1 "Victoria, you did nothing wrong. "Brighter Than the Storm, ch. 1

Purpose of the chapter. This chapter explains how Brighter Than the Storm (BTS) functions as a theologically and clinically sound bridge between a child's lived experience and the support proposed in this dissertation. It clarifies how to translate story moments as teachable skills, outlines moral boundaries for using published narratives, and prepares the reader to employ BTS vignettes in pastoral care, counseling-adjacent education, and church programming.

1. Synopsis of the Book & Core Themes

Brighter Than the Storm follows eight-year-old Victoria while she manages changes in her mother's mood and behavior. Through a series of gentle conversations, family rituals, and community supports, Victoria learns that her mother's mental illness is real, not her fault, and not a secret that she must carry alone. Core motifs include:

- Emotions-as-weather. Feelings arrive and pass like weather systems; all are nameable and manageable with help.
- Truthful reassurance. Short, clear statements (e.g., "You did nothing wrong") counter shame and magical thinking.
- Rituals and memories. Music, meals, and bedtime blessings stabilize a sense of belonging when routines change.
- Courageous curiosity. Children can ask hard questions; caregivers answer with age-appropriate truth and hope.

- Community and safety. Mentors and church families expand the circle of care without displacing parents.
- Shared experience and solidarity. In Chapter 4, Victoria discloses her mother's illness to her best friend Layla, who responds by revealing that her Uncle Johnny, a soldier who recently moved in with her family, also lives with a mental illness (Johnson, ch. 4). The exchange accomplishes something no adult explanation can: it removes Victoria's isolation through peer recognition. The scene demonstrates that parental and family mental illness crosses backgrounds, family structures, and generations, and that children carry more understanding and compassion than adults often assume. It also introduces a military veteran context, broadening the book's diagnostic range beyond the maternal depression that anchors Victoria's story and encompassing the trauma-related disorders that fall squarely within this dissertation's clinical scope.

Narratively, the child's point of view keeps adult explanations grounded and brief. The voice is intentionally concrete: rather than abstract lectures, BTS shows what caring and safety sounds like and looks like at home and in church.

2. Why Children's Narratives Matter in Counseling & Discipleship

Meaning making in middle childhood. Ages six to twelve are formative years for storying the self. Children organize memory and emotion around simple plots: "I caused it," "Mom got better when I behaved," or "Asking questions makes adults upset." Pastoral and clinical helpers can interrupt harmful scripts by offering truer ones: "Mom's illness is not your fault," "Adults are responsible for safety," "Questions are welcome."

Story as psychoeducation. A brief scene, Dad crouching to meet Victoria's eyes and naming mental illness in simple terms, delivers core psychoeducation without clinical jargon.

Because learning is embodied in a relationship, children often internalize it more readily than from a didactic lecture.

Parable logic and discipleship. Scripture often teaches through narrative and image. In pastoral practice, children's stories function similarly to parables: they invite identification, prompt questions, and open space for Spirit-led comfort and wisdom. Churches can therefore employ BTS excerpts during family discipleship, children's ministry, and parent workshops as gentle on-ramp to honest conversations about suffering, hope, and help-seeking.

3. Translating Story to Practice: Metaphors and Micro-Skills

BTS's scenes can be mapped to practical skills used across Chapters 5–7. The following examples show the translation.

a. The Weather Metaphor → Emotion Literacy. When feelings are compared to weather, children can learn: (1) all feelings are nameable; (2) feelings change; (3) we can prepare for "storms" with tools. Practical steps:

- Build a feelings forecast chart using icons (sun, clouds, wind, rain) to check in before (Mordoch and Hall 1133) school and bedtime.
- Practice breath prayer (inhale: "God is near"; exhale: "Help us now") during "stormy" moments.
- Keep a calm kit (a journal, a scripture card, a soft object) in a labeled box.

b. Truthful Reassurance → Shame Reduction. Short scripts counter self-blame: "You didn't cause this," "Adults are taking care of it," "You are loved on good days and hard days." Invite the child to repeat a preferred reassurance and place a note with it by their bed or common area of play.

c. Rituals → Predictability and Attachment. Repeating small practices (piano songs, shared prayers, weekly game night) builds a scaffold of safety. Pastors can bless families to adopt one

micro-ritual per day (e.g., a two-minute bedtime blessing from Num. 6.24–26, version noted in Works Cited), highlighting consistency over complexity.

d. Caregiver Posture → Co-Regulation. Dad's kneeling posture, soft tone, and eye contact model co-regulation. Train parents to get low, go slow, and name one feeling before offering problem-solving: "It looks stormy inside; I'll sit with you."

e. Questions → Help-Seeking Pathways. When a child asks, "Is it my fault?" the adult's answer should be truthful and candid: "Not your fault. If home feels unsafe, you can tell me, Pastor Ana, or Auntie Jen. We will help." Churches should provide children and parents with a simple who-to-tell card aligned with the congregation's safeguarding policy.

Sample Conversation Prompts for Children (usable in Chapter 6 curriculum)

1. What "weather" did you notice in Victoria's home today?
2. What helps your body when it feels stormy?
3. Who are three safe adults can you tell if you feel worried or unsafe?
4. Draw your family's calm-down corner.

f. Peer Disclosure → Stigma Reduction and Community Building. When Victoria tells Layla about her mother, and Layla discloses her uncle's mental illness in return, the scene enacts what clinical literature identifies as one of the most powerful stigma-reduction mechanisms available to children: the discovery that they are not alone (Freţian et al. 4). The exchange is child-initiated, mutually reciprocal, and bounded by trust — precisely the conditions that make peer disclosure safe rather than harmful. Practical steps:

- Create structured peer-sharing opportunities in children's ministry settings using the Circle of Support activity (BTS, ch. 4), where children practice supportive responses without being pressured to disclose personal information.

- Train leaders to recognize and affirm moments of spontaneous peer solidarity, a child saying "my dad gets like that too", as therapeutic rather than disruptive.
- Use Layla's response as a discussion prompt: "What did Layla do when Victoria told her something hard? What made it feel safe?"

4. Ethical Use of Published Narratives

Pedagogical, not diagnostic. BTS scenes are tools for education, not substitutes for clinical assessment or treatment. Facilitators must avoid publicly speculating about diagnoses of real individuals.

Consent and boundaries. When churches use BTS in groups, leaders should inform parents of session objectives, keep disclosures time-limited, and redirect crisis disclosures to appropriate private settings. Children may share personal stories voluntarily; leaders do not pressure them to disclose.

Safeguarding minors. Group norms should include: the two-adult rule; no sharing another child's story outside the room; a safety plan for distress; and clear, age-appropriate language about mandated reporting and how leaders keep kids safe.

Cultural and denominational humility. Narratives resonate distinctly across cultures. Leaders should adapt the language, examples, and rituals to the family's traditions and preferences while continuing the chapter's core commitments (truthful love, safety, dignity).

5. Pastoral Implications of Narrative Identity for Children

Lament and hope. Children benefit when adults model biblically faithful lament alongside hope. In practice, a leader might read a short psalm of lament, invite children to write a one-sentence prayer ("God, please help Mom today"), and then speak a blessing of God's nearness.

Belonging statements. Pastors and parents can embed belonging statements into everyday speech: “In this family, you are safe, seen, and loved, on sunny days and stormy days.” Such phrases become the child’s counter-narrative when shame speaks.

Guarding against theological shortcuts. Leaders must avoid implying that prayer replaces treatment or that suffering equals divine displeasure. BTS’s concrete scenes help maintain this poise: prayer and treatment are friends, not rivals; love remains during relapse; safety is never spiritualized away.

From story to sacrament and service. When tradition permits, pastors may connect story sessions to tangible practices (e.g., a brief blessing, lighting a candle for prayer, preparing a meal for a family in crisis). Embodied practices reinforce the idea that the church bears one another’s burdens.

Chapter 3 — Clinical Landscape: How Parental Mental Illness Affects Children

"Some days the sky inside our house feels stormy." — Brighter Than the Storm

Purpose of the chapter. This chapter summarizes key clinical considerations when a parent lives with a mental illness and translates them into child-centered, ministry-ready insights. It orients the reader to common diagnoses, risk and protective factors, developmental impacts, evidence-supported interventions, and family-systems implications that will be operationalized in later chapters.

1. Prevalence & Common Diagnoses

Parental mental illness is neither rare nor uniform. Many families navigate seasons of major depressive disorder or anxiety disorders (including common anxiety and panic), while others live with post-traumatic stress disorder or bipolar spectrum disorders (Campbell et al. 997). In perinatal contexts, postpartum mood and anxiety disorders (PMADs) are salient and can affect bonding and early family routines. Comorbidity is common; symptoms may wax and wane; and parents' functioning fluctuates across stress and treatment phases.

Access to care is determined by cost, geography, culture, stigma, and prior experiences with helping systems. Children often encounter symptoms indirectly, through caregiver withdrawal, irritability, low energy, disrupted sleep, or irregular routines, without the language to make sense of what they see (Campbell et al. 997). Hence, the centrality of developmentally appropriate psychoeducation and truthful reassurance (Chs. 2, 6).

2. Scholarly Perspectives on Parental Mental Illness and Child Development

Understanding how parental mental illness affects children requires engagement with several major bodies of research within psychology, psychiatry, and family studies. Over the past several decades, scholars have examined the developmental consequences of parental depression, anxiety, trauma-related disorders, and bipolar illness. These studies consistently indicate that children's outcomes are molded not only by the presence of a parent's illness but also by the relational, environmental, and protective factors surrounding the child. In particular, attachment theory, family systems theory, and stamina research provide important approaches to understanding the experiences of children growing up in households affected by mental illness.

One of the most influential frameworks for understanding children's emotional development is attachment theory, first articulated by John Bowlby. Bowlby argued that children form internal working models of relationships based on early interactions with caregivers. These internal models influence how children understand emotional experiences, regulate distress, and develop trust in others (Bowlby 194). When caregivers are emotionally responsive and consistently available, children typically develop secure attachment patterns characterized by confidence, emotional management, and the ability to turn to others when needed.

However, parental mental illness can sometimes damage these attachment processes. When a caregiver struggles with severe depression or anxiety, the parent may become emotionally withdrawn, unpredictable, or overwhelmed. These interferences may interfere with the child's perception of safety and availability within the relationship. Mary Ainsworth's later research on attachment patterns demonstrated that children exposed to variable caregiving environments may develop insecure attachment styles, including anxious or avoidant patterns of relating to others (Ainsworth et al. 41).

Family systems theory gives another important lens to understand how parental mental illness influences children. Rather than examining individuals in isolation, family systems theory focuses on the interconnected nature of family relationships. Murray Bowen argued that families function as emotional units in which the behavior and emotional feelings of each member influence the entire system (Bowen 58). Within this system, parental mental illness may alter family roles, communication behaviors, and emotional boundaries.

In some situations, children may assume responsibilities beyond their developmental capacity, a phenomenon sometimes called parentification. While many children demonstrate compassion toward struggling parents, the long-term assumption of adult responsibilities can place emotional strain on developing identities. Effective family interventions, therefore, focus on restoring appropriate relational boundaries while affirming the child's need for security and care.

Research on emotional development also stresses the value of emotional socialization. Emotional socialization refers to the ways caregivers respond to children's emotional expressions and guide them through emotional experiences. John Gottman's work on emotion coaching demonstrates that children develop stronger emotional management skills when caregivers acknowledge and validate their feelings before extending guidance for coping (Gottman, Katz, and Hooven 19).

Despite the challenges associated with parental mental illness, many children show considerable resilience. Psychologist Ann Masten describes resilience as "ordinary magic," emphasizing that supportive relationships and stable surroundings often provide the strongest protection against adversity (Masten 227). Even when one parent struggles with mental illness, the presence of another caring adult can notably improve developmental outcomes.

Community environments may also serve as protective contexts for children navigating parental mental illness. Teachers, mentors, relatives, and faith leaders often become important sources of encouragement and stability. When children receive consistent support across multiple relational environments, they are more likely to develop coping skills that help them navigate family difficulties with confidence.

3. Risk & Protective Factors

Risks. Children's outcomes worsen when secrecy surrounds the illness; when routines are unpredictable; when a parent's symptoms include hostility, neglect, or compromised judgment; when financial or housing stress is acute; or when domestic violence or substance misuse co-occurs. Children may internalize self-blame (e.g., "If I behave, Mom will get better") or adopt parentified roles that exceed their developmental capacity.

Protections. Robust buffers include secure attachment with at least one responsive adult; accurate, age-appropriate information about the illness ("This is not your fault; adults are getting help."); predictable family rituals (meals, prayers, bedtime blessings); compliance with treatment by the affected parent; supportive nonparent adults (mentors, relatives, teachers); and church community that provides practical help without stigma. The role of the supportive nonparent adult deserves particular attention. Clinical literature consistently identifies this relationship as one of the most reliable protective factors available to children navigating parental mental illness, a steady, attuned presence outside the home who creates space for honest disclosure and validates the child's emotional experience (Van Schoors et al. 8). *Brighter Than the Storm* gives this finding a face. In Chapter 3, Victoria's teacher, Mrs. Johnson, notices her distress during class and quietly creates a private moment before recess. She listens without alarm, names the normalcy of mixed emotions, and explicitly offers her continued availability (Johnson, ch. 3).

Her response is not elaborate, it costs nothing but attention and time, yet it precipitates one of the most significant turning points in Victoria's coping: the conversation that evening with her father that leads to the creation of the Feelings Weather Chart. Mrs. Johnson is not a clinician. She is precisely what the research describes: a consistent, caring adult outside the immediate family who makes help-seeking feel safe. Churches, schools, and ministry teams can cultivate this role deliberately, through mentor matching, leader training, and a culture in which children know by name which adults are safe to tell. Spiritual coping can be protective when non-coercive (lament, prayer, hope) and harmful when it blames the child or minimizes risk ("Just pray harder") (Gall and Guiguis-Younger 648). The BTS model (Ch. 5) purposefully cultivates these protections through attachment-building practices, emotion literacy, and community relationships.

4. Developmental Impacts & Emotional Socialization

Emotional and behavioral functioning. Children may display internalizing (sadness, anxiety, somatic complaints) or externalizing (irritability, oppositionality) patterns. Sleep and appetite can shift. Executive skills (attention, working memory, planning) may be taxed during family stress, affecting school performance and peer dynamics (Leece et al. 106633).

Meaning making. In middle childhood, kids construct causal stories. Without guidance, they may conclude, “I caused this,” or “Love disappears when moods change.” BTS’s brief scripts intentionally counter self-blame, reinforce belonging, and offer help-seeking pathways (who to tell at home, church, and school).

Parentification & boundaries. Some children assume caregiving tasks or emotional mediation. Ministry and clinical teams must affirm children’s contributions, yet clearly reassigning adult responsibilities to adults and teaching children boundary language (Ch. 6) (Armstrong-Carter et al. 1407)

Emotional socialization. Adults coach children to notice, name, and navigate feelings. Practices include co-regulation (calm presence; slow voice; eye-level posture), the weather metaphor (“stormy,” “windy,” “sunny” feelings), and simple body-based strategies (breath prayer, grounding, movement), with Scripture woven in without moralizing feelings.

5. Evidence Synthesis: What Helps Children Cope

Though families vary, converging evidence shows several interventions associated with improved child outcomes (Moltrecht et al. 3203; Van Schoors et al. 2):

1. **Open, age-appropriate communication** about the parent's illness reduces fear and confusion while protecting privacy and dignity (Maimela et al. 1; Van Schoors et al. 4).
2. **Family-based psychoeducation** and skills training (emotion coaching, problem solving) build resilience when coupled with the affected parent's treatment (Moltrecht et al. 3209).
3. **Consistent routines and rituals** stabilize daily life and attachment; small, repeatable acts (mealtime blessing; bedtime check-in) often outperform complex plans (Mordoch and Hall 1133; Van Schoors et al. 8).
4. **Treatment engagement** by the affected parent (therapy, medication when indicated, relapse-prevention plans) correlates with better child functioning (Sell et al. "Associations" 705400; Stapp et al. 160).
5. **Supportive relationships** with non-parent adults (mentors, teachers, children's ministry leaders) provide additional attachment figures and safe spaces for disclosure (Van Schoors et al. 8). *Brighter Than the Storm* makes this protective factor concrete. Mrs. Johnson — Victoria's teacher — does not wait for Victoria to come to her. She notices the distress, creates a private moment before recess, listens without alarm, and names her ongoing availability in plain terms (Johnson, ch. 3). She is not a clinician. Again, she is exactly what the research describes: a consistent, caring adult outside the immediate family whose attunement makes help-seeking feel safe. Ministry leaders, mentors, and children's workers can be trained to occupy this role with the same intentionality.
6. **Coordinated care** among home, church, school, and clinic clarifies roles, aligns language, and creates reliable safety pathways (Cassidy et al. 1520).

7. **Stigma reduction** in faith settings, using person-first, non-blaming language, encourages help-seeking and normalizes fluctuations in functioning (Freţian et al. 4; Gall and Guiguis-Younger 648).
8. **Risk-responsive planning.** Where there is domestic violence, suicidality, or psychosis, safety and legal/medical protocols take precedence; children are explicitly told how leaders keep them safe and what adults will do (Campbell et al. 1003).

These practices underwrite the BTS Integrative Model in Chapter 5 and will be translated into child lessons (Ch. 6) and parent support plans (Ch. 7).

6. Effects on Family Systems & Care Plans

A family-systems lens notices patterns such as role reversals, triangulation, cutoffs, or enmeshment (Bowen 58). Helpers target small fundamental changes with large downstream effects:

- **Clarify roles** (children are not emotional regulators for adults).
- **Name triangles** and re-route conflict to adult conversations in private.
- **Establish a Family Safety Plan** with crisis contacts, supervision expectations, and a simple "who-to-tell" card for children.
- **Organize a Circle of Support** (two or three consented adults) for school pickups, meals, and respite during flare-ups.
- **Coordinate confidentiality**: pastors and clinicians obtain appropriate consents; children are told in plain words what adults can and cannot keep private.
- **Use common language** across settings (e.g., weather metaphor; "storm plan") to reduce mixed messages.

7. Faith, Spirituality, and Mental Health Integration

Over the past several decades, scholars within psychology, psychiatry, and pastoral counseling have increasingly explored the relationship between spirituality and mental health. Historically, these disciplines often developed independently, with clinical psychology highlighting scientific frameworks and theology focusing on spiritual formation. More recent scholarship demonstrates that spiritual beliefs and religious communities can substantially influence psychological well-being.

Psychiatrist Harold Koenig has conducted extensive research studying the relationship between religious involvement and mental health outcomes. His studies suggest that individuals who participate regularly in religious communities regularly report lower levels of depression, greater life satisfaction, and increased resilience during stressful life events (Koenig 89). While religious participation does not eliminate mental illness, it often provides emotional resources that support coping and recovery.

Christian psychologist Siang-Yang Tan stresses the vital role of integrating psychological research with biblical wisdom. Tan argues that effective Christian counseling avoids the extremes of ignoring scientific research or abandoning theological convictions. Instead, psychological wisdom and spiritual resources can function collectively to address the difficulties of human suffering (Tan 114).

Trauma specialist Diane Langberg additionally stresses the responsibility of faith communities to approach mental illness with humility and compassion. When churches minimize psychological suffering or attribute it solely to spiritual weakness, individuals could feel pressured to conceal their struggles rather than seek help. Compassionate communities that

acknowledge the realities of mental illness form environments in which healing becomes more accessible (Langberg 143).

For children growing up in families affected by parental mental illness, the presence of a caring faith community may significantly strengthen resilience. Mentors, ministry leaders, and church members can provide additional sources of stability and encouragement. These relationships strengthen the message that the child is not alone and that the extended community participates in the family's healing process.

Chapter 4 — Biblical-Theological Framework for Family Care

"God is with us on sunny days and stormy days." — Brighter Than the Storm.

Purpose of the chapter. This chapter develops a biblical-theological foundation that honors children as image-bearers, equips households for daily discipleship, legitimizes lament alongside hope, mobilizes the church to bear burdens without enabling harm, and commends truthful, age-appropriate speech. These themes provide the theological scaffolding for the BTS Integrative Model (Ch. 5) and shape how clinical practices are embodied in the Christian community.

1. Imago Dei & the Dignity of Children

Exegetical sketch. Humanity is created "in the image of God" (ESV, Gen. 1.26–27), crowned with glory and honor (ESV, Ps. 8.5). Jesus explicitly centers children within the kingdom's imagination—welcoming them, warning against causing them to stumble, and blessing them as exemplars of humble trust (ESV, Matt. 18.1–6; Mark 10.13–16). Children are thus not peripheral to the church's life but bearers of God-given dignity, agency, and voice.

Effects for care. Because children are image-bearers:

- Language must be person-first and non-stigmatizing ("a parent living with depression," not "a depressed home").
- Participation matters: children should be given developmentally appropriate choices (e.g., whether to share a drawing, whom to tell if worried).
- Consent & assent must be respected in ministry activities; leaders must explain what will happen, why, and how privacy will be protected.
- Protections are non-negotiable: leaders adopt safeguarding policies that value children's protection over adult comfort.

Clinical alignment. Imago Dei grounds the pursuit of secure attachment and emotional literacy not simply as techniques but as expressions of Christian love that honor children's inherent worth (cf. Chs. 5–6).

2. Household Discipleship (Deut. 6.4–9) and Daily Rituals

Shema as rhythm. The Shema calls families to love God with whole-person devotion and to teach God's words "when you sit in your house, and when you walk by the way, and when you lie down, and when you rise" (ESV, Deut. 6.7). This is not primarily a classroom command but a request to embed faith in ordinary routines. Paul echoes this formative, non-provocative posture in parental instruction (ESV, Eph. 6.4).

Rituals as stabilizers. In households affected by mental illness, micro-rituals—a mealtime blessing, a nightly check-in using the "feelings forecast," a short psalm at bedtime—function as anchors of predictability. These rituals are scalable in low-energy days and signal belonging even when symptoms fluctuate.

Practical suggestions.

- Blessing (Num. 6.24–26) spoken slowly with eye contact; children may return the blessing to parents.
- Scripture seed for the week (one verse posted near the table; repeated, not quizzed).
- "Sit-walk-lie-rise" moments: pair each with a 30–60 second practice (thank-you prayer at meals; breath prayer before school; short psalm at bedtime; gratitude review before sleep).

Clinical alignment. Rituals support attachment repair and self-regulation; they blueprint the BTS anchor of Rituals (Ch. 5) and flow directly into the child curriculum (Ch. 6).

3. Lament & Hope in Suffering

Biblical warrant for lament. Scripture's prayer book gives voice to anguish: "How long, O Lord?" (ESV, Ps. 13.1), "Why are you cast down, O my soul?" (ESV, Ps. 42.5). God is "near to the brokenhearted" (ESV, Ps. 34.18), and Jesus weeps at Lazarus's tomb (ESV, John 11.35). Lament is not faithlessness but faith speaking honestly in God's presence.

Hope that does not deny pain. Romans 8 holds suffering and hope together: creation groans; the Spirit intercedes; future glory is promised (ESV, Rom. 8.18–27). Christian hope is therefore patient and participatory—we wait, pray, and act in love.

Pastoral practices.

- Teach children to lament: "God, today feels stormy. Please help." Invite drawings or simple prayers; avoid correcting feeling-words.
- Model hope without haste: pair lament with a blessing or a short promise (e.g., "The Lord is near"); do not rush to resolve feelings.
- Normalize relapse: use non-moralizing language when symptoms return ("Mom is having a windy day again; adults will help").

Clinical alignment. Lament creates emotional permission; hope provides motivational scaffolding for treatment persistence along with resilience. Together, they reduce shame and panic, encourage help-seeking, and are consistent with trauma-informed practice.

4. A Theology of Suffering and Mental Illness

Within Christian theology, suffering occupies a central yet complex place in the life of faith. Scripture does not present suffering as an anomaly yet rather as a recurring reality in human experience. For families coping with mental illness, faith-based interpretations of suffering frequently shape how individuals understand their circumstances, their relationship with God,

and their expectations of healing or relief. A biblical theology of suffering is therefore essential for pastoral care, particularly when children are involved.

The biblical narrative consistently portrays suffering as multifaceted rather than reducible to a single explanation. In some passages, suffering is linked to the brokenness of the fallen world (ESV, Rom. 8.22–23), while in other contexts it functions as a setting in which God's sustaining presence grows especially visible. The Psalms repeatedly testify that God remains attentive to those experiencing emotional anguish and despair. Psalm 34 declares that "the Lord is near to the brokenhearted and saves the crushed in spirit" (ESV, Ps. 34.18). This assurance is especially important for individuals battling with mental illness, whose suffering frequently involves deep emotional pain that may not be clearly visible to others.

The biblical witness also challenges simplistic interpretations of suffering as direct punishment for sin. The book of Job yields a powerful corrective to such assumptions. Job's friends attempt to interpret his suffering through a moralistic framework, insisting that his affliction must result from wrongdoing. Yet the narrative ultimately rebukes these explanations and reveals that suffering cannot always be reduced to moral causation (Job 42.7). This theological understanding is critical in pastoral contexts, especially when families affected by mental illness wrestle with feelings of guilt, shame, or spiritual inadequacy.

For children observing a parent's emotional struggle, theological clarity about suffering can help prevent the development of harmful beliefs. Without guidance, children may conclude that their parents' illness reflects divine displeasure or personal failure. Pastoral care, therefore, plays a key role in communicating a more biblically faithful narrative, one that affirms God's compassion toward those who suffer while stressing that illness does not negate a person's worth or spiritual standing.

4.1 Jesus and the Care of Children

The ministry of Jesus provides a powerful theological foundation for emphasizing the well-being of children within Christian communities. In the cultural context of the first century, children often occupied marginal positions within society and were rarely treated as central participants in religious life. Yet the Gospels consistently portray Jesus elevating the value and dignity of children.

In Mark 10:13–16, Jesus rebukes his disciples for attempting to prevent children from approaching him. He responds by declaring, “Let the little children come to me; do not hinder them, for to such belongs the kingdom of God” (ESV, Mark 10.14). This statement reveals that children are not simply future members of the faith community but are already participants in the kingdom of God.

Jesus also issues a strong warning about the protection of children in Matthew 18:6, stating that anyone who causes a child to stumble faces serious consequences. This passage spotlights the moral responsibility of the faith community to safeguard children from harm. Within the context of families affected by mental illness, this responsibility includes guaranteeing that children receive emotional support, truthful explanations, and environments that cultivate safety and belonging.

5. Burden-Bearing & Community Care (Gal. 6.2; Acts 2.42–47)

Mutual care. “Bear one another’s burdens and so fulfill the law of Christ” (ESV, Gal. 6.2). The Acts 2 community embodies practical solidarity, teaching, fellowship, joint meals, and care for needs (ESV, Acts 2.42–47). Churches are called to be conduits of wise help.

Structures for wise help.

- Care teams: small, trained groups who coordinate meals, transportation, childcare support, and respite; they understand confidentiality and mandated-reporting boundaries.
- Circles of support: two or three consented adults named on the family's Safety Plan (Ch. 3), with defined roles during flare-ups.
- Benevolence with boundaries: aid is time-limited, reviewed, and linked to treatment engagement when appropriate; help never substitutes for safety procedures in high-risk situations.
- Partnerships: referral relationships with clinicians, schools, and community services; clear MOUs for communication.

Clinical alignment. Community care mitigates isolation; buffers stress and sustains routines when a parent's capacity dips. It connects directly to the BTS anchor of Community (Ch. 5) and to implementation procedures (Ch. 8).

6. Speaking Truth in Love: Disclosure, Stigma, and Wisdom (Eph. 4.15)

Truthful love. Christian speech is grace-filled and honest (ESV, Eph. 4.15; Col. 4.6). In mental-health contexts, this means age-appropriate disclosure that tells the truth without excessive disclosure, safeguards privacy, and names safety pathways.

Guardrails for disclosure.

- Child-level script: "Mom has an illness that affects feelings and energy. You didn't cause it, and it isn't a secret. If you're worried, you can tell me, Pastor Ana, or Auntie Jen; we will help."
- Role clarity: pastors are not diagnosing in public; clinicians manage treatment decisions; parents decide what family details may be shared.
- Stigma resistance: refrain from explanations that blame sin for symptoms or equate prayer with instant cure; affirm that prayer and treatment are friends, not rivals.

- Confidentiality & safety: explain simply what leaders can and cannot keep private; review church reporting obligations in words children can understand.

Clinical alignment. Wise disclosure reduces shame, corrects self-blame, and promotes help-seeking; it also prevents harmful secrecy that erodes trust and complicates adherence to therapy.

7. Theological Synthesis as Bridge to Practice

The five themes above converge as a pastoral ecology: children's dignity is honored; rituals and discipleship embed faith in daily life; lament-with-hope makes room for honest emotion; community bears burdens with boundaries; and truthful speech counters secrecy and stigma. In Chapter 5, these commitments translate into the BTS Integrative Model's four anchors—Attachment, Emotion Literacy, Rituals, Community—with corresponding micro-skills, scripts, and safety pathways.

Transitional Summary

This chapter argued that the church's care for children in families affected by mental illness must be as theological as it is practical. Imago Dei, household discipleship, lament and hope, burden-bearing community, and truthful love are not embellishments; they are structural beams that hold the ministry together. Chapter 5 will consolidate these beams into a coherent, practice-ready model that pastors and clinicians can use collaboratively.

Chapter 5 — The BTS Integrative Model: Pastoral–Clinical Supports

"When the sky inside feels stormy, we sit together, breathe together, and wait for the weather to pass." — Brighter Than the Storm.

Purpose of the chapter. This chapter presents the BTS Integrative Model, a practice-ready framework that unites biblical convictions with evidence-supported strategies for supporting children in families where a parent lives with mental illness. The model's four anchors—Attachment, Emotion Literacy, Rituals, and Community —translate theology to daily practices, scripts, and safety pathways that churches and collaborating clinicians can apply.

1. Conceptual Foundations of the BTS Integrative Model

The Brighter Than the Storm (BTS) Integrative Model developed in this dissertation draws upon interdisciplinary insights from Christian theology, developmental psychology, family systems theory, and trauma-informed pastoral care. While many clinical approaches address the psychological effects of parental mental illness, fewer models explicitly integrate theological perspectives with evidence-based practices that are accessible to children and families within faith communities. The BTS model bridges this breach by translating both theological and psychological understandings of concrete relational practices that children can experience in everyday life.

At its core, the BTS Integrative Model rests on the premise that children's well-being is shaped mainly through relational environments rather than isolated interventions. Developmental psychologists widely recognize that secure relationships serve as the primary context in which children learn emotional self-regulation, social awareness, and toughness (Bowlby 194). When parental mental illness upsets the stability of the caregiving environment, children may

experience confusion, fear, or self-blame. However, research reliably shows that these supportive relational structures, whether within the family, extended community, or faith community, can notably buffer the effects of those disruptions.

The BTS model, therefore, focuses on strengthening relational environments through four core anchors: attachment, emotion literacy, family rituals, and community backing. Each anchor corresponds with both biblical themes and established psychological research, creating an integrated structure that addresses children's emotional, relational, and spiritual needs. Rather than presenting a purely clinical intervention, the model stresses everyday relational practices that can be implemented within homes, churches, and positive community settings.

Attachment theory gives one of the most significant psychological foundations for the BTS model. Research pioneered by John Bowlby demonstrated that children develop internal working models of relationships based on early interactions with caregivers. These relational experiences guide a child's sense of safety, emotional management, and expectations of support from others (Bowlby 194). When caregivers respond with constant warmth and attentiveness, children develop secure attachment patterns that foster long-term emotional strength.

In families affected by parental mental illness, attachment relationships may occasionally become strained when caregivers experience emotional withdrawal, fatigue, or irritability. The BTS model confronts this problem by encouraging intentional relational practices that reinforce stability and reassurance. These practices include regular one-on-one connections between caregivers and children, verbal affirmations that children are not responsible for a parent's illness, and predictable relational routines that maintain emotional connection.

Emotion literacy represents a second foundational component of the BTS Integrative Model. Emotion literacy refers to the ability to recognize, name, and respond constructively to emotional

experiences. Children who develop strong emotional awareness are better equipped to regulate distress, communicate needs, and address challenging situations. Research on emotion coaching demonstrates that when caregivers validate children's emotional experiences before delivering guidance, children develop stronger coping skills and social competence (Gottman, Katz, and Hooven 19).

The BTS model promotes emotion literacy through the "emotional weather" metaphor, which helps children conceptualize feelings as changing experiences rather than permanent identities. By describing emotions as sunny, cloudy, windy, or stormy weather, children gain language for discussing internal experiences in ways that reduce shame and encourage curiosity. This metaphor also concurs with biblical imagery frequently used in the Psalms, where affective experiences are described through natural imagery such as storms, darkness, and renewal.

Family rituals represent another important stabilizing component of the BTS model. Rituals, namely shared dining, bedtime prayers, music, or storytelling, create predictable rhythms that reinforce belonging throughout the family system. Research on anthropological and family-development suggests that such rituals play an important role in helping children maintain a sense of self and continuity during periods of stress (Mordoch and Hall 1133). When family routines remain consistent, children are more likely to interpret brief interruptions as manageable challenges rather than threats to family stability (Mordoch and Hall 1133).

Finally, the BTS Integrative Model stresses the role of community support. Research continually demonstrates that children benefit from relationships with multiple supportive adults (Van Schoors et al. 8). Teachers, mentors, relatives, and church leaders often become important sources of encouragement and stability for children coping with family stress. When faith

communities intentionally cultivate encouraging environments for families affected by mental illness, they supply additional layers of relational protection that strengthen children's resilience.

2. The Four Anchors of Care

A. Attachment — "I am safe with you."

Theological rationale. As image-bearers, children are worthy of steadfast, attuned care (ESV, Gen. 1.26–27); Jesus' welcome re-centers children in the community (ESV, Mark 10.13–16).

Clinical rationale. Consistent, responsive caregiving fosters secure attachment, improving emotion regulation and stress recovery.

Practices.

- Predictable presence: a daily 10-minute "special time" at the child's choice.
- Repair after rupture: three-step script—Name ("That sounded sharp"), Own ("I was stressed; I'm sorry"), Reassure ("You're safe; I'm here").
- Co-regulation posture: get low, go slow, use a soft tone, use simple words.

B. Emotion Literacy — "I can name and navigate feelings."

Theological rationale. The Psalms model naming sorrow, fear, anger, and hope before God (ESV, Ps. 13; 34.18).

Clinical rationale. Emotion coaching decreases internalizing/externalizing symptoms and increases prosocial behavior.

Practices.

- Weather metaphor: daily "forecast" check-in (sun/cloud/wind/rain).
- Body tools: breath prayer (inhale "God is near"; exhale "Help us now"), 5-sense grounding, gentle movement.
- Thought tools: "true-but-partial" reframes (e.g., "It's a hard day, and you are loved").

C. Rituals — "Belonging happens on purpose."

Theological rationale. Household discipleship embeds faith in ordinary rhythms (ESV, Deut. 6.4–9).

Clinical rationale. Family rituals stabilize identity and predictability during stress.

Practices.

- Micro-rituals: mealtime blessing (Num. 6.24–26), bedtime Psalm, Friday game night.
- Two-minute liturgies: “Blessing & Breath” at tuck-in; gratitude jar after dinner.
- Ritual repair: when a ritual is missed, name it and resume the next opportunity.

D. Community — "We do not carry this alone."

Theological rationale. The church bears one another’s burdens (ESV, Gal. 6.2) and persists in fellowship and care (ESV, Acts 2.42–47).

Clinical rationale. Supportive non-parent adults buffer stress and improve outcomes.

Practices.

- Circle of Support: 2–3 consented adults listed on the Safety Plan (pickup, meals, respite).
- Mentor match: screened, trained mentor meets with the child biweekly.
- Care team cadence: simple rota for check-ins, meals, and transportation during flare-ups.

2. Translating Theory into Practice

The conceptual foundations of the BTS Integrative Model provide the conceptual framework for supporting children affected by parental mental illness. However, theory alone is insufficient to produce significant change in family environments. Effective models must translate academic results into practical behaviors that caregivers, ministry leaders, and communities can consistently implement.

The following sections illustrate how the BTS model moves from conceptual understanding to everyday practice. Through narrative examples, counseling micro-skills, and pastoral guidance, the model shows how attachment, emotional literacy, ritual stability, and community assistance can be cultivated within real-world family contexts.

3. Vignettes from Brighter Than the Storm (Applied)

"Think of it as a rainy season in her mind. We can't see it like a broken key on a piano, but it's the same" (Johnson 1).

Vignette 1 — “Is it my fault?” (Attachment + Emotion Literacy)

Scene. Victoria asks if she caused Mom’s sadness.

Moves. Adult kneels, softens voice, names feeling, denies blame, offers next step.

Script. “You did nothing wrong. Mom has an illness that affects her feelings. Adults are helping. If you feel stormy, tell Pastor Ana or me; we will help.”

Practice link. Co-regulation posture; weather check-in; who-to-tell card.

Vignette 2 — “Storm Plan” (Rituals + Community)

Scene. Evening energy is low; routine frays.

Moves. An adult announces a simplified ritual and activates the Circle of Support.

Script. “Tonight we’ll do our two-minute blessing and quiet songs. Auntie Jen will bring dinner. Tomorrow we’ll try our longer routine again.”

Practice link. Micro-ritual; caregiver rest; mentor involvement.

Vignette 3 — “Repair After Rupture” (Attachment + Truthful Speech)

Scene. The parent snapped earlier.

Moves. Name, Own, Reassure; then short play together.

Script. “My words were sharp. I’m sorry. You are safe and loved. Let’s read our psalm and draw the weather on your chart.”

Vignette 4 — “Hope Without Haste" (Rituals + Lament)

Scene. Victoria's father takes her to the end of an airport runway to watch planes. Her mother is having a difficult season, and Victoria needs more than reassurance — she needs a picture of what forward movement looks like when it cannot be rushed.

Moves. Adult creates a deliberate shared space; uses a concrete image the child can hold; names hope without denying present difficulty; models patient love as an act of faithfulness.

Script. "See that plane, Victoria? It's just like Mommy — it needs patience before it can soar" (Johnson, ch. 2). On good days and hard days, love stays on the runway with her.

Practice link. Hope-language ritual; lament held alongside expectation; caregiver posture of patient presence rather than premature resolution.

Vignette 5 — "The Family Coping Toolbox" (Rituals + Emotion Literacy)

Scene. Dad calls a family meeting. Rather than waiting for the next crisis, the family builds something together — a Coping Toolbox, one for each member, assembled around the table (Johnson, ch. 6).

Moves. Adult names the purpose without alarm; invites each family member's voice; makes coping visible and personalized; normalizes the need for tools before storms arrive.

Script. "We're all in this together, and we need ways to be strong and support each other. What helps you feel better when things get hard? Let's put it in your kit." Each person chooses: Victoria her sketchbook and a family photo; Mom her journal and gardening gloves; Dad his music and a list of encouraging words.

Practice link. Calm kit construction (Ch. 6 curriculum, Week 1); family ritual of shared toolbox review; emotion literacy through personalized coping identification; Anchor C (Rituals) — the toolbox itself becomes the repeatable practice.

Pastoral note. The family Coping Toolbox enacts Deut. 6.4–9 in contemporary form: faith embedded in the ordinary objects and rhythms of daily life. A sketchbook and a gardening glove are not clinical instruments — they are household items consecrated to the work of staying well together. Church leaders can bless this practice explicitly, naming it as a form of household discipleship.

4. Counseling Micro-Skills & Pastoral Practices

Validation. “It makes sense you feel windy inside.”

- Do: mirror feelings first; use compact sentences.
- Avoid: fixing before feeling is named.

Cooperative problem-solving. “Let’s make two choices for bedtime.”

- Offer A/B options; praise any step toward regulation; defer big talks until calm.

Meaning-making. “This is suffering; we are not alone.”

- Pair lament with simple hope (ESV, Ps. 34.18; Rom. 8.26–27).
- Use child-level catechesis: “Who keeps you safe?” “God and safe adults.”

Pastoral practices.

- Prayer as presence, not pressure: short, permissions-based prayers (“May I pray with you?”).
- Scripture as comfort, not command: one verse, slow, without implying cure-on-demand.
- Silence & breath: 60 seconds of shared breathing before speaking.

5. Safety, Triage, & Referral Pathways

Guiding convictions. Truthful love includes naming danger and acting to protect children. Safety never depends on a child's secrecy or performance.

A. Red-Flag Indicators (examples)

- Suicidal thoughts/behaviors; homicidal ideation; psychosis; severe neglect; domestic violence; intoxication while supervising children.
- Child statements of fear or harm; unexplained injuries; weapon threats.

B. Urgent Actions (in order)

1. Ensure child supervision by a sober, safe adult.
2. Call emergency services if imminent danger (follow local protocols).
3. Follow mandated-reporting law when abuse/neglect is suspected.
4. Notify designated church leaders in accordance with the safeguarding policy.
5. Document facts (who/what/when/where) without speculation.

C. Referral Flow (non-emergency)

- Triage: pastor listens, normalizes help-seeking, and assesses practical supports.
- Consent: obtain written permission to coordinate with a clinician/school as appropriate.
- Warm handoff: provide 2–3 vetted referrals; offer to call together.
- Follow-up: schedule check-ins; activate care team for tangible supports.

D. Child-Facing Safety Language

- "If home feels unsafe, you can tell me, Pastor Ana, or Auntie Jen. We will help."
- "Adults are responsible for safety. You did nothing wrong."

Appendix items to include. One-page Referral Flowchart, Family Safety Plan template, and Who-to-Tell Card (wallet size) aligned to church policy (cf. Chs. 3 & 8).

6. Cultural Humility & Family Diversity

- Ask before assuming. Invite families to teach leaders preferred language, rituals, and supports.
- Adapt metaphors. If “weather” is unfamiliar, co-create equivalents (e.g., music volume, traffic lights).
- Honor family structure. Single-parent, blended, grandparent-led, foster/kinship, and shared custody contexts need tailored plans.
- Accessibility. Provide translations, visual tools, and trauma-sensitive spaces; consider neurodiversity accommodations (headphones, fidgets, reduced stimuli).
- Boundaries with benevolence. Offer help that preserves dignity (choice, reciprocity options, clear timeframes) and never substitutes for protection procedures.
- Buddy pairing. Adapted from the peer support structure in *Brighter Than the Storm*, where Mrs. Johnson pairs classmates to support one another through a shared Story Circle (Johnson, ch. 7), the congregational buddy pairing matches children in ministry settings with a consistent peer who checks in, sits alongside, and normalizes the experience of having hard days. Unlike the school-based model, buddy pairs in a church context are overseen by a trained adult and operate within the congregation's safeguarding policy, ensuring no child carries responsibility for another child's safety.
- Designated calm corner. Also rooted in BTS's classroom Safe Corner (Johnson, ch. 7), the congregational calm corner is a designated physical space in each ministry room where a child may go voluntarily when emotions intensify. It is not a timeout or a punishment, it is a regulated, adult-monitored space equipped with the calm kit tools from Chapter 6: a feelings chart, a verse card, a soft object, a timer, and a who-to-tell card. The translation from classroom to the church setting adds one dimension absent in the school model: the option of a brief breath prayer or blessing spoken quietly by a leader who accompanies the child.

7. Putting the Model to Work (At-a-Glance)

Home: daily forecast, two-minute blessing, special time, repair script.

Church: mentor match, calm-down corner, safeguarding policy reviewed in kid-friendly words, care team cadence.

Clinic: shared language (weather metaphor), family-based skills, and a relapse-prevention plan that includes church supports.

School: counselor informed (with consent), safe-adult list, hand signal, or card for check-outs.

Transitional Summary

The BTS Integrative Model operationalizes theological commitments through four anchors and a set of simple, repeatable practices. With clear safety pathways and a posture of cultural humility, churches and clinicians can coordinate care so children experience truthful reassurance, predictable presence, and belonging. Chapters 6 and 7 translate the model into child lessons and parent supports; Chapter 8 provides an implementation guide for ministry settings.

Chapter 6 — Psychoeducation & Skills for Children

"Feelings can be like weather—stormy, windy, cloudy, or bright—and none of them last forever." — Brighter Than the Storm.

Purpose of the chapter. This chapter translates the BTS Integrative Model into concrete, child-friendly tools for emotion literacy, regulation, communication, boundary-setting, and safety. It provides repeatable scripts and practices appropriate for home, church, and counseling-adjacent settings (with clinical treatment continuing under licensed care as needed).

1. "Feelings as Weather" Curriculum & Coping Toolbox

Overview. Children learn to notice, name, and navigate emotions through the BTS Weather metaphor (sun/joy, clouds/sadness, wind/anxiety, rain/anger, mixed/"Florida weather"). The aim is permission and practice: all feelings are nameable; feelings pass; and we have tools for storms.

Narrative grounding. The Coping Toolbox is not an abstract clinical construct, it has a face and a family in *Brighter Than the Storm*. In Chapter 6, Victoria's father calls a family meeting and proposes that each member build a personal toolkit of coping strategies. Victoria chooses her sketchbook, colored pencils, a favorite storybook, and a family photograph. Her mother adds a journal, gardening gloves, and a calming tea blend. Her father includes a stress ball, a playlist of soothing music, and motivational quotes (Johnson, ch. 6). No item is expensive. No item requires clinical training to use. Each one is chosen by the person who will use it, which is precisely the point.

Research on child coping as a protective factor identifies personalized, practiced, tangible strategies as among the most effective buffers available to children navigating family stress (Van Schoors et al. 8). The calm kit that follows is the church and home translation of what Victoria's family built around their kitchen table.

Core tools.

- Forecast check-in: Child points to the icon and names body cues (heart, breath, tummy).
- Breath prayer: Inhale “God is near”; exhale “Help us now” (ESV, Ps. 34.18).
- 5-Senses grounding: Name 5 things you see, 4 touch, 3 hear, 2 smell, 1 taste.
- Movement reset: Wall push, chair push-ups, slow wall slide (10–20 seconds).
- Calm kit: Journal, crayons, soft object, verse card, timer, “who-to-tell” card.

Eight-week outline (summary; full handouts in Appendix).

1. Welcome to Weather: Feelings vocabulary; Body “thermometer.” Homework: draw your weather chart.
2. Cloudy Days (Sadness): Naming loss; comfort plans. Psalm of lament practice (ESV, Ps. 13).
3. Windy Days (Anxiety): Worry monsters + 5-Senses grounding; breath prayer.
4. Rainy Days (Anger): Safe body, safe words; “Pause-Plan-Play” steps.
5. Sunny Times (Joy & Gratitude): Gratitude jar; sharing good news.
6. Mixed Weather (Complex Feelings): Both/and thinking; “true-but-partial” reframes.
7. Storm Plans: Who-to-tell card; calm corner; safety words.
8. Belonging Rituals: Blessings (Num. 6.24–26); family micro-ritual practice.

Leader notes. Keep teaching segments under five minutes; embed practice every 2–3 minutes; repeat scripts verbatim across weeks; praise effort, not performance.

2. Communication Scripts & Boundary-Setting (Anti-Parentification)

Goal. Children learn to ask questions, express needs, and set boundaries that keep adult responsibilities with adults.

A. Core scripts (child-level).

- Questions: “I’m wondering why Mom is quiet today. Can you tell me in kid words?”

- Needs: “I need a calm space. I’ll be in the reading corner for five minutes.”
- No to adult jobs: “I’m a kid; I can’t be the boss of big feelings. Please ask an adult to help.”
- Help-seeking: “I feel stormy. I will tell Dad, Pastor Ana, or Auntie Jen.”

B. Re-assigning roles (adult response).

- Name: “You’ve been trying to keep everyone happy.”
- Own: “That’s an adult job.”
- Reassure/Redirect: “You’re safe and loved. I will call Auntie Jen to aid while we make dinner.”

C. Conversation frames.

- Two-Choice Method: “Do you want to draw or breathe first?”
- When/Then: “When the timer beeps, then we’ll choose a book.”
- Do/Then: “Do a slow 10-breath, then we’ll talk about screen time.”

D. Church practice. Catechize belonging: “Who keeps you safe?” — “God and safe adults.” (ESV, Ps. 121; Rom. 8.26–28). Review safeguarding in child-friendly words at the start of each group.

3. Faith Practices for Kids (Simple, Repeatable, Non-Coercive)

Principles. Keep prayers short; ask permission; avoid implying that prayer replaces treatment; never moralize feelings.

A. Daily practices.

- Breath prayer: 60 seconds, seated, feet on floor.
- One-verse comfort: Post a weekly “Scripture seed” (e.g., “The Lord is near to the brokenhearted,” ESV, Ps. 34.18).
- Gratitude jar: three pebbles or notes per day; share one at dinner.
- Blessing ritual: Speak Num. 6.24–26 slowly; invite the child to bless back.

B. Creative practices.

- Weather journal: draw the day's weather with one sentence.
- Lament postcard: "Dear God, today seemed ____ because ____. Please ____."
- Worry box: write worries, place in box; adults follow up later.

C. Group liturgy (children's ministry).

- Call-and-response: Leader: "On sunny days and stormy days—" Children: "God is with us."
- Peace practice: silent 30-second breath together; no one must speak.

4. Red Flags & Safety Planning (Child-Level)

Safety language. "If home feels unsafe—like yelling, hitting, or no grown-up able to help—you can tell Dad, Pastor Ana, or Auntie Jen, right away. Adults are responsible for safety. You did nothing wrong."

A. Green–Yellow–Red plan.

- Green (Okay): "I can use my calm kit. I'll tell a safe adult later."
- Yellow (Worried): "I need help now." Use the who-to-tell card; stay with a safe adult.
- Red (Unsafe): Go to pre-agreed neighbor/room; call listed adult; adults follow church and judicial protocols.

B. Who-to-Tell card (wallet-size).

- Three names + numbers; church address; "What adults will do" in one line.
- Replace cards every six months; practice reading them aloud.

C. Calm corner setup.

- Soft seat, timer, feelings chart, fidgets, crayons, verse card.
- Rules posted: "This is for calming, not punishment; adults check on you."

D. Leader safeguards.

- Two-adult rule; open-door/visible windows; brief private talks in visible spaces; document facts (who/what/when/where); follow mandated-reporting law and church policy.

5. Measuring Growth in Emotion Regulation

Purpose. Track change in skills, not perfection; recognize small steps; share feedback loops with parents and leaders (see Ch. 9).

A. Check-ins (weekly).

- Weather scale: child circles the day's icon and writes one coping tool used.
- Body cue log: "My body told me… (heart, tummy, hands). I tried… (tool)."

B. Mini-goals (two weeks).

- "Use breath prayer 3× this week."
- "Tell a safe adult once when worried."
- "Practice one repair script with the parent."

C. Parent/mentor feedback (monthly).

- Brief form: routines kept, meltdowns shortened, help-seeking attempts, and church participation.
- Celebrate with a blessing or certificate during family night (no public disclosure of personal details).

D. Correspondence with Chapter 9. Map logs to the evaluation plan (e.g., SDQ/PSC short forms, if used by a licensed partner). Keep data anonymous in group settings; obtain consent/assent for individual tracking.

Transitional Summary

Children equipped with a common language (weather), simple tools (breath, grounding, calm kits), and truthful scripts are able to navigate family storms with increasing confidence. These practices are small by design, repeatable on low-energy days, and inherently theological,

embodied assurances of God's nearness and the church's care. Chapter 7 extends this work to parents, focusing on shame-reducing shepherding, triage and referrals, relapse-prevention supports, and family ritual scaffolding.

Chapter 7 — Pastoral Care with Parents

"God meets us in our weakness; we carry one another's burdens with wisdom and love."

Purpose of the chapter. This chapter equips pastors and ministry leaders to shepherd parents living with mental illness with a stance that is nonjudgmental, hope-bearing, clinically aware, and safety-first. It details practical steps for shame reduction, triage and referral, adherence and relapse prevention, strengthening the caregiving system (marriage/co-parenting), and navigating ethics and law in church settings. All care presumes appropriate collaboration with licensed clinicians when treatment is indicated.

1. Nonjudgmental Shepherding & Reducing Shame

Pastoral stance. Jesus' welcome and the Psalms' honesty establish a template for compassionate presence that neither minimizes suffering nor moralizes symptoms (ESV, Ps. 34.18; Matt. 11.28–30). The pastoral posture is: curious, slow, specific, and strengths-focused.

Language that heals.

- Person-first: "a parent living with depression," not "a depressed parent."
- Normalize help-seeking: "Many faithful Christians use therapy and medication."
- Short reassurance: "You are not a burden; you are beloved. We will walk with you."

Brief visit template (20–30 minutes).

1. Presence (3–5 min): Simple check-in; ask permission to pray later.
2. Story (7–10 min): "What has a day been like for you this week?"
3. Strengths (3–5 min): Reflect back on little accomplishments.
4. Following steps (5–7 min): One practical action and one relational support.
5. Prayer (1–2 min): Short, consented prayer; no pressure.

Common shame spirals & counters.

- “My kids would be better off without me.” → “Your presence matters even on low-energy days; we can simplify routines and share the load” (cf. Chs. 5–6).
- “Needing medication means I don’t have enough faith.” → “Prayer and treatment are friends, not rivals; God uses many ordinary means of care” (ESV, Jas. 1.5).

2. Pastoral Triage & Clinical Referrals

Scope and boundaries. Pastors provide spiritual care; clinicians handle diagnosis, risk assessment, and treatment. Collaboration requires consent.

A. Triage flow (non-emergency).

1. Stabilize basics: sleep, food, supervision for children.
2. Screen for risk language: suicidality, violence, neglect, psychosis; if present, follow the emergency path below.
3. Map supports: Who can drive, cook, watch kids? Activate the Circle of Support (Ch. 5).
4. Offer referrals: Provide 2–3 vetted clinicians; offer a warm handoff.
5. Set a check-in: within 48–72 hours; coordinate with care team.

B. Emergency path (safety-first).

- Ensure child supervision by a safe adult.
- Call emergency services if danger is imminent; follow local law and church policy.
- Make mandated reports of suspected abuse/neglect.
- Document facts (who/what/when/where); refrain from speculation (see §5).

C. Sample warm-handoff script.

“Would it help if we call a counselor right now? I can stay on the line while you schedule. With your written permission, I’ll share my contact so we may coordinate practical support like meals and childcare.”

D. Medication literacy (pastoral lane). Pastors do not recommend dosages or start/stop advice. They can normalize adherence, pray for wisdom and side-effect management, and encourage communication with prescribers.

3. Supporting Adherence & Relapse Prevention

Why adherence falters. Side effects, stigma, cost, and executive-function overload often derail treatment. Gentle, concrete supports outperform pep talks.

A. Adherence supports.

- Ritual pairing: meds with a daily ritual (breakfast blessing).
- Visual cues: pill organizer near a verse card; calendar checkmarks.
- Accountability: committed partner texts "How's your plan today?"
- Barriers plan: list three obstacles and one solution each (cost → ask prescriber about generics; side effects → schedule med review).

B. Relapse-prevention plan (one page).

- Early signs: sleep changes, irritability, withdrawal, racing thoughts.
- What helps early: simplify routines, increase rest, call the clinician.
- Who to tell: spouse/mentor/pastor; roles for each.
- Child language: "Mom is having a windy week; adults are helping."
- Safety steps: supervision plan, respite contacts, and when to seek urgent care.

C. Pastoral check-ins (cadence). Weekly for a month, then biweekly; ask, "What worked once this week?" rather than "Are you better yet?"

4. Marriage/Co-Parenting & Family Rituals

Strengthening the caregiving system. Healthy co-parenting protects children even when symptoms persist.

A. Communication tools.

- Daily 10-minute sync: “Top 3 for today,” “One gratitude,” “One ask.”
- Fair-fight rules: no name-calling; timeouts when escalated; return to repair.

B. Ritual scaffolding.

- Micro-rituals on low-energy days: choose one—blessing, one song, or a 2-minute storytime.
- Weekend anchor: walk, game, or simple service acts as a family.
- Repair ritual: if a routine broke, name it and restart: “We missed our blessing yesterday; let’s do it now.”

C. Separated/blended families.

- Share the Who-to-Tell and Safety Plan across households.
- Use consistent language for kids (“weather words”).
- Respect legal agreements; the church supports both homes without triangulation.

D. Caregiver rest. Schedule respite via Circle of Support; pastors model Sabbath practices and bless parents to accept help without guilt (ESV, Mk. 2.27).

5. Ethics, Confidentiality, and Mandated Reporting

A. Confidentiality basics (church context).

- Explain at intake what pastors can keep private and what must be shared for safety.
- Store notes securely; record facts, not diagnoses.
- Obtain written consent before speaking with clinicians/schools.

B. Mandated-reporting clarity.

- Define reportable concerns (abuse, neglect, imminent danger).
- Use child-friendly language: “If someone is hurting you or you feel unsafe, I must tell helpers so you can be safe.”

- Report promptly; do not investigate beyond what is shared.

C. Boundaries & dual relationships.

- Avoid counseling your close friends/family; refer when a conflict of interest exists.
- Avoid financial entanglements with counselees beyond established benevolence policy.
- Meet in visible spaces; follow the two-adult rule for any child interactions.

D. Documentation essentials.

- Date, time, participants; direct quotes; actions taken; referrals made.
- Store per policy; share on a need-to-know basis with designated leaders.

Pastoral Tools & Templates (Appendix References)

- Warm-Handoff Script (printable)
- Relapse-Prevention Plan (One-Page)
- Family Safety Plan (aligned with Chs. 3 & 5)
- Ten-Minute Daily Couple Sync Card
- Who-to-Tell Card (child version)

Transitional Summary

Parents living with mental illness need a church that is patient, practical, and coordinated with clinical care. A nonjudgmental stance reduces shame; clear triage and referral pathways protect children; small supports for adherence and relapse plans sustain progress; co-parenting rituals stabilize family life; and ethical guardrails keep ministry safe. Chapter 8 turns these commitments into a church-wide implementation plan with training, safeguarding, partnerships, and accessible practices.

Chapter 8 — Church Implementation Guide

"In our church family, kids are safe, seen, and loved—on sunny days and stormy days." — Brighter Than the Storm.

Purpose of the chapter. This chapter turns the BTS Integrative Model (Ch. 5) into a practical, church-wide plan. It outlines roles, training, safeguarding, partnerships, inclusion, and a ready-to-run 8-week curriculum that braids story, Scripture, and skills for children and families.

1. Ministry Design & Volunteer Training

A. Roles & simple org chart.

- Ministry Lead (staff/appointed): oversight; coordinates with pastoral team and protection officer.
- Safeguarding Officer: policy owner; incident review; mandated-reporting liaison.
- Children's Small-Group Leaders: deliver curriculum; maintain calm corners; log check-ins.
- Child Mentors (screened adults): biweekly relational support; communicate with parents/lead.
- Care Team Coordinator: organizes meals/transport/respite during flare-ups.
- Pastoral Liaison: handles spiritual care requests and referrals.
- Clinical Advisor (pro bono/contracted): assists with training, referral list curation, and consults (no diagnosis in church setting).

B. Recruitment & screening.

- Application, interview, three references, national background check, and signed Code of Conduct.
- Annual confirmation of conduct; immediate removal from service during any investigation.

C. Core training modules (initial + annual refreshers).

1. Theology & Mission: imago Dei; burden-bearing; truthful love (Ch. 4).
2. Trauma-Informed Basics: nervous system, triggers, and co-regulation posture.
3. Communication Scripts: weather metaphor; reassurance; boundary language.
4. Safeguarding & Mandated Reporting: two-adult rule; documentation; bathroom policy; digital communications.
5. Inclusion & Cultural Humility: disabilities, neurodiversity, language access.
6. Safety Pathways & Referrals: flowchart; who-to-tell cards; warm handoffs (Chs. 5 & 7).

D. Supervision & debrief rhythms.

- Pre-session huddle (10 min): roles, headcount, red flags, prayer.
- Post-session debrief (10 min): wins, concerns, incidents logged.
- Quarterly coaching: skills tune-up; scenario practice.

2. Safeguarding Children & Trauma-Informed Ministry

A. Non-negotiable policies.

- Two-adult rule in all child/youth spaces; doors open or windows visible.
- Check-in/out with matching tags; secure roster; late pickup protocol.
- Bathroom policy: no one-on-one closed-door; age-appropriate supervision with a second adult in line of sight.
- Ratios: posted and enforced; room capacity limits.
- Transportation: no private rides unless pre-authorized and documented with two adults present.
- Online communication: group channels only; no direct messaging with minors outside approved platform; parent/guardian copied.
- Media/photography consent on file; opt-out respected.

B. Trauma-informed environment.

The physical and relational environment of every ministry space should communicate safety before a single word is spoken. *Brighter Than the Storm* models two peer-support structures that translate directly into congregational ministry, each requiring intentional adaptation from their original classroom context (Johnson, ch. 7).

- Calm corner (adapted from BTS's classroom Safe Corner). Every ministry room should contain a designated calm corner, a soft seat, a feelings chart, a timer, a verse card, and fidget tools, where a child may go voluntarily when emotions intensify. This is not a discipline space. It is a regulated, resourced environment that communicates: "Your feelings are welcome here, and you do not have to manage them alone." Unlike the school-based Safe Corner in *Brighter Than the Storm*, which operates under teacher supervision in a classroom setting, the congregational calm corner functions under the two-adult rule at all times. A trained leader accompanies any child who uses it and remains visible to a second adult throughout. Leaders may offer a brief breath prayer or blessing, with the child's permission, before the child returns to the group.
- Buddy pairing (adapted from BTS's classroom Buddy System). The Buddy System in *Brighter Than the Storm* pairs classmates to support one another through shared storytelling and peer encouragement (Johnson, ch. 7). In a congregational setting, buddy pairing connects children within the same ministry group, not to provide emotional support for one another's crises, which remains an adult responsibility, but to cultivate consistent, named peer relationships that reduce isolation and normalize belonging. Buddies sit together, check in at the start of each session, and participate in group activities as a pair. Adult leaders monitor all buddy interactions. No child is expected to manage another

child's distress; the buddy relationship is one of companionship, not care-giving. This boundary, companionship without caregiving, is the critical distinction between the school model and the congregational adaptation, and leaders should articulate it clearly during volunteer training.

- Predictable routines and posted schedule. Leaders narrate transitions so children can anticipate rather than react.
- Sensory supports. Noise-reduction headphones, quiet room access, and flexible seating accommodate neurodiversity and sensory sensitivity.

C. Crisis response (yellow/red).

- Yellow (distressed, not unsafe): co-regulate, move to calm corner, notify parent after group.
- Red (unsafe): follow safety plan; ensure supervision; activate safeguarding officer; document and follow legal/policy steps immediately.

3. Partnerships & Referrals

A. Building a referral network (curate 6–10).

- Modalities: child/family therapists, psychiatric providers, crisis lines, support groups.
- Diversity: include providers with cultural/language competence and sliding-scale options.
- Vetting: verify licensure, insurance accepted, wait times, and telemedicine availability.

B. MOUs & coordination.

- Consent-based communication: use written releases; restrict info to practical coordination (no sermonizing clinical details).
- Shared language: adopt the weather metaphor across settings when helpful.
- Response expectations: providers share scheduling windows; the church commits to practical support (meals, transport, respite) without clinical advice.

C. School collaboration.

- With parental consent, connect with school counselors; share the child's "who-to-tell" list and calming strategies; and support 504/IEP conversations, if applicable.

4. Accessibility, Inclusion, and Cultural Responsiveness

A. Language & literacy. Provide translations, pictorial handouts, and plain-language forms.

B. Disability & neurodiversity. Offer sensory tools, visual schedules, flexible seating, and individualized supports.

C. Socioeconomic realities. Budget for transport vouchers, snacks, and materials; never require participants to pay for personal purchases.

D. Family systems. Serve single-parent, blended, grandparent-led, kinship, and adoptive contexts; coordinate across households as consent allows.

E. Cultural humility practices. Ask families about preferred metaphors, prayer practices, and holidays; integrate respectfully; avoid assumptions.

5. Sample 8-Week Brighter Than the Storm Curriculum (Ready-to-Run)

Each session runs ~45–60 minutes; adapt to your context. Repeat scripts verbatim; keep segments short and embodied.

Week 1 — Welcome to Weather

- BTS vignette: Victoria notices changes at home.
- Scripture: Ps. 34.18.
- Skill: feelings vocabulary; forecast chart.
- Activity: draw your weather; body thermometer.
- Take-home: start a calm kit.

Week 2 — Cloudy (Sadness)

- BTS vignette: naming sadness.
- Scripture: Ps. 13.
- Skill: comfort plan (music, blanket, breath prayer).
- Activity: “comfort collage.”
- Take-home: one comfort item at bedside.

Week 3 — Windy (Anxiety)

- Scripture: Phil. 4.6–7 (short).
- Skill: 5-Senses grounding.
- Activity: scavenger hunt (see, touch, hear).
- Take-home: grounding card.

Week 4 — Rainy (Anger)

- Scripture: Jas. 1.19.
- Skill: Pause-Plan-Play.
- Activity: role-play repair.
- Take-home: family “storm plan.”

Week 5 — Sunny (Joy & Gratitude)

- Scripture: Ps. 136.1.
- Skill: gratitude jar.
- Activity: Decorate a jar.
- Take-home: add 3 notes this week.

Week 6 — Mixed Weather (Both/And)

- Scripture: Rom. 12.15.
- Skill: true-but-partial reframes.

- Activity: “both/and” cards.
- Take-home: family “high/low” dinner question.

Week 7 — Safety & Help-Seeking

- Scripture: Ps. 121.
- Skill: who-to-tell card; green/yellow/red plan.
- Activity: practice reading card; safe-adult scavenger list.
- Take-home: postcard near phone.

Week 8 — Belonging Rituals & Blessing

- Scripture: Num. 6.24–26.
- Skill: bedtime blessing; micro-ritual menu.
- Activity: practice blessing; design a “ritual menu.”
- Take-home: choose one daily ritual for next week.

Parent Touchpoints (weekly, 5–7 minutes).

- Review one skill; hand out one-page summary; invite feedback; offer prayer with permission; remind of safeguarding and referral pathways.

6. Implementation Checklist (At-a-Glance)

- □ Adopt/refresh safeguarding policy; train and background-check all volunteers.
- □ Recruit for each role; publish org chart and contact list.
- □ Set calendar for quarterly training and debriefs.
- □ Build referral list (6–10 providers) and crisis contacts; draft MOUs.
- □ Prepare curriculum kits: calm-corner supplies; who-to-tell cards; gratitude jars; weather charts.
- □ Launch with a parent orientation; distribute consent forms and expectations.
- □ Start simple metrics (attendance, skill practice, parent/mentor feedback) for Ch. 9 evaluation.

7. Metrics & Feedback Loops (Bridge to Chapter 9)

- Outputs: sessions held, leaders trained, parent touchpoints, referrals made.
- Short-term outcomes: child skill use (charts), shortened dysregulation episodes (parent/leader logs), increased help-seeking.
- Longer-term: improved child functioning (optional SDQ/PSC with licensed partner), family ritual consistency, decreased stigma language in surveys.
- Loops: monthly review with Ministry Lead + Safeguarding Officer + Pastoral Liaison; adjust curriculum and supports accordingly.

Transitional Summary

With clear roles, robust safeguarding, practical partnerships, inclusive practices, and a simple, repeatable curriculum, churches can embody truthful love and wise help. Chapter 9 specifies how to measure what matters—linking these practices to outcomes with ministry-friendly tools, ethics, and mixed-methods evaluation.

Chapter 9 — Evaluation & Research Design

“We learn new ways together, little by little.” — Brighter Than the Storm.

Purpose of the chapter. This chapter provides a ministry-friendly evaluation plan to understand whether the BTS Integrative Model (Ch. 5) improves children’s well-being and family functioning when implemented through the church program (Ch. 8). The design stresses simple data collection, ethical safeguards, and practical feedback loops while permitting optional partnership with licensed clinicians for validated assessments.

1. Logic Model & Outcomes

Logic model (Appendix figure).

Inputs: Trained leaders, safeguarding policy, curriculum kits, referral list, and parent consent.

Activities: 8-week child sessions; parent touchpoints; care-team supports; mentor check-ins; referrals/warm handoffs.

Outputs: # sessions delivered; # leaders trained; attendance; # referrals; # parent touchpoints; fidelity checklist completion.

Short-term outcomes (0–3 months):

- Increased emotion vocabulary and use of coping tools among children.
- Improved help-seeking (child/parent reports).
- More consistent family rituals (parent logs).
- Intermediate outcomes (3–6 months):
- Shorter/less intense dysregulation episodes (parent/leader logs).
- Lowered stigma language; increased truthful reassurance in the home.
- Higher adherence to parent treatment and follow-up supports.

- Longer-term outcomes (6–12 months, where feasible):
- Improved child functioning on brief, validated screening tools administered with a licensed partner.
- Stable participation in church/community supports; fewer emergency escalations.

Operational definitions.

- Emotion literacy: a child can name ≥3 feelings and one body cue.
- Tool use: child reports using ≥1 coping tool during a "storm."
- Ritual consistency: ≥4 of 7 days with chosen micro-ritual practiced.
- Help-seeking: child/parent can list ≥2 safe adults and reports at least one instance of seeking help suitably in the last month.

2. Measures & Ministry-Friendly Tools

A. Core program measures (church-collected).

1. Attendance & dosage: roster per session; # of sessions completed per child.
2. Fidelity checklist (leader): delivered scripts, practiced tool(s), reviewed safety card, and parent touchpoint completed.
3. Child skill check-ins (weekly): weather icon + "one tool I used."
4. Parent/mentor feedback (monthly, 5 items): ritual consistency, episode duration, help-seeking attempts, church engagement, open comment.
5. Stigma/Belonging mini-items (pre/post, 4 items): e.g., "At church, I can talk about hard feelings," 4-point scale (child/parent forms).

B. Optional validated screeners (with licensed clinical partner).

- Strengths and Difficulties Questionnaire (SDQ), parent version (ages 4–17), brief behavioral screening; scored per official guidance by trained personnel.

- Pediatric Symptom Checklist (PSC or PSC-17), parent version; general psychosocial functioning; scored and interpreted by a licensed partner.
- Notes: Do not reproduce proprietary items in the dissertation. Use official forms; secure permissions where required; ensure clinicians manage administration, scoring, and follow-up.

C. Implementation measures.

- Leader training completion and post-training quiz (≥80% mastery).
- Environment checks (quarterly): calm corner present; two-adult rule observed; posted schedule.
- Referral tracking: # warm handoffs; time to first appointment where known.

3. Mixed-Methods Design & Analysis Plan

Design. Pragmatic pre/post mixed-methods program evaluation with optional 3-month follow-up. No randomization is required for ministry quality improvement; if publication beyond the church is planned, consult IRB (see §4).

Timeline.

- T-1 (Orientation): consent/assent; baseline mini-items; optional baseline SDQ/PSC with clinician.
- T0 (Weeks 1–8): weekly child check-ins; leader fidelity; parent touchpoints.
- T1 (Week 8): post mini-items; parent/mentor feedback; optional SDQ/PSC with clinician.
- T2 (3 months): short follow-up on rituals, help-seeking, and episode duration.

Quantitative analysis (descriptive + simple inferential).

- Report attendance/dosage, means/SDs for mini-items, and proportions meeting performance standards.
- Where appropriate, compute pre/post change (paired t-test or nonparametric alternative for small samples), with effect sizes (e.g., Cohen’s d) for internal learning.

- Analyze dose-response descriptively (e.g., ≥6 sessions vs. <6) to inform implementation.

Qualitative analysis (lightweight thematic).

- Collect brief anonymous parent/leader reflections (2–3 prompts).
- Code using inductive themes (e.g., rituals, stigma, safety, barriers).
- Enhance trustworthiness through triangulation (leaders + parents + child artifacts, such as anonymized weather charts) and peer debriefing among the ministry team.

Integration. Use a joint display (Appendix table) to align quantitative shifts with illustrative quotes to guide program adjustments.

4. Data Ethics, Consent, and Security

Program evaluation vs. human-subjects research.

- Internal quality improvement that does not aim to produce generalizable knowledge typically does not require IRB; confirm with the institution.
- If results will be disseminated academically, consult an IRB; adapt tools/protocols accordingly.

Consent/assent.

- Parent/guardian consent for any child participation and data collection; child assent using age-appropriate language.
- Clarify the voluntary nature; services are not contingent on data completion.
- Provide a simple privacy statement: who sees data, how it is stored, and the retention period.

Privacy & security.

- De-identify child data (ID codes); store key separately.
- Lock paper forms; restrict digital files to encrypted storage with limited access (Ministry Lead, Safeguarding Officer, Evaluation Lead).
- Retain data for a defined period (e.g., 3–5 years), then destroy securely.

- Mandated reporting overrides confidentiality where safety concerns develop; state this plainly to families.

  Role clarity.
- Pastors/leaders collect program metrics and mini-items.
- Clinicians administer/interpret SDQ/PSC and handle clinical risk.
- Safeguarding Officer oversees incident logs and reporting.

  5. Limitations & Threats to Validity (and Mitigations)

  Selection bias. Families who opt in may differ from those who do not. Mitigation: invite broadly; offer flexible times; provide childcare/snacks; note differences in reporting.

  Attrition/missing data. Families may miss sessions or forms. Mitigation: short forms; reminders; honor small milestones; analyze with available case methods and report completion rates.

  Maturation & history. Changes may reflect the passage of time or external events. Mitigation: use specific, behavior-based items and dose analyses; add a waitlist comparison if feasible.

  Instrumentation/fidelity. Inconsistent delivery affects outcomes. Mitigation: leader training, fidelity checklists, periodic observations.

  Social desirability. Parents may over-report positives in church settings. Mitigation: anonymous forms; neutral wording; third-party collection when possible.

  Generalizability. Results are context-bound to this church and curriculum. Mitigation: provide detailed implementation notes so others can judge transferability.

  6. Reporting & Continuous Improvement

  Cadence. Monthly internal dashboard (attendance, fidelity, referrals); quarterly brief to pastoral team and protection officer; semiannual summary for church leadership (de-identified).

Format. One-page infographic for parents/leaders (skills practiced; supports available); full technical appendix for internal records.

Decision rules. If fidelity < 80% for 2 months, schedule retraining; if referrals stall, refresh the provider network; if safety incidents rise, review policy and room setup.

7. Roles & Timeline (At-a-Glance)

Roles.

- Evaluation Lead (could be Ministry Lead): tool prep, data security, analysis, reports.
- Safeguarding Officer: incident oversight, policy compliance, documentation.
- Children's Leaders: weekly reviews, fidelity forms, parent touchpoints.
- Clinical Advisor: optional; validates tool selection and consults on SDQ/PSC.

Timeline.

- Month 0: build tools; train leaders; finalize referral list; print consents.
- Months 1–2: run 8-week cycle; collect weekly data.
- Month 3: complete post measures; compile report; adjust curriculum.
- Month 6: optional follow-up; leadership review; plan next cycle.

Transitional Summary

This chapter presents a practical, morally grounded framework for evaluating the BTS program's impact while keeping children's dignity and safety central. The combined-methods approach values implementable insights over complexity, enabling data-informed refinements that strengthen ministry and alliance with clinicians. Chapter 10 will synthesize the dissertation's contributions, outline consequences for churches and clinical partners, and finish with a pastoral reflection and blessing.

Chapter 10 — Conclusion & Pastoral Reflection

"Love stays on sunny days and stormy days." — Brighter Than the Storm.

1. Synthesis of Findings

This dissertation set out to test a simple but demanding claim: that children in families affected by parental mental illness flourish most when biblically grounded family behaviors are practiced alongside appropriate clinical care, rather than when attention is restricted to diagnostic labels alone. Through a biblical–theological framework (Ch. 4), a review of child and family mental-health literature (Ch. 3), and a practice model anchored in attachment, emotion literacy, rituals, and community (Ch. 5), the project demonstrates a coherent pathway for churches and clinicians to collaborate without confusion of roles.

Several convictions emerged:

- Theological commitments—imago Dei; household discipleship (ESV, Deut. 6.4–9); lament with hope (ESV, Ps. 34.18; Rom. 8.18–27); burden-bearing (ESV, Gal. 6.2); and truthful speech (ESV, Eph. 4.15)—are not decorative; they shape how care is offered.
- Clinical findings—candid communication, emotion coaching, predictable rituals, caregiver treatment compliance, supportive non-parent adults, and coordinated safety- are congruent with pastoral aims when described in child-level, non-stigmatizing language.
- Narrative pedagogy grounded in Brighter Than the Storm keeps the child's perspective central and translates abstract principles into repeatable practices (Chs. 2, 6).
- Church implementation is feasible with clear roles, robust safeguarding, simple training, curated referrals, and light-touch evaluation (Chs. 8–9).

2. Significance for Church & Clinical Collaboration

For churches. Congregations can become predictable communities of truthful love by (a) adopting a common child-friendly language (e.g., the weather metaphor), (b) training leaders in co-regulation, boundary language, and mandated-reporting clarity, (c) normalizing lament and hope in worship and small groups, (d) sustaining care teams for practical support, and (e) using ministry-friendly feedback loops to learn and improve. These steps do not require a counseling center; they require clarity, safety, and consistency.

For clinicians. Practitioners who partner with faith communities can (a) ask about the family's spiritual practices and preferred metaphors, (b) coordinate with a designated pastoral liaison (with written consent), (c) reinforce ritual scaffolding at home, and (d) coach parents in shame-reducing scripts. Collaboration respects lane boundaries: pastors attend to souls, belonging, and ethics within the congregation; clinicians manage assessment, treatment, and risk.

For parents and caregivers. The most powerful changes are often the smallest: a two-minute blessing at bedtime; a calm-down corner that is not punishment; a repair script after sharp words; a weekly message to a mentor. These practices incarnate the thesis: what children can see and feel—truthful reassurance, predictable presence, and belonging—mediates both theology and therapy.

3. Future Work

Program development. Three immediate extensions suggest themselves:

1. Teen Module (ages 13–17): adapt metaphors and tools (journal prompts, peer small groups, service projects) with trauma-informed safeguards.
2. Parent Workshop Series: four 75-minute sessions on emotion coaching, storm plans, relapse-prevention supports, and church–clinic coordination.

3. Resource Library: printable scripts (child/parent/church), ritual menus, safety plan cards, and short training videos for volunteers.

   Curricular adaptations. Translate the curriculum and handouts; replace metaphors as needed for cultural appropriateness; implement a universal design approach for neurodiversity and disability supports.

   Evaluation & research. Following the mixed-methods plan (Ch. 9), churches can begin with internal quality improvement and, where appropriate, pursue partnership studies under IRB oversight to examine longitudinal outcomes. Over time, multi-site collaborations may compare different delivery models (e.g., Sunday-based vs. weeknight groups; mentor-heavy vs. class-only).

   Public theology and advocacy. As congregations practice stigma-reducing speech and reliable care, they bear public witness that prayer and treatment are friends, not rivals; that child safety is uncompromisable; and that suffering invites — not disqualifies — participation in the church's life. *Brighter Than the Storm* does not end with Victoria's family merely surviving their season of mental illness — it ends with them becoming advocates. They volunteer at a local mental health charity, participate in community talks, and share their story openly, carrying a message of hope and resilience beyond the walls of their own home (Johnson, ch. 10). This narrative arc — from confusion and fear, through coping and community, to public witness — is not incidental to the book's design. It is the dissertation's thesis enacted at child level. The family that learned to name feelings, build rituals, and lean on a circle of support ultimately becomes a circle of support for others. Congregations that implement the BTS model are not merely helping individual families cope; they are forming communities capable of bearing that same witness — families who know,

from the inside, that healing is possible and that no one has to walk difficult seasons alone (Johnson, ch. 9).

4. Personal Pastoral Reflection (First-Person)

As a pastor-leader and the author of *Brighter Than the Storm*, I have watched children find words for weather they once could only feel. I have seen parents breathe again when assured that seeking therapy is not failure but faithfulness; that relapse does not revoke belonging; that help is holy. The work is humbling and unfinished. I carry the faces of families who taught me that small rituals endure when big plans collapse, that a consistent blessing outlives a perfect schedule, and that truthful love is the safest room in any house — or church.

In the final pages of *Brighter Than the Storm*, Victoria and her family sit together in their garden at sunset, holding hands (Johnson, ch. 10). They have not arrived at ease — the illness has not disappeared, the hard days have not ended — but they have arrived at something more durable: the knowledge that they will face whatever comes together, and that their story is worth telling. That image is what this dissertation hopes to make more possible — not the absence of suffering, but the presence of community sturdy enough to hold it.

I offer this project with thankfulness to the children whose questions sharpened its clarity, to the parents whose courage steadied its mood, and to the clinicians and pastors whose partnership made it real. May the model continue to be tested, translated, and improved wherever God's people seek to protect little hearts.

5. Benediction / Closing Exhortation

May the Lord bless you and keep you; May the Lord make His face shine upon you and be gracious to you; May the Lord lift up His countenance upon you and give you peace (ESV, Num. 6.24–26).

Healing is not a destination but a process — one that involves understanding, acceptance, and hope (Johnson, ch. 9). For the families who have lived this truth and for the congregations called to walk alongside them, may the church be the garden where Brighter Than the Storm learn to grow.

For every child who asks, "Is it my fault?" — may the church answer in one voice: "You did nothing wrong. You are safe, seen, and loved. We will help."

Brighter Than the Storm Counselor Activities

The following activities were developed to extend the therapeutic and educational aims of *Brighter Than the Storm* through developmentally appropriate, family-centered practice. Each activity is designed to help children and caregivers engage with the book's core themes, including emotional literacy, resilience, communication, family support, help-seeking, and hope. Rather than functioning as simple enrichment exercises, these activities serve as structured tools that translate the book's themes into concrete relational and emotional experiences. Collectively, they reflect protective factors identified in the literature on children of parents with mental illness, including psychoeducation, family connectedness, child coping, social support, and healthy family functioning (Moltrecht et al. 3203; Van Schoors et al. 2). They also correspond with research indicating that children benefit from environments that promote safe expression, consistent support, resilience-building, and emotionally responsive caregiving (Moltrecht et al. 3203; Van Schoors et al. 2).

Activity 1. My Feelings Weather Chart

Description

The *My Feelings Weather Chart* activity is designed to help children identify, express, and track their emotions using weather symbols as a simple metaphor for internal experience. Children create a weekly chart with one section for each day, decorate weather symbols such as sunny, cloudy, rainy, stormy, and rainbow, and choose the symbol or symbols that best reflect how they feel each day. At the end of the day, the child and caregiver discuss the selected weather image, what may have influenced those feelings, and how emotions can shift from day to day. This activity supports early psychoeducation and emotional literacy by giving children a non-threatening way to name feelings and connect those feelings to lived experience (Moltrecht et al. 3203; Van Schoors et al. 2).

Purpose

The purpose of this activity is to build emotional awareness and emotional safety by giving children a concrete, developmentally appropriate way to notice and communicate feelings related to family stress, including a parent's mental illness. Rather than expecting children to explain complex emotions abstractly, the weather metaphor offers symbolic language that reduces pressure and supports expression. The projected outcome is that children will increase their ability to recognize and name emotions, communicate those emotions to a trusted adult, and understand that feelings may change from day to day without shame. A systematic review of whole-family programs for families living with parental mental illness found that 90% of interventions included one or more psychoeducational components and 70% specifically included psychoeducation on mental illness, supporting the value of structured emotional-understanding activities for children in these settings (Moltrecht et al. 3203). Within *Brave Little*

Hearts, this activity functions as an introductory tool for emotional language, family dialogue, and the normalization of changing feelings (Moltrecht et al. 3203; Van Schoors et al. 2).

Projected Outcome

This activity is intended to increase a child's ability to recognize and name emotions, connect feelings to daily experiences, and communicate those emotions to a trusted adult. It may also strengthen family understanding by creating a predictable daily check-in routine that normalizes emotional variation and reduces confusion around difficult family experiences. In the context of *Brighter Than the Storm*, the projected outcome is not that the activity removes distress, but that it helps children develop a safer language for expressing distress, increases emotional awareness, and encourages supportive family dialogue. This type of repeated emotional labeling and discussion is consistent with developmental findings that emotional understanding and regulation improve when children are given language and relational support to make sense of inner experiences (Knothe and Walle 307).

Research Support

A useful supporting statistic for this activity comes from a recent review of whole-family programs for families living with parental mental illness. The review found that 90% of interventions included one or more psychoeducational components, and 70% specifically provided psychoeducation on mental illness, underscoring how central guided emotional understanding and family explanation are in supporting children in these settings (Knothe and Walle 307).

Application to Brighter Than the Storm

This finding supports the inclusion of the *My Feelings Weather Chart* in *Brighter Than the Storm* because the activity functions as an early psychoeducational and emotional-literacy tool.

It helps children begin to understand that emotional changes within themselves and within their families can be named, discussed, and supported. By combining visual symbols, daily reflection, and caregiver discussion, the activity lays a foundation for later lessons on sadness, worry, anger, mixed feelings, safety, and help-seeking. In this way, the activity serves as both an introduction to the program's weather language and a practical means of strengthening emotional communication within the home (Knothe and Walle 307).

Activity 2. Family Support Tree

Description

The *Family Support Tree* activity helps children visualize the strength, support, and adaptability of their family system during times of change. Using a large tree with a trunk and branches, the child identifies family members and the supportive qualities or actions each person contributes, such as listening, helping, comforting, praying, or spending time together. Leaves are added to represent these strengths, and new leaves can be created to reflect changing roles within the family. In this way, the activity helps children externalize their understanding of family support and see that even when routines change, the family can continue to grow, adjust, and remain connected (Van Schoors et al.).

Purpose

The purpose of this activity is to strengthen a child's sense of belonging, increase awareness of supportive relationships within the home, and normalize adaptation when a parent's mental illness affects routines or roles. The projected outcome is that children will better understand that families can change without losing love, support, or connection, and that they themselves also have a meaningful place within the family system. A 2021 study of families affected by parental mental illness, which included 210 families and ratings from patients, partners, and children, found that family functioning in these families is closely linked to child mental health (Sell et al. "Family Functioning"). This supports the inclusion of the *Family Support Tree* in *Brighter Than the Storm* as a resilience-oriented activity that helps children recognize support, connectedness, and shared care within the family unit (Moltrecht et al. 3203; Sell et al. "Family Functioning" 7985).

Projected Outcome

This activity is intended to help children better understand that families can change without losing love, stability, or connection. It may increase the child's ability to identify safe and supportive adults, recognize their own place within the family system, and speak more openly about how the family is adjusting (Knothe and Walle 307). Within *Brighter Than the Storm*, the projected outcome is that children will begin to view their family not only through the lens of challenge, but also through the lens of support, resilience, and shared care. This is especially important in families affected by parental mental illness, where strong family functioning and social support are associated with lower levels of child psychopathology and better overall adjustment.

Research Support

A useful supporting statistic for this activity comes from a study of families affected by parental mental illness that included 210 families, with ratings from 207 patients, 139 partners, and 100 children. The study concluded that family functioning in these families is closely linked to child mental health, reinforcing the importance of interventions that strengthen communication, support, and shared understanding within the family system (Knothe and Walle 307).

Application to Brighter Than the Storm

This finding supports the inclusion of the *Family Support Tree* in *Brighter Than the Storm* because the activity helps children concretely map the people, strengths, and supportive actions that contribute to family stability. It also aligns with whole-family approaches for parental mental illness, which emphasize not only child-focused coping, but also improved family relationships, communication, and practical support. By inviting children to name strengths,

acknowledge changing roles, and imagine new ways to help and connect, the activity promotes a more hopeful and coherent understanding of family life during difficult seasons.

Activity 3. Calm the Storm

Description

The *Calm the Storm* activity is designed to help children understand that difficult emotions such as anger, sadness, frustration, and worry can rise and fall much like changing weather. Each child creates a personal coping toolkit filled with coping strategy cards and optional comfort items such as sensory objects, affirmation cards, or small calming tools. Children learn that "stormy feelings" happen to everyone and that there are safe, repeatable ways to respond when those feelings become intense. The activity includes both discussion and guided practice so that children learn how and when to use coping tools, not simply how to collect them (Van Schoors et al. 8).

Purpose

The purpose of this activity is to strengthen children's awareness of emotional escalation and provide developmentally appropriate regulation tools they can use when strong feelings arise. The projected outcome is that children will become more able to recognize when emotions are intensifying, choose healthy coping responses, and feel more confident managing distress with adult support. Research on resilience in children of parents with mental illness identifies child coping as one of the major protective factors associated with healthier adaptation (Van Schoors et al. 2). This supports the use of the *Calm the Storm* activity within *Brighter Than the Storm* because it turns coping into a visible, personalized, and practical resource for children living with family stress (Van Schoors et al. 8; Moltrecht et al. 3203).

Projected Outcome

This activity is intended to help children recognize when emotions are becoming intense, choose from several healthy coping responses, and experience greater confidence in managing

emotional distress. It may also reduce helplessness by giving children a tangible resource they can return to at home or school when they feel emotionally overwhelmed. Within *Brighter Than the Storm*, the projected outcome is that children will begin to understand that emotional storms are temporary, that support is available, and that there are practical ways to respond safely to strong emotions. Research on parental supportiveness and child emotion regulation indicates that supportive adult relationships are linked to stronger emotion regulation development over time (Knothe and Walle 307).

Research Support

A useful supporting statistic for this activity comes from a nationally representative U.S. study on child self-regulation, which found that 4 out of 5 children were described by their parents as developmentally on track with self-regulation, while children facing greater family adversity were less likely to be on track. This finding highlights both the importance of self-regulation as a developmental competency and the need for practical supports that strengthen coping skills in the context of family stress.

Application to Brighter Than the Storm

This finding supports the inclusion of the *Calm the Storm* activity in *Brighter Than the Storm* because the program specifically serves children who may be navigating stress, uncertainty, and emotional strain connected to family mental health challenges. A coping toolkit gives children a concrete, personalized method for practicing regulation, while the group discussion and adult guidance reinforce co-regulation and help-seeking. The activity also aligns with broader evidence that emotionally oriented parenting and child-focused emotional interventions can improve children's internalizing and externalizing difficulties and strengthen emotional functioning. In this way, *Calm the Storm* is not simply a craft activity; it is a clinically grounded

tool for helping children build emotional awareness, coping flexibility, and a sense of safety during difficult moments (Knothe and Walle 307).

Activity 4. Circle of Support

Description

The *Circle of Support* activity is designed to help children explore how to talk about difficult experiences, including mental illness in the family, in ways that are safe, respectful, and supportive. Using a large circle labeled "Circle of Support," children participate in guided discussion, role-playing, and reflective writing to practice supportive communication. They explore how it can feel to share something personal, how peers can respond with empathy, and what makes a response feel safe rather than dismissive or hurtful. Children also learn that sharing should be done with trusted people and in appropriate settings, with adult guidance about privacy, boundaries, and when additional help is needed (Van Schoors et al. 8).

Purpose

The purpose of this activity is to strengthen children's ability to communicate about sensitive experiences, reduce isolation and secrecy, and build empathy within peer and family relationships. The projected outcome is that children will increase their confidence in identifying safe people, sharing appropriately about difficult family experiences, and responding supportively when peers disclose something hard. A 2021 review of 25 studies found that social support, close relationships, sensitive caregiving, and belonging are important correlates of resilience and are associated with fewer mental health problems in children and adolescents (Van Schoors et al. 2). This supports the inclusion of the *Circle of Support* activity in *Brighter Than the Storm* because it promotes emotional expression, help-seeking, empathy, and boundary-aware communication within supportive relationships (Van Schoors et al. 2; Moltrecht et al. 3203).

Projected Outcome

This activity is intended to increase children's confidence in identifying safe people, sharing appropriately about difficult family experiences, and responding supportively when peers disclose something hard. It may also improve peer empathy and reinforce the message that children are not alone in their struggles. Within *Brighter Than the Storm*, the projected outcome is that children will begin to experience support as something relational and accessible while also learning that wise sharing involves trust, safety, and discernment. In this way, the activity supports both emotional expression and healthy interpersonal boundaries.

Research Support

Research on resilience in children and adolescents identifies social support, close relationships, sensitive caregiving, and a sense of belonging as key resilience factors associated with better mental health outcomes. In a 2021 review of 25 studies, higher levels of resilience were consistently associated with fewer mental health problems across diverse child and adolescent populations, and the review specifically highlights social, family, and relational factors as important correlates of resilience. These findings support the value of activities that help children identify trusted people, practice supportive communication, and experience emotionally safe connection.

Application to Brighter Than the Storm

This finding supports the inclusion of the *Circle of Support* activity in *Brighter Than the Storm* because the program seeks not only to help children name feelings, but also to help them know where support can be found and how to access it wisely. By practicing what to say, how to listen, and how to respond kindly, children are introduced to a community-based model of emotional safety. At the same time, the activity reinforces that sharing should happen with trusted adults

and supportive peers in safe, appropriate settings, not through indiscriminate disclosure. In this way, the activity helps move children from secrecy and uncertainty toward connection, empathy, help-seeking, and developmentally appropriate boundary awareness.

Children should be encouraged to share with trusted adults and supportive peers in safe, appropriate settings, with guidance about privacy, boundaries, and when adult help is necessary.

Activity 5. Mental Health Learning Journey

Description

The *Mental Health Learning Journey* activity introduces children to basic mental health concepts in a developmentally appropriate, compassionate, and nonthreatening way. Using a large learning board divided into sections such as “What Is Mental Health?,” “Feelings and Emotions,” “Mental Illness,” and “Ways to Help,” children engage simple educational materials, ask questions, and practice responding supportively through discussion and role-play. This structure reflects mental health literacy approaches that emphasize recognition, understanding, stigma reduction, and help-seeking beliefs as important components of early learning about mental health (Freţian et al. 4).

Purpose

The purpose of this activity is to increase children’s basic understanding of mental health, normalize age-appropriate discussion of emotional and mental health challenges, and reduce fear or stigma through accurate and supportive teaching. The projected outcome is that children will ask questions more openly, interpret emotional struggles with greater empathy, and view help-seeking as a positive response rather than something shameful. A 2021 systematic review and meta-analysis of 25 studies found a small but significant long-term positive effect of interventions on mental health literacy and a medium significant effect on stigmatizing attitudes among children and adolescents (Freţian et al. 4). This supports the inclusion of the *Mental Health Learning Journey* in *Brighter Than the Storm* because the activity combines accurate knowledge, guided discussion, opportunities for questions, and stigma reduction in a child-friendly format (Freţian et al. 4; Moltrecht et al. 3203).

Projected Outcome

This activity is intended to help children gain a clearer and less frightening understanding of mental health, ask questions more openly, and respond with greater empathy when mental health concerns arise in family or peer contexts. It may also support earlier help-seeking by giving children language for what they notice and by reducing shame around mental health discussions. Within *Brighter Than the Storm*, the projected outcome is that children will begin to see mental health as something that can be understood, discussed, and supported rather than hidden or feared. Research in adolescent samples shows that higher mental health literacy is associated with more positive help-seeking attitudes, while stigma is associated with less favorable help-seeking attitudes.

Research Support

A useful supporting statistic for this activity comes from a 2021 systematic review and meta-analysis on children's and adolescents' mental health literacy and stigma interventions. The review included 25 studies, and the pooled findings showed a small but significant long-term positive effect on mental health literacy and a medium significant effect on stigmatizing attitudes, with benefits still detectable at follow-up. These findings support the value of structured psychoeducational activities that help children understand mental health and reduce stigma over time.

Application to Brighter Than the Storm

This finding supports the inclusion of the *Mental Health Learning Journey* in *Brighter Than the Storm* because the activity combines the core elements that mental health literacy research identifies as important: accurate knowledge, developmentally appropriate explanation, opportunities for questions, stigma reduction, and supportive discussion of help-seeking. By

giving children a safe place to learn, ask, and reflect, the activity helps replace confusion with understanding and silence with guided conversation. It also aligns with broader evidence that school- and child-focused mental health literacy interventions can improve knowledge and stigma-related outcomes, especially when the content is tailored to developmental level and reinforced through discussion and practice.

Children should be encouraged to ask honest questions, while adults provide simple, accurate answers that are developmentally appropriate and do not place children in the role of caregiver, counselor, or keeper of adult problems.

Activity 6. Create Your Own Coping Toolbox

Description

The *Create Your Own Coping Toolbox* activity is designed to help children identify, organize, and practice coping strategies they can use when they feel overwhelmed, upset, or stressed. Each child decorates a small box or container and fills it with personalized calming tools, such as a coping card, drawing materials, a journal, sensory items, favorite books, or other comforting objects. The activity includes discussion and guided practice so that coping becomes both concrete and relationally supported. Rather than presenting resilience as a personality trait, the activity teaches that coping can be learned, practiced, and strengthened over time (Van Schoors et al. 8).

Purpose

The purpose of this activity is to strengthen emotional regulation, self-awareness, and resilience by helping children recognize what supports them during difficult moments. The projected outcome is that children will identify coping strategies that work best for them, practice those strategies with adult support, and feel more prepared when strong emotions arise. A 2023 systematic review on resilience in children of parents with mental illness screened 5,073 articles and included 37 studies, identifying child coping as one of five major protective factors, along with information, support, family functioning and connectedness, and parenting (Van Schoors et al. 2). This strongly supports the inclusion of a coping-focused activity within *Brighter Than the Storm*, as the program is designed to move children from emotional overload toward practical, supported regulation and resilience-building (Van Schoors et al. 8).

Projected Outcome

This activity is intended to help children name the coping strategies that work best for them, practice those strategies with adult support, and feel more prepared when strong emotions arise. It may also increase a child's sense of efficacy by giving them a tangible resource they can use at home, at school, or in counseling contexts. Within *Brighter Than the Storm*, the projected outcome is that children will begin to understand that resilience is not the absence of hard feelings, but the presence of supportive tools, caring relationships, and repeatable ways to manage distress. Evidence from developmental research indicates that supportive parental responses and coached practice can foster children's emotion regulation over time.

Research Support

A useful supporting statistic for this activity comes from a 2023 systematic review on resilience in children of parents with mental illness, which screened 5,073 articles and found 37 studies that met inclusion criteria. Across that literature, five key protective factors emerged: information, support, family functioning and connectedness, child coping, and parenting. The inclusion of child coping as one of the five central protective factors strongly supports activities that explicitly teach and reinforce coping strategies in developmentally appropriate ways (Knothe and Walle 307).

Application to Brighter Than the Storm

This finding supports the inclusion of the *Create Your Own Coping Toolbox* activity in *Brighter Than the Storm* because the program is intended to move children from confusion and emotional overload toward practical, supported coping. The toolbox gives children a concrete method for identifying what helps, practicing those strategies, and carrying them into daily life. It also aligns with the program's broader emphasis on open communication, shared family

support, and resilience-building in the presence of parental mental illness. By combining hands-on creation, adult coaching, and emotional reflection, the activity translates resilience from an abstract concept into a usable daily practice.

Children should be encouraged to choose coping tools that are safe, accessible, and appropriate for home or school use, with adult guidance about when self-soothing is enough and when additional support from a trusted adult is needed.

Activity 7. Courage Tree

Description

The *Courage Tree* activity is designed to help children recognize, express, and honor moments of courage in their own lives and in the lives of others. Using a large tree display, children write or draw a personal experience on a leaf, such as facing a fear, asking for help, helping a friend, or speaking up during a difficult moment. Children may share their stories if they feel comfortable doing so, and the completed tree becomes a visible symbol of bravery, empathy, and community. The activity is especially valuable because it allows children to see courage in everyday actions, not only in dramatic events, and to experience validation within a supportive group context (Van Schoors et al.).

Purpose

The purpose of this activity is to strengthen children's sense of courage, belonging, and emotional connection by creating a safe space for sharing and witnessing personal experiences. The projected outcome is that children will begin to recognize courage in themselves, respond with empathy to the experiences of others, and feel more supported within a peer or family community. Because children affected by family mental health stress may feel isolated in what they carry internally, a structured storytelling activity helps reduce that isolation and reinforce that courage often appears in quiet, relational ways. The broader resilience literature supports the value of belonging, support, and emotionally safe connection as protective experiences for children and adolescents (Van Schoors et al. 2). Within *Brighter Than the Storm*, the *Courage Tree* encourages self-expression without forcing disclosure and helps children experience courage as something that can be named, witnessed, and shared in community (Van Schoors et al. 2; Moltrecht et al. 3203).

Projected Outcome

This activity is intended to help children recognize courage in themselves, respond with empathy to the experiences of others, and feel more supported within a peer or family community. It may also increase confidence in self-expression by allowing children to externalize an experience through drawing or writing before deciding whether to speak about it. Within *Brighter Than the Storm*, the projected outcome is that children will begin to understand courage not as the absence of fear, but as the ability to move through difficulty with honesty, support, and connection. This activity also supports the program's broader aim of replacing secrecy and aloneness with community, empathy, and hope (Knothe and Walle 307).

Research Support

A useful supporting statistic for this activity comes from a 2021 experimental study with hospitalized children, which found that one storytelling session led to measurable positive emotional and physiological shifts, including increased oxytocin and reduced cortisol when compared with an active control condition. These findings suggest that storytelling is not merely expressive, but can also support emotional relief, connection, and regulation in children.

Application to Brighter Than the Storm

This finding supports the inclusion of the *Courage Tree* activity in *Brighter Than the Storm* because the program uses story as a bridge to emotional meaning, courage, and support. By inviting children to tell or symbolize moments of bravery, the activity helps them organize experience, feel seen, and witness strength in others. It also aligns with the program's emphasis on empathy and supportive community, both of which are essential for children navigating mental health challenges within the family. When facilitated carefully, the *Courage Tree*

becomes more than a group art project; it becomes a structured opportunity for validation, connection, and resilience-building through shared narrative.

Children should be given full permission to pass, draw instead of speak, or share a general example rather than a personal one, so that courage is encouraged without pressuring disclosure.

Activity 8. Family Support Web

Description

The *Family Support Web* activity is designed to help families recognize, visualize, and strengthen the supportive roles each member plays within the family system. Using a large central circle to represent the family, each person adds their name or picture and then identifies positive traits, actions, or forms of support they appreciate in one another. These contributions are connected with yarn or string, creating a visible web that illustrates how each family member's care, encouragement, humor, listening, help, or presence contributes to the well-being of the whole family. The final product serves as both a reflective exercise and a visual reminder that family strength is built through mutual support, communication, and shared effort (Sell et al. "Associations" 705400).

Purpose

The purpose of this activity is to strengthen family cohesion, increase appreciation for each member's contribution, and promote emotionally supportive communication within the home. The projected outcome is that children and caregivers will better recognize the family as a source of support rather than only a place of stress, while also increasing feelings of belonging, appreciation, and shared responsibility. A 2021 study of 195 families affected by parental mental illness found that family functioning and social support were significantly associated with children's internalizing and externalizing problems (Sell et al. "Associations" 705400). This supports the inclusion of the *Family Support Web* in *Brighter Than the Storm* because it intentionally strengthens protective family processes by helping children and caregivers identify and affirm the ways they support one another (Moltrecht et al. 3203; Sell et al. "Associations" 705400).

Projected Outcome

This activity is intended to help children and caregivers better recognize the family as a source of support rather than only a place of stress. It may increase feelings of belonging, emotional safety, appreciation, and shared responsibility, while also improving communication about what each person needs and contributes. Within *Brighter Than the Storm*, the projected outcome is that families will become more intentional in naming strengths, celebrating small acts of support, and reinforcing a sense of unity during difficult seasons. This is consistent with family-focused literature showing that positive family functioning, cohesion, and support can buffer stress and are associated with healthier psychological outcomes for children.

Research Support

A useful supporting statistic for this activity comes from a 2021 study of families affected by parental mental illness that included 195 families, with data from 195 patients, 127 partners, and 295 children. The researchers found that family functioning and social support were significantly associated with children's internalizing and externalizing problems, highlighting the clinical importance of strengthening supportive family relationships and everyday family processes.

Application to Brighter Than the Storm

This finding supports the inclusion of the *Family Support Web* activity in *Brighter Than the Storm* because the program is designed not only to help children understand emotions, but also to help families build supportive patterns around those emotions. By visually mapping appreciation, care, and contribution, the activity helps children and caregivers see that resilience is often expressed through ordinary relational acts such as listening, helping, comforting, and staying connected. It also aligns with whole-family approaches to parental mental illness, which

emphasize family communication, relational support, and shared understanding as important components of child and family well-being. In this way, the *Family Support Web* is more than a family art activity; it is a structured exercise in strengthening protective family processes.

Families should be encouraged to focus on supportive roles and strengths without placing adult caregiving responsibilities on children, so that connection is strengthened while family boundaries remain developmentally appropriate.

Activity 9. Garden of Hope

Description

The *Garden of Hope* activity is designed to help children and families symbolize healing, growth, resilience, and shared hope through the process of planting and tending a garden. Whether completed outdoors in a small plot or indoors with pots and containers, the activity invites participants to choose seeds or plants, connect each one with a hopeful meaning, and reflect together as they plant. The ongoing care of the garden becomes a living reminder that healing often happens gradually through attention, patience, and support. This is especially meaningful in the context of family mental illness, where progress may feel slow or uncertain and children may benefit from a visible metaphor for growth over time (Van Schoors et al. 8).

Purpose

The purpose of this activity is to help children and families externalize the process of healing in a hopeful, concrete, and developmentally accessible way. The projected outcome is that children and families will develop a stronger sense of hope, connection, and resilience as they participate in a shared act of creation and care. The resilience literature on children of parents with mental illness identifies support and family connectedness as major protective factors, and those themes are reinforced by a shared ritual of tending something living together (Van Schoors et al. 2). Within *Brighter Than the Storm*, the *Garden of Hope* supports the message that healing is a process rather than a single event and that growth can continue even in difficult seasons (Van Schoors et al. 2; Brajša-Žganec et al. 442).

Projected Outcome

This activity is intended to help children and families develop a stronger sense of hope, connectedness, and resilience as they participate in a shared act of creation and care. It may also

increase emotional reflection by giving participants a gentle, symbolic way to talk about growth, setbacks, patience, and encouragement. Within *Brighter Than the Storm*, the projected outcome is that children will begin to understand healing as a process rather than a single event and will associate hope with supportive relationships, consistent care, and the possibility of new growth after difficulty. Broader reviews of nature-based interventions report positive effects on mood, hope, and psychological well-being, which supports the use of a symbolic gardening activity within a family-centered emotional learning program.

Research Support

A useful supporting statistic for this activity comes from a 2023 systematic review on resilience in children of parents with mental illness, which screened 5,073 articles and included 37 studies. Across that literature, major protective factors included support, family functioning and connectedness, child coping, parenting, and information. The *Garden of Hope* activity aligns especially well with the protective themes of support and connectedness because it gives families a shared, symbolic practice through which hope and healing can be named and nurtured together. In addition, a 2020 horticultural therapy study with elementary school students reported improvements in emotional intelligence, resilience, and self-efficacy following the program, providing more direct support for garden-based activities with children.

Application to Brighter Than the Storm

These findings support the inclusion of the *Garden of Hope* activity in *Brighter Than the Storm* because the program is designed to help families move from confusion and pain toward connection, resilience, and hope. The garden metaphor allows children to see that healing may require time, support, repetition, and care, much like the tending of seeds and plants. It also reinforces the book's message that growth can occur even in difficult seasons and that families

can participate actively in nurturing healing together. By combining symbolic meaning, shared responsibility, and ongoing reflection, the activity functions as both a family ritual and a resilience-building practice grounded in supportive relationship processes.

Adults should frame the garden as a symbol of hope and healing, not as a measure of family success, so that children understand that growth takes time and setbacks do not mean failure.

Activity 10. Family Memory Book

Description

The *Family Memory Book* activity is designed to help families reflect on their journey, preserve meaningful memories, and document experiences of love, growth, support, and resilience in a creative and collaborative format. Using a scrapbook or binder, family members gather photographs, keepsakes, written reflections, drawings, and encouraging words that represent important moments in their shared story. Pages can be organized around themes such as joyful memories, challenges overcome, lessons learned, expressions of love, and hopes for the future. By revisiting these experiences together, the activity helps families create a tangible narrative of endurance and connection (Brajša-Žganec et al. 442).

Purpose

The purpose of this activity is to strengthen family bonds, encourage emotionally safe reflection, and help children understand that their family story includes both hardship and hope. The projected outcome is that children and caregivers will feel more connected to one another, more able to reflect on their family journey, and more aware of the ways love and support have remained present over time. A 2024 longitudinal study of 762 child-mother-father triads found that dimensions of family resilience predicted later changes in children's subjective well-being one year later (Brajša-Žganec et al. 442). This supports the inclusion of the *Family Memory Book* in *Brighter Than the Storm* because the activity gives families a concrete way to preserve moments of love, celebrate growth, and revisit difficult experiences through a lens of support rather than shame. It reinforces the final chapter's message that love can remain steady even when circumstances are hard and that family meaning-making can become a source of resilience and hope (Brajša-Žganec et al. 442; Van Schoors et al. 2).

Projected Outcome

This activity is intended to help children and caregivers feel more connected to one another, more able to reflect on their family journey, and more aware of the ways love and support have remained present over time. It may also increase gratitude, belonging, and emotional coherence by helping the family tell a fuller story that includes challenge, care, perseverance, and hope. Within *Brighter Than the Storm*, the projected outcome is that children will come to see their family not only through moments of pain or disruption, but through a broader narrative of commitment, healing, and unconditional love. Evidence on family resilience suggests that cohesive, supportive family environments contribute positively to children's subjective well-being and flourishing.

Research Support

A useful supporting statistic for this activity comes from a 2024 longitudinal study of 762 child-mother-father triads, which found that dimensions of family resilience predicted later changes in children's subjective well-being one year later. This supports the value of activities that intentionally strengthen shared family meaning, connection, and resilience over time. In addition, a 2023 systematic review on children of parents with mental illness screened 5,073 articles and included 37 studies, identifying support and family functioning and connectedness among the major protective factors linked to resilience.

Application to Brighter Than the Storm

These findings support the inclusion of the *Family Memory Book* activity in *Brighter Than the Storm* because the program is designed to help families move from silence and confusion toward shared understanding, emotional connection, and hope. The memory book gives families a concrete way to preserve moments of love, celebrate growth, and revisit difficult experiences

through a lens of support rather than shame. It also reinforces the central message of the final chapter: that love can remain steady even when circumstances are hard. By inviting families to build an ongoing record of their journey, the activity functions as both a creative keepsake and a resilience-oriented intervention grounded in family connectedness and shared meaning.

Adults should guide the activity in a way that honors honest reflection while avoiding details that may overwhelm the child, so the memory book remains a safe, hopeful record of the family's story rather than a place for adult emotional unloading.

WORKS CITED

Works Cited

Ainsworth, Mary D. S., et al. *Patterns of Attachment: A Psychological Study of the Strange Situation*. Lawrence Erlbaum Associates, 1978.

Armstrong-Carter, Emma, et al. "Child and Adolescent Caregiving for Family: Emotional, Social, Physical, and Academic Risk and Individual Differences." *Journal of Family Psychology*, vol. 36, no. 8, 2022, pp. 1407–17, doi.org/10.1037/fam0000969.

Bowlby, John. *A Secure Base: Parent-Child Attachment and Healthy Human Development*. Basic Books, 1988.

Bowen, Murray. *Family Therapy in Clinical Practice*. Jason Aronson, 1978.

Brajša-Žganec, Andreja, et al. "Family Resilience and Children's Subjective Well-Being: A Two-Wave Study." *Children*, vol. 11, no. 4, 2024, article 442, doi.org/10.3390/children11040442.

Campbell, Timothy C. H., et al. "Prevalence of Mental Illness among Parents of Children Receiving Treatment within Child and Adolescent Mental Health Services (CAMHS): A Scoping Review." *European Child and Adolescent Psychiatry*, vol. 30, no. 7, 2021, pp. 997–1012.

Cassidy, Lorna, et al. "Integrated Care for Children Living with Complex Care Needs: An Evolutionary Concept Analysis." *European Journal of Pediatrics*, vol. 182, no. 4, 2023, pp. 1517–32, doi.org/10.1007/s00431-023-04851-2.

Freţian, Alexandra Maria, et al. "The Long-Term Effectiveness of Interventions Addressing Mental Health Literacy and Stigma of Mental Illness in Children and Adolescents: Systematic Review and Meta-Analysis." *International Journal of Public Health*, vol. 66, 2021, article 1604072, doi.org/10.3389/ijph.2021.1604072.

Gall, Terry Lynn, and Manal Guiguis-Younger. "Religious and Spiritual Coping: Current Theory and Research." *APA Handbook of Psychology, Religion, and Spirituality*, edited by Kenneth I. Pargament, vol. 1, American Psychological Association, 2013, pp. 645–63.

Gottman, John M., et al. *Meta-Emotion: How Families Communicate Emotionally*. Lawrence Erlbaum Associates, 1997.

Johnson, Melissa S. *Brighter Than the Storm*. Self-published, 2026.

Knothe, Jennifer M., and Eric A. Walle. "Labeling and Describing Discrete Emotions in Early Childhood: A Relational Approach." *Affective Science*, vol. 4, 2023, pp. 307–16, doi.org/10.1007/s42761-022-00170-1.

Koenig, Harold G. *Spirituality in Patient Care: Why, How, When, and What*. 3rd ed., Templeton Press, 2013.

Langberg, Diane. *Suffering and the Heart of God: How Trauma Destroys and Christ Restores*. New Growth Press, 2015.

Leece, Serena, et al. "Executive Function in the School Context: The Role of Peer Relationships." *Journal of Experimental Child Psychology*, vol. 29, no. 1, 2020, article 106633.

Maimela, Gundo, et al. "Obstacles and Facilitators to Communicating with Children about Their Parents' Mental Illness: A Qualitative Study in a Sub-District of Mpumalanga, South Africa." *BMC Psychiatry*, vol. 23, article 72, 2023, doi.org/10.1186/s12888-023-04569-3.

Masten, Ann S. "Ordinary Magic: Resilience Processes in Development." *American Psychologist*, vol. 56, no. 3, 2001, pp. 227–38.

Moltrecht, B., et al. "Whole-Family Programmes for Families Living with Parental Mental Illness: A Systematic Review and Meta-Analysis." *European Child and Adolescent Psychiatry*, vol. 33, 2024, pp. 3203–46, doi.org/10.1007/s00787-024-02380-3.

Mordoch, Elaine, and William A. Hall. "Children's Perceptions of Living with a Parent with a Mental Illness: Finding the Rhythm and Maintaining the Frame." *Qualitative Health Research*, vol. 18, no. 8, 2008, pp. 1127–44.

Sell, M., et al. "Associations of Family Functioning and Social Support with Psychopathology in Children of Mentally Ill Parents: Multilevel Analyses from Different Rating Perspectives." *Frontiers in Psychology*, vol. 12, 2021, article 705400, doi.org/10.3389/fpsyg.2021.705400.

Sell, M., et al. "Family Functioning in Families Affected by Parental Mental Illness: Parent, Child, and Clinician Ratings." *International Journal of Environmental Research and Public Health*, vol. 18, no. 15, 2021, article 7985, doi.org/10.3390/ijerph18157985.

Stapp, Emma K., et al. "Parental Bipolar Disorder, Family Environment, and Offspring Psychiatric Disorders: A Systematic Review." *Bipolar Disorders*, vol. 22, no. 2, 2020, pp. 153–72.

Tan, Siang-Yang. *Counseling and Psychotherapy: A Christian Perspective*. Baker Academic, 2011.

Van Schoors, M., et al. "Protective Factors Enhancing Resilience in Children of Parents with a Mental Illness: A Systematic Review." *Frontiers in Psychology*, vol. 14, 2023, article 1243784, doi.org/10.3389/fpsyg.2023.1243784.

APPENDICES

Appendix A. Family Safety Plan

Appendix A provides a Family Safety Plan designed to help caregivers prepare for periods of emotional distress, mental health instability, or increased family stress in a structured and child-conscious manner. The form guides families in identifying early warning signs, supportive coping responses, levels of child supervision and safety needs, trusted members of a consented support network, professional and church-based contacts, and practical steps to take during green, yellow, and red levels of concern. It also includes space for documenting emergency contacts, care coordination preferences, and parental consent for activating support. As a whole, this appendix serves as a proactive safeguarding and care-planning tool that promotes early intervention, shared responsibility, and clear action steps to protect children and support family stability.

FAMILY SAFETY PLAN

Preparing for Emotional or Family Crisis

Family Name: _____ Date: _____

EARLY WARNING SIGNS:
Signs that we're struggling are...

SUPPORT NETWORK:
People we can call on for help:
- Family/Friends
- Church Contacts
- Professionals

COPING STRATEGIES:
Healthy ways we can cope:
Calm & Comfort | Talk & Share | Activities & Breaks

SUPERVISION & SAFETY:
What the kids need for safety:
- ☐ Close Supervision
- ☐ Safe Space
- ☐ No Harm Items

STEP-BY-STEP SAFETY LEVELS:

WHEN THINGS ARE...

GREEN STAY CALM	YELLOW TAKE ACTION	RED GET HELP!
Coping Steps:	*Support Steps:*	*Safety Steps:*

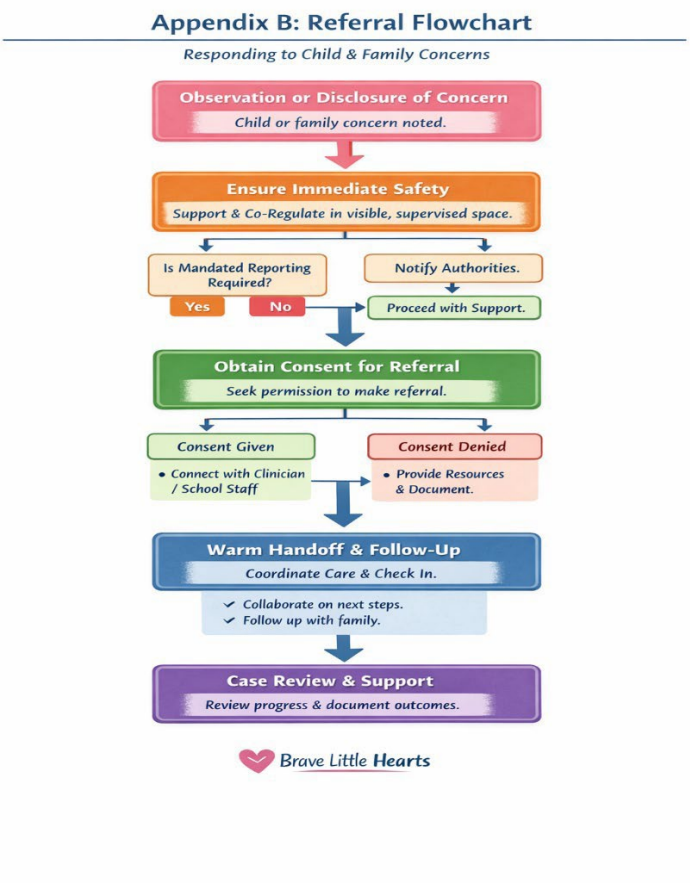
EMERGENCY CONTACTS:
Name / Phone:

CARE COORDINATION:
Who to update and inform:

PARENTAL CONSENT:
I give permission to activate our plan when needed.
Parent Signature:
Date:

Appendix B. Referral Flow Chart

Appendix B provides a Referral Flowchart designed to guide leaders, caregivers, and support personnel through a clear, trauma-informed response process when a child or family concern is observed or disclosed within the *Brighter Than the Storm* program. The flowchart outlines the progression from initial observation or disclosure to immediate safety assessment, consent for referrals, warm handoff procedures, follow-up care, and case review. It emphasizes co-regulation, the use of visible and supervised spaces, coordination with vetted clinicians or school personnel when appropriate, and compliance with mandated-reporting responsibilities. As a practical safeguarding tool, this appendix supports consistent decision-making, timely referral pathways, and collaborative care while promoting child safety, family support, and documentation integrity.



Appendix C. Who-to-Tell Card and Use Instructions

Appendix C provides a *Who-to-Tell Card* designed as a child-friendly, wallet-size safety tool that helps children identify trusted adults they can contact if they feel worried, unsafe, or in need of help. The card includes space to list designated safe adults, church or program contact information, and a simple explanation of what supportive adults will do in response, such as listening, ensuring the child is with a safe adult, contacting additional helpers when necessary, and explaining next steps in a reassuring manner. By clearly reinforcing that safety is the responsibility of adults and that the child has done nothing wrong, this appendix supports help-seeking, emotional reassurance, and early disclosure. As part of the broader safeguarding framework of *Brighter Than the Storm*, the appendix serves as a practical resource for strengthening children's safety awareness and access to trusted support.

Appendix D. Weather Chart

Appendix D provides a *Weather Chart* designed as a child-friendly emotional check-in tool that helps children notice, name, and communicate their feelings using simple weather-based language. By linking emotions such as joy, sadness, worry, anger, and mixed feelings to familiar weather symbols, the chart offers a developmentally appropriate framework for emotional identification and self-expression. The handout also includes prompts for body cues and a place to identify a coping tool for the day, encouraging children to connect internal emotional states with physical sensations and practical regulation strategies. Intended for repeated use in home, classroom, counseling, or ministry settings, this appendix supports emotional literacy, self-awareness, and early co-regulation practices within the broader *Brighter Than the Storm* framework.

Appendix E. Calm Corner Setup Guide and Checklist

Appendix E provides a *Calm Corner Setup Guide and Checklist* designed to help caregivers, educators, counselors, and ministry leaders create a safe, supportive space for emotional regulation and co-regulation. The appendix outlines the essential elements of a calming corner, including physical comfort items, emotional identification tools, sensory and coping supports, a timer for structured calming breaks, clear behavioral expectations, and optional faith-based comfort resources such as scripture cards. It also includes step-by-step guidance for introducing the space to children, maintaining adult connection during use, and supporting a thoughtful transition back into normal activity. As part of the broader *Brighter Than the Storm* framework, this appendix serves as a practical intervention resource that promotes regulation, safety, predictability, and emotionally supportive caregiving rather than punishment or isolation.

Image of the completed calm corner with visible seating, feelings chart, timer, sensory tools, verse card, and posted rules.

Appendix F. Brighter Than the Storm - Parent Orientation

Appendix F provides the *Brighter Than the Storm Parent Orientation*, a concise caregiver-facing guide designed to introduce families to the goals, structure, safety practices, and home partnership expectations of the program. The orientation explains the program's central aim of helping children notice, name, and navigate emotions through weather-based language while building simple family rituals, emotional regulation skills, and help-seeking behaviors. It also outlines key safeguarding practices, including the two-adult rule, the use of visible spaces, child-friendly disclosure expectations, mandated-reporting responsibilities, referral pathways, and privacy limitations. In addition, the appendix clarifies the caregiver's role in reinforcing skills at home through brief rituals, calm-corner tools, and regular review of safety supports such as the Who-to-Tell card. As a whole, this appendix serves as a trauma-informed and family-centered foundation for caregiver engagement, collaboration, and consistent application of program practices beyond the group setting.

Brave Little Hearts - Parent Orientation

Purpose. This orientation prepares caregivers to reinforce Brave Little Hearts skills at home in a way that is supportive, trauma-informed, developmentally appropriate, and emotionally safe for children.

Program Goals

- **Notice, name, and navigate feelings.** Children learn to identify emotions using simple "Weather" language and body cues.
- **Build predictable home routines.** Families practice brief calming rituals that strengthen connection, co-regulation, and emotional vocabulary.
- **Support healthy help-seeking.** Children rehearse safe ways to tell trusted adults when they feel worried, overwhelmed, or unsafe.

Safety and Clinical Care Principles

- **Two-adult and visible-space practice.** Activities and support conversations should occur in observable settings whenever possible.
- **Child-friendly disclosure.** Adults should use brief, honest, age-appropriate language and avoid sharing details that burden the child.
- **Mandated-reporting clarity.** If a child's safety is in question, leaders must follow reporting requirements and safeguarding procedures.
- **Regulation before problem-solving.** When a child is distressed, calm the body first through reassurance, breathing, or a calming ritual before discussing next steps.

Your Role at Home

Practice	What to Do
One micro-ritual	Choose one brief daily practice such as a bedtime check-in, feelings forecast, prayer, breathing, or a two-minute calm routine.
Keep a calm kit	Store simple regulation tools in one place (for example: crayons, paper, fidgets, timer, verse card, or comfort item).
Practice monthly	Review the Who-to-Tell card with your child at least once each month so help-seeking feels familiar and safe.

If You Need Additional Help

- **Referrals.** With your consent, we can provide two to three vetted local clinicians or community providers and assist with a warm handoff.
- **Warm handoff.** When appropriate, a leader may help you make the first call, complete a release form, or share a brief factual summary with the receiving provider.
- **When to seek urgent help.** Seek immediate emergency help if there is risk of harm to self or others, severe disorientation, inability to care for a child safely, or any situation that feels immediately unsafe.

Helpful resources: In an emergency, call 911. For urgent emotional support in the United States, contact 988. For non-emergency support, use your child's pediatrician, school counselor, therapist, or approved church liaison as appropriate.

Privacy and Participation

- **Limited program feedback.** We collect only brief, de-identified feedback to improve the program. Participation is voluntary.
- **Respect for family privacy.** Information shared in the program is handled with care, but confidentiality has limits when safety concerns, abuse, neglect, or threats of harm must be reported.

Weekly Touchpoint (5–7 Minutes)

- You will receive a one-page summary of the weekly skill focus.
- Leaders will briefly share what was practiced and answer parent questions.
- Families are encouraged to practice the weekly skill at home using short, manageable routines rather than long discussions.

Appendix G. 8 Week Handout Pack

Appendix G presents an eight-week handout overview designed to support the *Brighter Than the Storm* program by giving caregivers and children a structured, developmentally appropriate guide for emotional learning and family practice. Organized around the program's weather-based emotional language, the appendix outlines weekly themes of emotional awareness, sadness, anxiety, anger, gratitude, mixed emotions, safety and help-seeking, and belonging rituals. Each week introduces a simple concept, a practical skill-building activity, an optional faith-based prayer component, and a take-home challenge intended to reinforce learning beyond the group setting. The appendix serves as a concise parent and caregiver resource that integrates emotional literacy, co-regulation, help-seeking, and faith-informed family rituals in a format that is accessible for home use.

Appendix H. Incident Report

Appendix H provides a one-page incident report form designed to support accurate, timely, and ethically appropriate documentation when a safety concern, disclosure, behavioral incident, or other significant event occurs within the *Brighter Than the Storm* program. The form emphasizes objective recording by requiring facts only, direct quotes, when possible, immediate actions taken, adults notified, mandated-reporting status, assigned follow-up steps, and formal filing with the designated safeguarding officer. By using initials rather than full names, the appendix also supports confidentiality and privacy protection. This appendix serves as a practical safeguarding tool that promotes accountability, documentation consistency, and compliance with child-protection and mandated-reporting procedures.

Incident Report

Date/Time: _____ Location: _____ Leader(s): _____

Child/Family *Identifier* (*initials or case ID only*): _____

What happened (facts only; direct quotes when possible):

Immediate actions taken:

Adults notified (and when):

Mandated report filed? ☐ Yes ☐ No

Report # (if any): _____

Next steps / follow-up assigned to:

Filed with *Safeguarding Officer on (date/time)*: _____

Appendix I. Volunteer Code of Conduct

Appendix I provides a summary Volunteer Code of Conduct intended to establish clear behavioral, communication, and safeguarding expectations for all adults serving within the *Brighter Than the Storm* program. The appendix outlines core protective practices, including the two-adult rule, the use of visible spaces, restrictions on one-to-one private interactions with minors, approved communication procedures with parent or guardian inclusion, developmentally appropriate physical boundaries, and immediate reporting requirements for any concern involving child safety. It also clarifies that volunteers must document facts objectively, avoid promising secrecy in matters of safety, and defer crisis-response and reporting decisions to designated program leadership and the Safeguarding Officer. As a whole, this appendix supports accountability, boundary awareness, and child-protection consistency by giving volunteers a concise operational standard for safe and ethical conduct.