

Making Pastoral Referrals with Confidence

*Part Two:
The Art of Making
Effective Referrals*





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*.

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SESSION ONE

Some pastors have come to imagine that referring an individual to a mental health professional represents abandonment of his parishioner. Some pastors believe that they should be able to provide all the care that is required for anyone with spiritual or emotional difficulties. Honestly, that is a dangerous myth.

I. Referral sources

You will need to determine who can diagnose, evaluate, hospitalize, prescribe and/or monitor medications over time. You will want to know which professionals are capable of providing what services. When you are seeking a mental health referral resource, know about your primary options:

- A. Psychiatrists (M.D.)
- B. Psychologists
 - 1. Ph.D.
 - 2. Psy.D.
- C. Master's degree therapists
 - 1. Marriage and family therapist
 - 2. Certified Alcohol and Drug Counselor (CADC)
 - 3. Alcohol and Other Drug Abuse (AODA)
- D. Counselors
- E. Life coaches
- F. Mentor Couples

II. Where can a pastor find competent, compassionate individuals to whom he can refer with confidence? It is a good practice to refer to an individual that others have found very helpful.

- A. Call your district office.
- B. Call some of your brothers serving in ministry near you.
- C. Call the Roman Catholic priest in town.
- D. Call the largest nearby university and connect with the counseling center.
- E. Check out the Web page for the American Association of Christian Counselors. It has a locator function that will assist you to find a “Christian” counselor within 25 miles of your location. Find the page here: www.aacc.net/resources/find-a-counselor.
- F. Call your physician.
- G. NEVER refer a parishioner to a mental health professional unless you have evidence of his or her competence, professionalism and appropriateness. The proof may come from your personal conversation with him or her, or you may have the recommendation of another person whose judgment and opinion you can trust.
- H. Ask the mental health professional what the parishioner can expect to happen at the first visit.



Discussion

A. Identify some reasons why pastors may be reluctant to make referrals to mental health care professionals. What makes you believe that their reluctance is justified? What personal observations or pastoral experiences have you had that seem to confirm that referring to a mental health professional is useful?

B. Imagine that you are counseling a 55-year-old woman who is tearful and depressed. Identify at least 10 questions you would ask of a clinical psychologist you were considering as a referral resource.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____



C. Now, compare your questions. Identify which questions emerge as the most important on everyone's list. See if someone has created some uniquely useful inquiries. What answers would you regard as unacceptable from a provider? Are there any questions that would be inappropriate for you to ask?

E. Do you have a personal preference for referring to medical doctors and those with doctorates or master's degrees? Why?

D. Talk together about how the pastors in your group could go about creating a shared list of reputable professional mental health care providers. How might your group be instrumental in creating a district-wide resource of this nature?



SESSION TWO

I. Different perspectives and different schools of practice

A. Must your parishioner work with a Christian psychologist?

1. There are clear benefits in inviting a client to bring the resources of his or her faith into the process of therapy.
2. There also are dangers in having a non-Lutheran, Christian psychologist work with your parishioner.
3. An extremely competent, secular psychologist is usually going to be the best choice if an LCMS psychologist is not available.

B. Cognitive behavioral therapists are steeped in research, use clear professional guidelines, establish goals for their clients and tend to be very effective.

II. Making the referral

A. Some referrals are remarkably easy because the parishioner defines the need and explicitly requests pastoral assistance in finding help.

B. Occasionally, even easy referrals may result in some errors of omission.

1. Not having referral resources available
2. Contradicting the parishioner regarding his or her need for a referral
3. Discontinuing spiritual care prematurely

C. Make sure that you have observed the parishioner carefully throughout the conversation.

1. Listen for spiritual care issues and emotional issues.
2. Observe his or her non-verbal personal presentation.
3. Respond first to his or her spiritual care needs.

D. Ellen is 50 years old. She has been unhappily married for 25 years. Her husband is distant and unresponsive. There is little in her life that gives her satisfaction. She tells you that she has come to regard her life as a failure. She is a teacher but feels as though she has just been going through the motions for years. After her mother's death, Ellen has spiraled downwards. She had been very close to her mother. Ellen now sees little purpose in life. She notes that she is not sleeping well and she is having trouble preparing her lessons for her classes. She tells you that on a scale of 1 to 10, she feels like a 4. Ellen has no reason to believe that anything will change. She feels that God is a spectator in her life. Although Ellen believes that she has been redeemed and will spend eternity in heaven, she feels guilty saying so. She believes that God is of little day-to-day value to her now. She cannot take possession of His promises of peace.

1. Spiritual needs include: misbelief, unbelief and despair
2. Emotional needs: rule out depression



*In this video section, Dr. Yahnke spoke of a potential Christian counselor who might state that he or she prays for the dead as being unacceptable. Attention has been drawn to the mention of praying for the dead in the Lutheran Confessions as a practice which the reformers did not prohibit (Apology, Art. XXIV, pars. 94-96; Kolb-Wenger, pp. 275-276).

III. Guidelines for making a referral

A. Tell the person that you are glad that he or she has come to see you.

B. Affirm that it sounds as though this has been a very difficult time.

C. Speculate about how many things influence the quality of day-to-day life for him or her.

D. Affirm that it sounds as though the individual has been struggling for awhile and nothing is improving.

E. Affirm that it seems as though an important choice must be made: continue with more of the same or try something else that could be helpful.

F. Tell the person that you heard him or her say he or she is having trouble: (what signs or symptoms did you hear?)

G. Express to the person that it seems as though it would be helpful to have an expert make an evaluation to see what might be helpful.

H. Request a thorough work-up, inquire what recommendations they have and then suggest talking about the recommendation, if they like.

I. Say something like, "In fact, I know a remarkably good person who could help us with this. Her name is _____ and I really respect her judgment."

J. Ask the person what he or she thinks about that.



Discussion

Would you prefer to have your parishioner work with a generic Christian psychologist or with a secular psychologist? Why? What kind of experiences, if any, have you had with a referral to a Christian or a secular mental health care provider?

Two case studies follow. You will need to split up into pairs to complete this role play and observation exercise. Each partner will have the opportunity to serve as “the parishioner” and “the pastor.”

Case study No. 1

Read the case study below. Then split into pairs. One person will play the part of Krista. The other person will be the pastor.

Krista is a 40-year-old woman with three children. Her husband has been laid off from work and has not been employed for almost two years. Krista has grown increasingly alienated from her husband, who has done little to find a job. He watches television all day and plays computer games all night. He will not help with any of the housework and he is not interested in caring for the kids when they get home from school. Although she has talked to him many times, Krista says her husband expresses no interest in doing anything to make things better. She has lost hope that things will ever get better. Krista says the family is facing serious financial trouble with only her income. She has been doing everything that she can but admits she resents her husband. Krista is angry with him all of the time and has even begun to think about separation or divorce. She came to see you for help with understanding what a separation would require and to see if the church would allow it.

You notice that she is crying frequently during the conversation. Krista is apologetic about bothering you and nearly everything she says points to helplessness and hopelessness. She tells you that if it were not for the kids, she wishes she could just go to bed and not wake up in the morning. Daily life is becoming too hard to deal with and she cannot remember the last time she felt like having fun. Krista sleeps about five hours a night, awakens and then cannot get back to sleep. She never feels rested and she has no energy. She has gained about 20 pounds in the last several months because she is mostly eating junk food. Krista’s boss is noticing that she is making too many mistakes at work. She tells you that she cannot even think straight anymore. She hopes you will not think she is a bad woman for wanting to leave her husband. She mentions that you are the only person she has to turn to.

Krista: Present the facts of your case to the pastor (you can be reasonably inventive in answering questions, if you need to). Respond in the way you imagine Krista would to the pastor’s referral. This should take about three minutes.

Pastor: Listen carefully to Krista’s story. You may ask a question or two if you like. Then:

- Identify the spiritual care needs that you see (you do not share this with Krista).
- Identify the emotional needs that you see (you do not share this with Krista).
- Use the guidelines above to make a referral to Krista.

At the close of the exercise:

Person playing the role of Krista: Identify one or two things that your partner did very well in making the referral. Make a suggestion about one or two things he may have done differently.

Person playing the role of pastor: Identify one or two things you did that you believe worked well. Identify one or two things with which you struggled.

Case study No. 2

Switch roles! (A remarkably tough) case study: teenage rebellion

Read the case study below. Then split into pairs. One person will play the part of Annie's mom. The other person will be the pastor.

Annie's mom comes in to your office and says, "Someone has got to get Annie on track and nothing seems to help." Mom asked if you are willing to talk to Annie. You agree. Mom admits that she is at her wit's end and feels like a nervous wreck. She is worried constantly, not sleeping well sleeping and feels sad beyond all possible belief. Mom says dad has given up and is a workaholic instead of a parent. Mom is ready to just give up, saying nothing will get better. She says she has no reason to believe Annie will change. Mom says, "I think this is what hell will be like. To tell you the truth, I've even stopped praying about it; if God were going to help, He would have done something by now."

Annie is 17 years old, the youngest in the family. Annie's older sister has been flawless in every regard, admired by parents, students and peers. Annie has always been "the odd one." She has not done well throughout her academic career. She has had difficulty maintaining meaningful relationships with friends and she has been in perpetual conflict with her parents.

Mom reports that Annie dresses provocatively, wears black lipstick and nail polish, and has a nose ring. Her parents are ashamed of her.

Annie recently ran away from home and spent the night with college boys. She did not tell her parents her whereabouts or her plans. Annie also has started to scratch welts on her arms with pins and burn her fingers with matches. She hates her parents. She hates school and she hates herself. Mom tells you that Annie probably has every diagnosis in the book but she refuses to seek professional help. Her parents want you to talk to her because of her "overnighter." You confirmed her four years ago.

Annie's mom: Present the facts of your case to the pastor (you can be reasonably inventive in answering questions, if you need to!) Respond in whatever way to the pastor's referral that you imagine Annie's mom might respond.

Pastor: Listen carefully to Annie's mom. You may ask a question or two if you like. Then:

- Identify the spiritual care needs that you see (you do not share this with Annie's mom).
- Identify the emotional needs that you see (you do not share this with Annie's mom).
- Use the guidelines above to make a referral to Annie's mom.

At the close of the exercise:

Person playing the role of Annie's mom: Identify one or two things that your partner did very well in making the referral. Make a suggestion about one or two things he may have done differently.

Person playing the role of pastor: Identify one or two things you did that you believe worked well. Identify one or two things with which you struggled.



SESSION THREE

I. Additional kinds of referral

A. Dual relationships can exist between you and a parishioner. As a result of that dual relationship you may want to consider having the parishioner seek spiritual care from another pastor.

- 1.** Fear of harming a relationship results in pastoral care decisions where you begin to treat a friend (or enemy) differently from how you would treat any other parishioner.
- 2.** Consider the challenge of being your wife's pastor.

B. Suggesting a referral after you have worked with a couple struggling with marriage issues.

- 1.** Some pastors prefer to limit the number of sessions they offer to couples.
- 2.** Other pastors work with a couple until progress plateaus or conflicts erupt.

C. You may want to determine whether you are providing pastoral care or really serving as a counselor. Keep in mind that up to 40 percent of individuals seeking marital counseling are struggling with mental illness.

D. Interventions: Do NOT conduct interventions without professional assistance.

- 1.** Drug and/or alcohol abuse and/or addictions
- 2.** Refusal to seek essential care
- 3.** Seek professional assistance before conducting any interventions.

Discussion


A. Discuss any individuals in your parish with whom you currently have a dual relationship. What might you need to say to these people about the need to ensure them that you need to be their pastor more than you need to be their friend? Can you imagine a situation where your pastoral care might change because you were caring for a friend instead of “a parishioner?”

B. How comfortable are you about providing spiritual care for one of your brothers in ministry? Very few pastors seek the care of other pastors. Why is that? Research points to pastors as one of the most solitary professional groups around. Why might pastors need pastors? What gets in the way of that happening? What can your PALS group do to begin to explore how each of you could begin to seek and offer pastoral care?

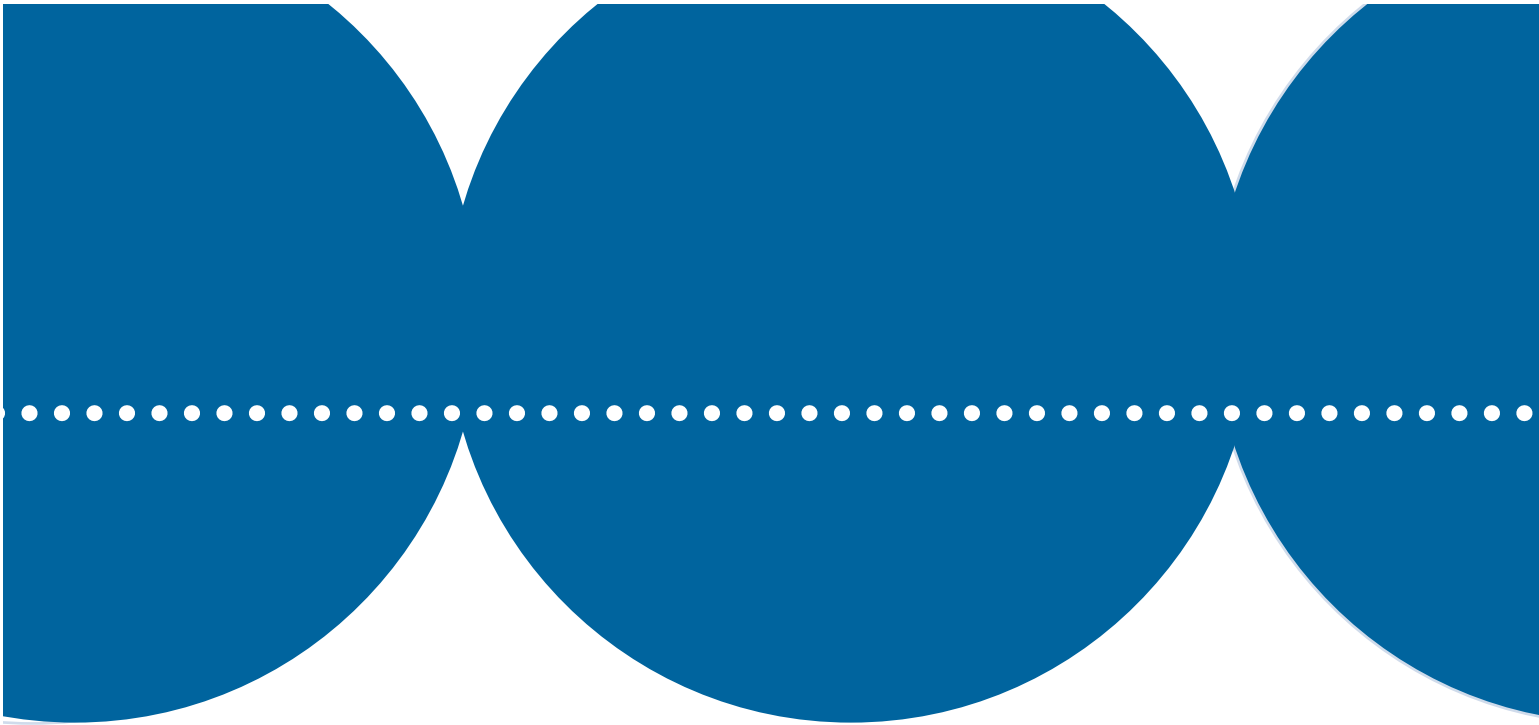
C. What are your thoughts about being your wife’s pastor? Are you aware that you may be more comfortable with this relationship than she is? She may be unlikely to say anything to you about it. Is she entitled to have private confession like others? What would your impression be if a fellow pastor asked you to serve as a pastor for his wife?

D. What is your experience with interventions? Realize, of course, that interventions are reserved for the most difficult referrals. To what extent are you comfortable relying upon a mental health professional to guide the process? What are the risks of trying to organize an intervention without the assistance of a professional?





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