



NETWORK PARTICIPATION / OCTOBER 2026

Beliefs and membership criteria

October 24, 2026

Gospel Recovery Network exists to bring glory to God through lives changed by the gospel of Jesus Christ. We connect people with care, equip the Church to minister, and engage recovery culture with the gospel. These beliefs and criteria establish what individuals and organizations affirm and demonstrate before being identified as GRN network resources.

These commitments apply to providers and their ministry leadership. People seeking help do not have to affirm them to contact GRN. Each provider must explain its services, Christian approach, and participation requirements clearly and treat every person with dignity.

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Statement of beliefs

1 God and his Word

We believe in one God, eternally existing as Father, Son, and Holy Spirit. He is our Creator and rightful Lord. The Bible is God's inspired and authoritative Word, sufficient to reveal the way of salvation and guide us in faithful living. We submit our understanding of people, their struggles, and the care we offer to Scripture.

2 Human dignity and the reality of sin and suffering

We believe every person is made in God's image and worthy of care and respect. Humanity's fall into sin has affected our relationship with God, one another, and creation. People experience both their own sin and suffering caused by others and life in a fallen world. We take personal responsibility seriously while refusing to blame people for abuse committed against them.

3 Jesus Christ and salvation by grace

We believe Jesus Christ is the Son of God, fully God and fully human. Through his sinless life, sacrificial death for our sins, and bodily resurrection, he provides the only way to reconciliation with God. Salvation is God's gift, received by grace through faith in Christ. Sobriety, good behavior, and program completion cannot earn acceptance with God.

4 Repentance and new life

We believe the Holy Spirit opens our eyes to our need for Christ and gives new life. Faith responds to God's grace through repentance and trust in Jesus. Those who belong to Christ are forgiven, justified, adopted into God's family, and called to live under his loving authority. Their deepest identity is found in him.

These beliefs identify the shared foundation for the care described in this document.

Statement of beliefs continued

5 Lasting change through the gospel

We believe the gospel addresses the heart and changes how we relate to God, ourselves, other people, and the things of this world. The Holy Spirit enables us to turn from sinful patterns and grow in love and obedience. Scripture, prayer, confession, wise counsel, and faithful action are means of discipleship. Christ is the source of our hope; a program serves that work.

6 Recovery and the whole person

We seek reconciliation with God and a life increasingly shaped by love for God and neighbor. Sobriety, restored relationships, and responsible living are important fruits of that work. Our care addresses the interplay of sin and suffering and extends beyond addiction or any single behavior. We recognize bodily, relational, social, and spiritual influences on a person's experience.

7 The Church and shared care

We believe the Church is called to be a redemptive community that welcomes the struggling, protects the vulnerable, speaks truth in love, and makes disciples. Churches, counselors, ministries, housing providers, and care facilities can serve together with distinct responsibilities. We seek ongoing relationships of worship, discipleship, service, and accountable community beyond a particular program or episode of care.

8 Present growth and future restoration

We believe God brings real change in this life and will complete his work in his people in the resurrection and renewed creation. We persevere in hope while recognizing that growth can involve struggle, setbacks, and ongoing care. We do not turn this eternal hope into a promise of immediate healing, guaranteed sobriety, or a particular clinical outcome.

Counseling affirmations and denials

1 The gospel and the purpose of recovery

We affirm that reconciliation with God through Jesus Christ is the central hope of gospel recovery. Salvation is by grace through faith. The Holy Spirit brings change that increasingly expresses love for God and neighbor.

We deny that sobriety, symptom relief, behavioral conformity, or program completion can earn acceptance with God or fully describe the goal of recovery. We also reject promises of guaranteed healing or a particular clinical outcome.

In practice we value safety, relief from suffering, sobriety, and restored functioning as worthwhile aims of care while keeping Christ and discipleship central.

Ephesians 2:8–10; Titus 3:3–7.

2 Scripture and knowledge from other disciplines

We affirm the authority and sufficiency of Scripture for understanding people, sin, suffering, redemption, and faithful living. Scripture is the final authority governing our evaluation of observations, interpretations, and practices from medicine, psychology, science, and recovery culture.

We deny that another system may displace biblical authority or supply a competing account of humanity and redemption. We also deny that faithfulness requires rejecting every observation made outside Scripture.

In practice we explain what we use, how we interpret it, and why it is consistent with our convictions. A method's name or origin alone does not settle its acceptability. Appropriate medical care can accompany gospel ministry.

2 Timothy 3:16–17; Colossians 2:6–10.

Counseling affirmations and denials continued

3 Human dignity and the whole person

We affirm that people are created in God's image as embodied persons. Bodily conditions, relationships, social circumstances, and spiritual life can interact in a person's experience and should receive careful attention.

We deny that a person can be adequately understood as only a body, only a set of psychological processes, or a soul unaffected by bodily life. Recognizing bodily influences does not remove human dignity or erase moral responsibility.

In practice we work within our qualifications and arrange appropriate evaluation or referral when needs exceed our role. Unqualified caregivers do not make clinical diagnoses, prescribe, or direct medication changes.

Genesis 1:26–27; 1 Corinthians 6:19–20.

4 Sin suffering and responsibility

We affirm that wise care distinguishes sins a person commits from harms and suffering a person experiences. We offer comfort, protection, patient understanding, and appropriate calls to repentance according to the person's circumstances.

We deny that every experience of emotional distress or physiological impairment is evidence of a particular personal sin or inadequate faith. We reject blaming people for abuse committed against them or using forgiveness to require unsafe contact.

In practice we listen before drawing conclusions, acknowledge what we do not know, respond to danger, and seek help beyond our capacity. Internal ministry processes must not delay necessary protection or reporting.

John 9:1–3; 1 Thessalonians 5:14; Galatians 6:1–2.

Counseling affirmations and denials continued

5 Change discipleship and connected care

We affirm that growth flows from life in Christ and the work of the Holy Spirit. Scripture, prayer, relationships, habits, and faithful action have a place in ongoing discipleship and practical care.

We deny that a technique, credential, medication, or program can accomplish reconciliation with God or substitute for the life of the church. We also deny that seeking appropriate medical or professional help is inherently a failure of faith.

In practice we describe how our particular service connects with church community and other needed support. A provider may contribute one part of a developing local network without operating every part of the DFW model.

Philippians 2:12–13; Galatians 5:16–25; Ephesians 4:11–16.

How these beliefs guide our care

We affirm GRN's foundational conviction that Scripture is sufficient and the gospel is superior in addressing the enslaving interplay of sin and suffering. Our ministry must identify Jesus Christ clearly as the source of redemption. We do not present an undefined higher power or interchangeable spiritual paths as equivalent to the gospel. We explain the Christian character of our services honestly, welcome questions, and do not pressure people to make a profession of faith to satisfy staff expectations.

We may learn from observations in medicine, science, and other disciplines while evaluating interpretations and practices through Scripture. Appropriate medical help can accompany gospel ministry. Each provider must work within its competence and actual qualifications, explain its limits, and arrange referrals when needs exceed its services.

Network participants may differ on matters outside this common statement while maintaining their own church or organizational convictions. They must disclose any disagreement with these shared commitments for GRN review and represent their approach accurately.

Criteria for all participants

Applicants must show how these commitments are practiced in the specific services and locations submitted for listing. A Christian name, signed statement, or professional credential alone does not establish alignment.

1 Beliefs reflected in practice

An authorized leader affirms the statement, identifies who is accountable for its implementation, and supplies the organization's beliefs and ministry approach. GRN reviews a teaching sample, curriculum outline, or description of care and discusses a fictional case with the applicant. Client records are not required for this review.

2 Qualified and accountable leadership

Leaders demonstrate Christian character, humility, competence, consistency, and willingness to receive correction. The applicant identifies a pastor, supervisor, board, or other responsible oversight relationship, supplies relevant training and credentials, and provides two references familiar with its actual work. Staff and volunteers receive role-appropriate screening, preparation, and supervision.

3 Gospel centered care without exploitation

The provider offers patient, truthful care and clear expectations. Spiritual authority must not be used for humiliation, threats, sexual misconduct, financial exploitation, or retaliation. Prayer, confession, and assessments must not become tools for extracting private disclosures or securing unquestioning obedience to a leader.

4 Protection and response to serious concerns

The provider has written procedures for abuse concerns, immediate danger, emergencies, and needs beyond its capacity. People can raise complaints through a named contact outside the immediate caregiver relationship. Staff know how to protect those at risk and meet applicable reporting obligations. Internal reconciliation or church discipline must not delay necessary protection or reporting. Calls to forgiveness must not require unsafe contact or restored access for an abuser.

Criteria for all participants continued

5 Privacy and informed participation

Before care begins, the provider explains its role, methods, fees, expectations, record practices, and limits of confidentiality. Information sharing is limited to what is necessary and permitted, with consent where required. Ministry groups must not promise clinical confidentiality; clinical providers must follow the requirements of their professional role. Testimonials and personal stories require separate, voluntary permission.

6 Responsible scope and cooperation

The provider accurately distinguishes discipleship, pastoral care, biblical counseling, licensed clinical services, housing, and treatment. It does not claim qualifications it lacks or ask unqualified staff to diagnose, prescribe, or direct medication changes. It has a workable plan for referring needs beyond its capacity and coordinating care with appropriate consent.

7 Honest operations and public information

The listing describes actual services, locations, eligibility, costs, accessibility, and availability. The applicant supplies applicable licenses or permits, identifies relevant insurance coverage, and discloses material restrictions or substantiated findings affecting its ability to serve. It identifies any referral payments or financial relationships and makes no unsupported cure or success claims.

8 Ongoing accountability to GRN

The participant keeps its listing current, promptly reports material changes affecting alignment or safe service, participates in periodic review, and responds to concerns. It accepts that GRN may pause or remove a listing when criteria are no longer met. Donations or other financial support do not determine approval.

Additional criteria by resource

Apply the common criteria to every applicant, then request evidence appropriate to the services offered. An organization offering several types of care must meet the requirements for each advertised service.

Steps programs and recovery ministries

Provide the curriculum, leader and mentor preparation process, oversight contact, group guidelines, and plan for ongoing discipleship. Explain how teaching connects Christ's finished work with repentance and faithful action. A resource advertised as a Steps program must use the authorized curriculum and identify adaptations for GRN review. Other recovery ministries may qualify by demonstrating the same gospel commitments without using the Steps name.

Churches

Provide the church's statement of faith, pastoral oversight, safeguarding procedures, and a named care contact. Describe how someone referred by GRN can actually enter the life of the church and receive support. A church listing must specify which recovery ministries or care services are currently available rather than implying that every church offers specialized treatment.

Counselors and counseling practices

Identify each listed practitioner's role, relevant education, training, credentials, supervision or accountability, and practice scope. Verify any claimed license through the issuing authority. Provide an informed-consent summary, privacy and complaint procedures, fees, and referral arrangements. Discuss how biblical convictions guide the work and how the practitioner responds when a person needs care beyond that role.

Care facilities and treatment programs

Describe the level of care, admission criteria, staffing, clinical oversight where applicable, services, costs, and discharge planning. Supply applicable licenses or permits and relevant inspection or accreditation information. Explain emergency response, access to appropriate medical care, medication responsibilities, participant rights, complaint handling, and coordination with churches or other ongoing supports. GRN should review the facility's operations before listing it as a treatment resource.

Housing and transitional living

Provide a written description of the housing model, supervision, costs, house rules, admission requirements, resident rights, and procedures for relapse, conflict, emergencies, and departure. Identify local church and care connections. Explain what happens when a resident needs a higher level of support. Housing must not be described as clinical treatment unless the operator is actually qualified and authorized to provide that service.

Training and other resources

Identify the author or responsible organization, intended audience, qualifications, theological approach, and any applicable usage permissions. Review a representative sample. Describe what the resource can help people do and the limits of its use. Approve a defined service or resource rather than a vague endorsement of everything its creator offers.

Review and participation

1 Application and evidence

Collect the affirmation, applicant and location information, categories of service, accountable leader, references, and the supporting material described above. Ask applicants to identify exceptions or questions openly. Use de-identified examples and policy summaries rather than collecting sensitive client files.

2 Review before publication

A designated GRN reviewer assesses theological alignment, checks references and claimed credentials, and discusses actual practices. Residential and treatment settings receive a review proportionate to their responsibilities, including a site visit or documented remote walkthrough. Record the evidence reviewed, unresolved questions, reviewer, date, and recommended decision.

3 A documented decision

Use three application outcomes: approved, more information or changes required, and declined. Only approved resources are published as network participants. Record the specific locations and services covered by approval. Designate a second reviewer for disputed decisions and require reviewers to disclose and step aside from relevant conflicts of interest.

4 Renewal and concerns

Reaffirm alignment and verify listing details annually, with earlier review after material changes or credible concerns. Provide a public way to report a concern to GRN. For a credible serious safety concern, pause the listing while appropriate review occurs, without presenting an allegation as an established finding. Give the provider an opportunity to respond and document the decision and conditions for reinstatement. A GRN review does not replace emergency response or an external investigation.

Questions for the review conversation

How does the gospel shape an ordinary week of your work? What would you do if someone returned to substance use, disclosed abuse, needed medical evaluation, or raised a complaint about a leader? Who holds you accountable? What happens when your program ends? Ask for concrete examples of process, without identifiable client details.

Applicant affirmation

On behalf of the resource identified below, I affirm the GRN Statement of Beliefs, including the counseling affirmations and denials, and commit to the applicable Network Participation Criteria. I am authorized to make this affirmation and have disclosed any exceptions or questions. Our submitted information accurately describes our beliefs, services, qualifications, and current practices.

We will keep our information current, cooperate with review, and promptly report material changes or serious concerns affecting the services listed. We understand that approval applies only to the resources and locations GRN has reviewed and may be paused or withdrawn if the criteria are not met.

We understand that network participation does not make our organization part of GRN, confer a professional license or accreditation, or guarantee outcomes or referrals. We remain responsible for our own services, staff, and obligations.

Network resource title _____

Organization _____

Authorized representative and role _____

Signature _____ Date _____

Exceptions or questions attached _____

When applying online, record your responses to each affirmation and denial and include any questions or exceptions in the application.

Sources

GRN mission and beliefs

Gospel Recovery Network, Mission, philosophy & beliefs and Our story. These describe the network's convictions about Scripture, the gospel, sin, suffering, and connected care.

GRN purposes

GRN bylaws, Article I, section 5: gospel alternatives, equipping the Church, and engaging recovery culture. Network participation does not amend those bylaws.

Steps Leader Guide

February 2026, pp. 6-9, 12-22: mission, gospel foundations, ministry distinctives, shepherding, bodily influences, medical help, group conduct, confidentiality limits, and the distinction between church ministry and professional counseling.

Steps Mentor Guide

April 2026, p. 12, pp. 13-19 and p. 65: mentor competence, character, consistency, commitment, accountability, aftercare, the counseling framework, appropriate medical support, and protection of people who have been abused.

Steps Bible Study and Assessment Guide

Bible Study, February 2026, pp. 95, 101-104 and 266-268: repentance, new identity, sanctification, future restoration, and the Redeemed Truths. Assessment Guide, April 2026, pp. 6-9 and 28: assessment, faithful action, and protection of the abused.

Integration Good Practice or Theological Error

Michael Snetzer, GRN website, December 31, 2014: observations from science and medicine distinguished from interpretations that conflict with a biblical framework. Curriculum references use the page numbers printed in the cited editions.