

Verbatim Outline

Date ministry occurred: _____

Minister: _____ No. of visits: _____

Kind of contact: *(Pastoral care, counseling, advocacy)* _____

Date verbatim was presented to peers: *(If applicable)* _____ Person visited: *(Use a fictitious name.)* _____

Known Facts

Summarize what factual information you have learned about the person before the ministry visit. Describe the person, situation and reason for the visit.

Notes:

If this verbatim has been or will be presented to peers and/or a supervisor or committee, leave this margin for written comments.

Preparation

How did you prepare yourself for the visit? Were you aware of God's presence? If so, how did you intentionally include God in the preparation (and visit)? Take note what you did not wish to do/say. State if there is anything specific you want to have happen as a result of the visit. If you have visited the person previously, what "theme (see conclusion below)" did you want to remember? However, avoid pressing your agenda upon the person.

Preparation is key in presenting a nonanxious presence. REMEMBER: You are not in ministry alone! The Spirit of God is with you and will provide guidance. Be still and know you can trust Him! It is likely that you will have an agenda going into the visit. But you also want to avoid imposing it if it gets in the way of attending to the person and what he/she needs.

Observations

What did you find at the beginning of the pastoral contact? Observe the person and his/her surroundings. Note the appearance of the person, posture, gesture(s), facial expressions, attitudes, nervous mannerisms, etc.

Such observations are clues as to how to proceed.

Reason For This Verbatim

State the reason(s) you are presenting this pastoral contact. What especially do you want the evaluator (peers and/or supervisor) to focus on for your learning?

Reasons might be that this experience left you wondering what you could have done differently. For example, as the visit unfolded, something might have happened that threw you a curve. You might find it easier to write this section after you have recorded the actual pastoral care contact with the person.



Pastoral Contact

Because extensive note-taking during a visit distracts from the minister's involvement in the relationship, it's wise not to take notes or limit them to a few short phrases. However, soon after a visit, jot down key words in sequence. Put all paraphrasing in parenthesis. Each comment by the minister and person visited is to be a separate paragraph with the initial of the one speaking, and a number in front of each paragraph (i.e. – S₂ or C₅). Nonverbal communications should also be noted. Listen with full attention and you will notice that memory improves with interest and practice.

Reserve all interpretations for the conclusion, keeping this section for the verbatim text without commentary. See the following example of what a segment of a pastoral care contact might look like when recorded:

Chaplain 1: Good morning, Mrs. Schmidt. I just heard about what happened. May I come in?

Mrs. S 1: O, thank you so much pastor. Please do. You can sit here.

C 2: Thank you. The church office secretary called me when she found out George was admitted. Could you tell me what the doctor said?

MS 2: It's not good. They found some kind of blockage! But you can see George is resting well for the moment. He's been asleep for a while.

G 1: I'm not that asleep! Hello pastor! It looks like God has something else planned for me!

MS 3: Now George, don't always be thinking the worst.

G 2: (George glances at his wife and then looks at me with raised eyebrows.)

C 3:

Conclusion – *Analysis of what took place.*

1. State the theme. Theme is primarily about the person's need [spiritual and/or emotional and/or relational and/or physical] plus any resistance that is present in the person, in you as the minister or in the context that gets in the way of the need being addressed.

An example of theme from the above snippet in the pastoral contact section might be: Mrs. S might need to have pastor present to offer spiritual comfort, reassurance and hope. G might have a more immediate or primary need to talk about his fear or anger, perhaps mixed with tension he is having with his wife. The resistance would likely include Mrs. S not wanting to enter that painful space, and/or G being reluctant to say much more if he feels he will not receive a "hearing."

2. Give your spiritual assessment. That is, what are the primary spiritual concerns of the person?

Examples of spiritual assessments would include but not be limited to the faithfulness of God, the providence (divine purpose/control) of God, trust in God, saving faith or living faith, grace, need for repentance, value of community/fellowship, the presence of the Spirit, vocation, conflict of values, etc. In the previous scenario, it is difficult to know what the spiritual assessment would be until you hear more. But taking a guess, it might include the providence of God and G being at peace with it and/or not appreciating it, reassurance that God is present and will strengthen both of them for the journey ahead, perhaps the value of church community, etc.

3. Countertransference What, if any, personal issues/themes/emotions of your own were evoked and/or were at play in the visit? Transference is broadly understood as the person receiving care being emotionally entangled — for better or worse — with the person giving care. Thus, countertransference is the opposite. In ministry, the minister's emotions become entangled — sometimes with limited or no awareness — with the person receiving ministry. Again, this can have positive or negative ramifications.

Honesty in self-awareness is critical for competency in ministry. Counter transference can be helpful or harmful, depending on how one manages it.



4. Criticism of your responses What did you like about what you did/said? What did you not like? Comment on your own feelings, the feelings of the other person and how you dealt with those feelings. **IMPORTANT:** Give examples of what you might say/do differently if you were to start the visit over.

*Don't be hard on yourself, but be honest. The more open you are, the more you will learn. Remember the goal is to **learn**, not to get it right!*

5. Theology In addition to the above spiritual assessment, how did you interact with the person spiritually? How could you have responded differently? Remember, specific theological language does not have to be used for the conversation to be “theological” or spiritual. Who you are, what you know and what you bring to the moment is very theological. What other theological (spiritual) notions would have been appropriate to introduce or remember in future visits? What theological beliefs, if any, in your opinion need to be challenged when it's timely?

Give this section special attention. *This is what makes you unique from a secular counselor or a social worker.*

6. Consider systemic and structural support and/or victimization of the individual(s). What social structures and/or systems are especially helpful in supporting the well being of the person(s)? Similarly, what structures or systems are oppressing the person(s) and possibly causing emotional and spiritual stress or brokenness? What systemic or structural intervention is needed to either affirm or challenge the system? Remember your appropriate prophetic calling!

It is wise to not take any confrontational action (intervention into the organizational system/structure or one of its parts) until you first talk with your supervisor(s) and/or trusted peer(s).

7. Document the time of the pastoral contact in minutes. Next appointment, if any.

8. Plan for the next visit, if any. Include the theme you want to remember, the frequency of visits appropriate to this person and any specific action/ministry which needs your attention. Remember to consult with and/or refer to other professionals, colleagues or a community/home pastor, priest, rabbi, imam, etc., when appropriate.

