

# Making Pastoral Referrals with Confidence

*Part One:  
Knowing Whom to Refer  
and When to Report*





**by Dr. Beverly Yahnke**

Post-Seminary Applied Learning and Support (PALS) is a collaborative effort of The Lutheran Church—Missouri Synod’s Pastoral Education ministry and LCMS districts to help pastors and their wives in the transition from seminary to congregation. To learn more, visit *[www.lcms.org/pals](http://www.lcms.org/pals)*.

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## SESSION ONE

**I.** Every successful referral effort begins with a trusting relationship and an effort to establish rapport.

**A.** Creating rapport matters.

**B.** Communicating your understanding of confidentiality matters.

**C.** You honor their needs and meet your ethical obligation to inform them about what happens to information shared in the conversation.

**II.** Offer your professional statement of confidentiality.

**A.** Every visit wherein a parishioner seeks care should begin with a few sentences.

1. Your happiness that they have come in to speak with you
2. Your assurance of confidentiality
3. What confidentiality means
4. Exceptions to your promise
5. Invitation of questions

**B.** Special exceptions to confidentiality

1. Confidentiality between children and parents
2. Ordination Rite in the *Lutheran Worship Agenda*: “Will you forgive the sins of those who repent, and will you promise never to divulge the sins confessed to you?”  
Response: “I will with the help of God.”
3. Mueller and Kraus’ *Pastoral Theology*, p. 122 — Confidentiality: To the extent that speaking the absolution is being the voice of God, so hearing the confession is being the ears of God. To the confessional prayer of Psalm 51, “wash away all my iniquity and cleanse me from my sin... [to] create in me a clean heart,” the absolution

responds with Ps. 103:12, “As far as the east is from the west, so far has he [God] removed our transgressions from us.”

Therefore, under no circumstances should a pastor reveal anything told him in confession by a penitent. Normally, the so-called confessional seal will be recognized and respected by civil authorities, but even if it were not, the pastor must stand by the promises that he has solemnly made before the altar and the congregation in his ordination and installation (i.e., not to divulge the sins confessed to him, *Lutheran Worship Agenda*, pp. 212, 2225).

**C.** Each state has different guidelines outlining what constitutes “the confessional seal.” Know what your state allows or requires.

1. Google “mandatory reporting” plus the name of your state.
2. Notice three things in the article below:
  - a. Clergy are mandated reporters.
  - b. The level of evidence is “reason to suspect.”
  - c. There are exceptions for confessional communication.

### Article from Child Welfare Information Gateway

*“Mandatory reporting: Wisconsin makes changes to child abuse reporting laws” by Barry W. Szymanski*

Not all adults are required, by law, to report suspected child abuse. But Wis. Stat. section 48.981(2)(a) makes suspected child abuse reporting mandatory for certain adults in 29 occupations, including social workers,



physicians, nurses, dentists, school teachers, administrators and counselors.

Act 81 now adds “school employees” to the list. It also requires every school district employee to receive training, from the Department of Public Instruction, within the first six months of employment and every five years thereafter, on identifying child abuse or neglect.

Mandatory reporters are required to report if they have **“reasonable cause to suspect that a child seen by the person in the course of professional duties has been abused or neglected or who has reason to believe that a child seen by the person in the course of professional duties has been threatened with abuse or neglect and that abuse or neglect of the child will occur.”**

Under 48.981(2)(b), “court-appointed special advocates” are also mandatory reporters. Specifically, court-appointed special advocates must report suspicions that arise in the course of activities under section 48.236 (3). One of the activities that trigger mandatory reporting is representation to “promote the best interest of the child.” That would include a lawyer.

**Exceptions and permissive reporting**  
**Under existing law, members of the clergy that learn of suspected sexual abuse — as opposed to other forms of child abuse or neglect — in the course of their duties, or learn of threatened sexual abuse that is likely to occur in the future, must report. However, there is an exception for child abuse information received through confidential communications.**

**Specifically, members of the clergy are exempt from reporting child abuse information received “solely through confidential communications made to him or her privately or in a confessional setting if he or she is authorized to hear or is accustomed to hearing such communications and, under the disciplines, tenets, or traditions of his or her religion, has a duty or is expected to keep those communications secret.”**

*This material may be freely reproduced and distributed. However, when doing so, please credit Child Welfare Information Gateway. The original article may be found at: [http://www.childwelfare.gov/systemwide/laws\\_policies/statutes/clergymandated.cfm](http://www.childwelfare.gov/systemwide/laws_policies/statutes/clergymandated.cfm)*

Keep in mind that abuse or neglect issues can occur with children *and* with the elderly.

**When you have time:**

Write your opening sentences for a person seeking pastoral care. What will you tell him or her regarding confidentiality of your conversation?

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## Questions for personal reflection:

1. What are some reasons that parishioners may find it difficult to approach you for spiritual care?
  
  
  
  
  
  
  
  
  
  
2. What are some of the strategies that you have been using to communicate your openness and establish ongoing rapport with your people?

3. What reluctance, if any, do you have about using an opening statement to define your policy about confidentiality?

## Case study for discussion

Charlene is almost 15. She has come to your youth group meetings a few times. She and her mom attend church only occasionally. She has multiple tattoos, a nose ring and is using black nail polish. After youth group she says, "My stepdad will be late picking me up tonight: Can I talk to you without having you tell my parents?" You are happy to connect with her because she is usually quiet and sullen. As you and Charlene begin to talk, you learn she is pregnant. She says that the father is her stepfather.

1. Did you give her your "opening sentences?"
  
  
  
  
  
  
  
  
  
  
2. Do you have to report something?
  
  
  
  
  
  
  
  
  
  
3. What do you need to report? To whom?



4. Do you talk with her mother? Her stepfather?

(Keep in mind that in most states the litmus test for mandatory reporting is “reasonable cause to believe.” Is it possible she is lying? Are you to be the detective? What do you choose to do? Is this a confession?)

### **You will want to review**

“The Pastor-Penitent Relationship, Privileged Communications: A Report of the Commission on Theology and Church Relations of The Lutheran Church—Missouri Synod” ([www.lcms.org/page.aspx?pid=683](http://www.lcms.org/page.aspx?pid=683)).

5. Is Charlene at risk driving home with her stepdad tonight?

*\*Note: In the previous section, Dr. Yabnke mentions that a seminary professor once told her that he would reveal to authorities that his parishioner had poisoned the town’s water supply and then never wear his collar again. PALS does not interpret this statement to be an endorsement of breaking the confessional seal if the pastor is willing to leave office.*



## SESSION TWO

**I.** Referrals for depression and anxiety disorders: When is a person sufficiently depressed to merit a referral?

**A.** Diagnostic Statistical Manual -IV TR Criteria for Major Depressive Episode (American Psychological Association, 2000). Diagnostic and Statistical Manual of Mental Disorders 4th Edition. To warrant a diagnosis of depression, a person must experience a total of five symptoms for at least two weeks. One of the symptoms must be depressed mood or loss of interest.

**Symptoms:**

1. Depressed mood
2. Markedly diminished interest or pleasure in all or almost all activities
3. Significant (more than 5 percent of body weight) weight loss or gain, or increase or decrease in appetite
4. Insomnia or hypersomnia
5. Psychomotor agitation or retardation
6. Fatigue or loss of energy
7. Feelings of worthlessness or inappropriate guilt
8. Diminished concentration or indecisiveness
9. Recurrent thoughts of death or suicide

**B.** Depression exists at epidemic levels inside and outside the church.

**C.** Depression is often a private tribulation.

**D.** Depression can have very serious outcomes: loss of faith and/or suicide.

**E.** Several questions are innocent and useful in helping you determine severity of depression.

1. On a scale of 1 to 10...?
2. How long has it been since you felt like good old you?

**F.** Any references to suicide or suicidal ideation must result in referral or reporting. Many people will accept a referral, but not many will accept hospitalization in the event of suicidal plans.

1. When people are so discouraged and in such pain, it is not unusual for them to wish that everything would just stop. Some wish that they would not even wake up in the morning. Usually those thoughts come late at night when it is hard to sleep and everything seems so sad and bleak. Have you ever felt that way, too?
2. Do NOT judge, contradict or try to teach about Job. Listen.
3. Ask them whether they have thought about what to do to just make it stop. (A plan?)
4. Know whom to call.
5. Know what will happen to your parishioner when you do call.





**II.** When to refer for anxiety disorders:

- A.** Agoraphobia
- B.** Generalized anxiety disorder
- C.** Obsessive-compulsive disorder
- D.** Panic disorder (with or without agoraphobia)
- E.** Phobias
- F.** Post-traumatic stress disorder
- G.** Listen once again for answers to the two questions.

**H.** Determine whether the individual's worry is *chronic* and interrupting the quality of his or her personal life, family life, professional life or spiritual life.

To learn more about anxiety disorder with greater depth, the following websites will be extremely helpful:

- National Alliance on Mental Illness:  
[www.nami.org](http://www.nami.org)
- National Institute of Mental Health/  
Anxiety Disorders: [www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml](http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml)
- WebMD: Anxiety and Panic Disorders:  
[www.webmd.com/anxiety-panic/default.htm](http://www.webmd.com/anxiety-panic/default.htm)



## Questions for Discussion

1. Have you ever had a friendship or relationship with an individual who is clinically depressed? In what ways was the person different from a healthy person and in what ways was the relationship different from a healthy relationship? What did you learn about depression from that person which now can assist you as a pastor?
2. Talking with a suicidal person can be a daunting experience. Discuss some of the mistakes that even a well-intentioned pastor could make in a conversation with a person who has told you, “I wish I were dead.” How might you feel about talking to a suicidal person? (Be aware that just hearing a parishioner acknowledge suicidality can be extremely disconcerting for the pastor. You need to be mindful of your own emotional needs and responses in this situation.)
3. How suicidal does a person need to be before you would report him/her to the authorities? How will you determine when a person is “sick enough” for mandatory reporting? How do you determine whether the person is well enough to receive a general referral and does not require reporting? Read Part Two, A – F again. Do you agree or disagree?
4. The diagnosis of post-traumatic stress disorder (PTSD) is increasingly common among military personnel, human care providers, rape or assault victims and others traumatized by a difficult experience. What things do you need to know about PTSD once you learn that your parishioner has been given that diagnosis? Discuss, in general, to what extent you believe that a pastor needs to understand the mental health issues of the individual for whom he is providing spiritual care. Why?



## SESSION THREE

**I.** Personality disorders: Whenever you are persuaded that your interaction with another person is just not rational or logical, you may be working with an individual suffering with a personality disorder

**A.** Difficulty interacting effectively with other people

**B.** Effective professionally but with a volatile personally

**C.** Experiences significant personal distress or impairment

**D.** Generally unaware of his or her disorder

**E.** Most difficult person with whom you have ever interacted

**F.** Personality disorders characterized by odd or eccentric thinking or behavior:

- 1.** Paranoid personality disorder
- 2.** Schizoid personality disorder
- 3.** Schizotypal personality disorder

**G.** Personality disorders characterized by dramatic, overly emotional thinking or erratic behavior:

- 1.** Antisocial personality disorder
- 2.** Borderline personality disorder
- 3.** Histrionic personality disorder
- 4.** Narcissistic personality disorder

**H.** Personality disorders characterized by anxious, fearful thinking or behavior:

- 1.** Avoidant personality disorder
- 2.** Dependent personality disorder
- 3.** Obsessive compulsive personality disorder

**I.** In all cases, the milder the symptoms, the greater the likelihood that a person will receive a referral and actually comply with treatment. The more serious the symptoms, the less likely a person will seek care.

**J.** A pastor may require a referral for guidance.

**K.** Family members may require a referral for guidance.

**II.** All matters of drug, alcohol and sexual addictions require referrals unless the individual is clean, sober and/or abstinent.

**A.** Yes, people struggling with addictions require pastoral care.

**B.** Yes, people who struggle with addictions are also dealing with biologically based cravings that will require professional assistance if the addiction is to be treated effectively.

**C.** Spiritual care allows for the person to live a life of repentance and forgiveness.

**D.** Therapy aggressively changes thoughts, behaviors, habits and even biology.

**E.** Yes, pornographic use that begins casually can become an addiction swiftly and is often fatal to marriages. Sexual addiction is real and the computer age feeds the frenzy privately.

**III. Transitions through major life changes**

**A.** Children with learning problems

**B.** Separation, divorce, bankruptcy, retirement, death of a loved one

**C.** A marriage that has changed from love to like to ambivalence

**D.** Chronic illness

**E.** Blended families

**IV.** Family dysfunction of any sort that is not responsive to encouragement, prayer and the recommendation of one or two good books

**A.** Inadequate parenting skills (discipline, boundaries, use of money, expectations)

**B.** Child parenting the parent

**C.** Parents with mental illness

**D.** Marital counseling

**E.** Chronic rebellion on the part of children

**V.** Whenever you no longer know how to provide assistance that they require: refer!



## Project

Ordinarily, people who are depressed are not capable of reading much of anything. They may cling to several verses of a psalm that you have printed out, but they will not make much progress with a book. Begin to assemble a reading list that you can recommend with confidence to your parishioners. Parishioners love to know that their pastors have endorsed a book on parenting, marriage enrichment or raising teenagers. Sometimes instead of making a referral, we recommend that people read!

1. Take a moment now to share the names of your two favorite books to “extend your pastoral conversation” with a parishioner. Can you recommend a book that is not written by a Christian author? What kind of guidelines do you use to select books? Do you dare to recommend a book that you have not read? Why might a book precede a referral?

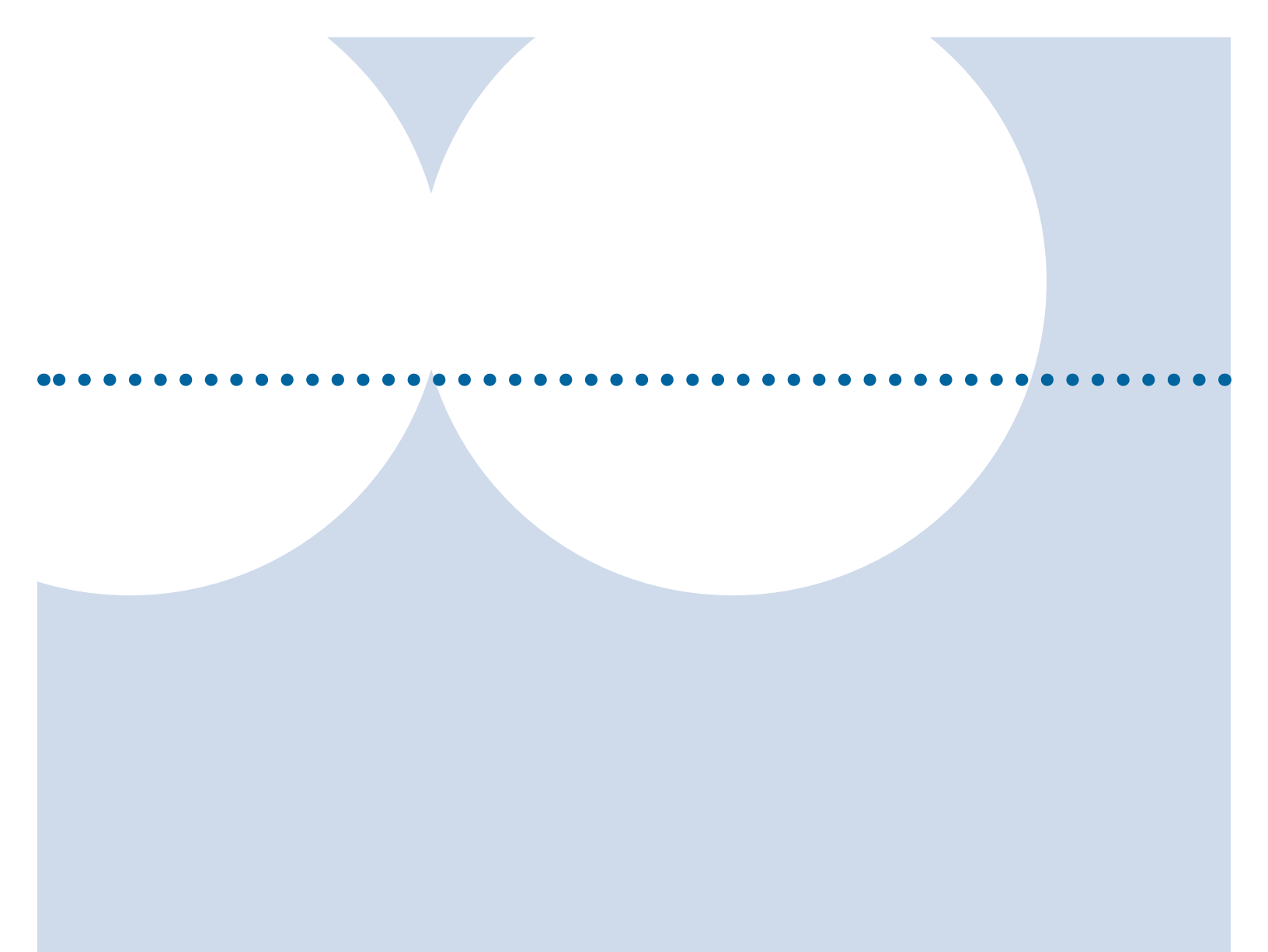
2. Do you believe that you have ever provided spiritual care or interacted with a parishioner who has a personality disorder? How might consulting with a professional help you in working with a person who is manipulative, exploitative, interpersonally volatile and angry? Have you ever sought consultation before? How did that work out for you?

3. Thus far in your years in the ministry, which kind of referral need is most common? How many referrals would you say that you make a month?

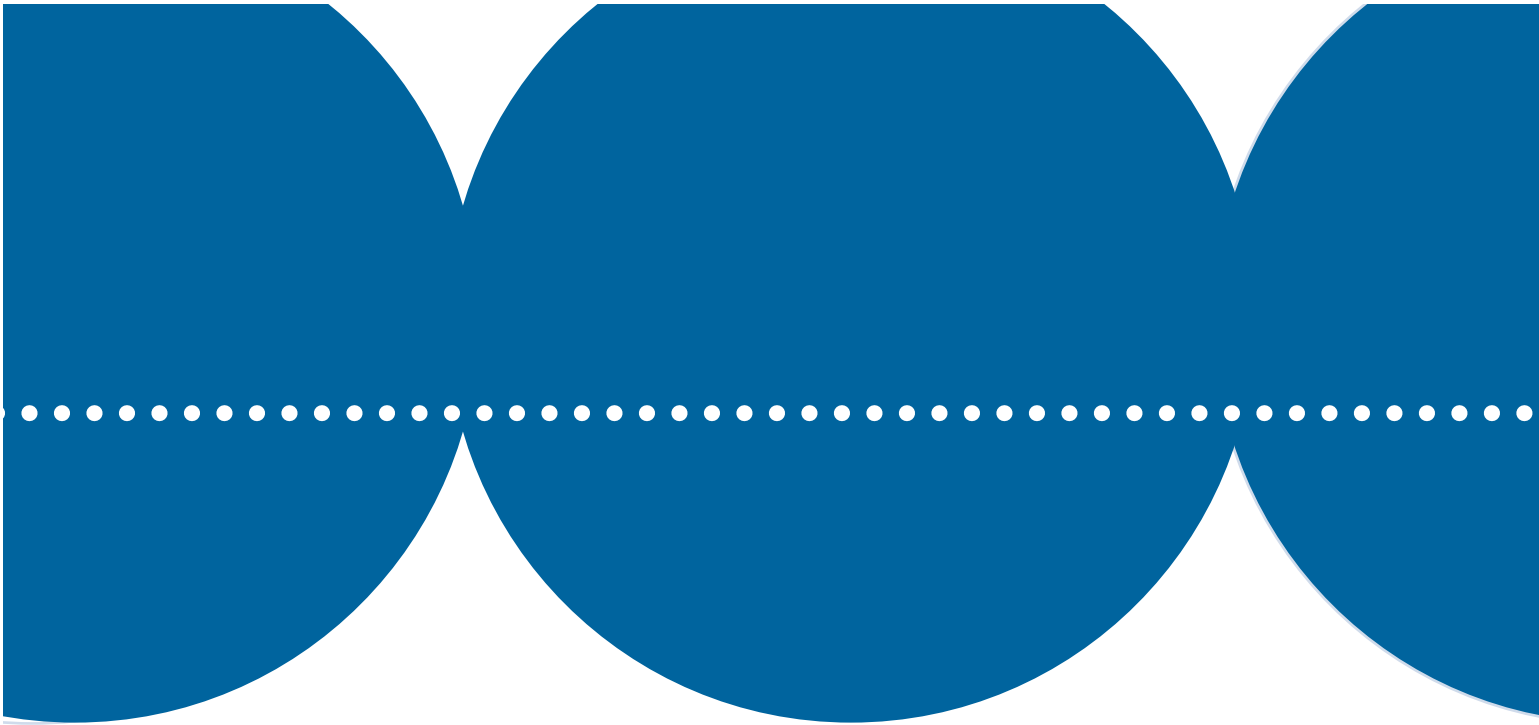
4. When you are providing spiritual care for a couple in a struggling marriage, do you have a personal guideline about how many times you will see the couple? What kinds of factors help you to determine when or if it is time to refer the couple for psychological assistance? What makes you reluctant to refer a couple elsewhere for assistance?

5. What would you like to know about *how* to make a referral? (The topic of the other video in the series.)





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