

JEREMY SMITH

PASTORAL COUNSELING REFERRAL CHECKLIST

A guide to help pastors on what to do to
refer a person to counseling



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Introduction



Pastors are gifted individuals who have spent many years of their lives, sometimes decades, learning about how to guide their church. They have received many classes beyond Greek, church history, and worship coordination to include spiritual formation, pastoral care, leadership, communication, and possibly even types of Biblical counseling.

So, when someone comes to the senior pastor asking the pastor to marry them and include pre-marital counseling, this is usually a given expectation. Talking about working out problems, understanding how sex is honoring to God, and the roles we play in a marriage are great topics to discuss. Even more so, parents who come to youth pastors not knowing what to do with a child who is disruptive, oppositional, and defiant, the youth pastor can develop some mentoring and guidance for the youth as well as support for the parent.

But what do you do when an individual who has a severe heroin addiction and had recently overdosed but survived comes in to see you? Or how do you help someone who has significant psychotic and paranoid thinking and is looking for relief? What about someone who has a parent with crippling Obsessive-Compulsive Disorder or Hoarding Disorder and the child wants to see their parent find happiness again?

Even harder still, you meet with someone who is depressed or struggling with trauma and just wants to know if God is punishing them. After a bit of meeting **with them**, you see there is some strong concerns that go well beyond your capabilities. Or you do marital counseling with a couple and on their third appointment, only the wife comes in and shares there has been a string of domestic violence in the relationship and she does not know what to do.

It is in these moderate to severe mental health and substance misuse symptoms we need to look to refer to a mental health professional. You get to sit and talk with people about sin, grace, redemption, and edification. But many times, the scope of a pastor's knowledge becomes limited when someone comes in feeling suicidal, having a manic episode, or struggling with drugs. We need to connect them with a professional counselor who has the trained education and experience to deal with this.

My hope is that this checklist will help you navigate that process easier. We cannot account for every possible type of scenario that will come up, but the list below is a strong comprehensive list of what to do when referring someone. It is also broken down into three stages: preparation of referring someone, what to include when referring the person to counseling, and what you as a pastor can continue to do after they have started to attend counseling.

I pray this is received and put to good use. Having been in ministry before becoming a professional, licensed counselor, I understand how open people are with you, so it is an honor to be able to help you lead people who are hurting to find peace, hope, joy, and love. I pray for your words as you meet with them and their decision making as they consider the choice to find redemption not only in their earthly bodies, but also continue to work with you as their pastor to find eternal redemption and grace.

Jeremy Smith

founder of churchandmentalhealth.com

Preparation: Have Everything Setup



Here is a list of items that you need to consider having setup in place before you are to meet and decide you need to refer an individual or couple.

1. **Know your limits and establish a policy within your church.** If you do not have education and experience with counseling, know when to refer. A good rule of thumb for moderate and severe mental health disorders, substance use disorders, and other hidden disabilities is to meet with the individual or family 1-2 times. If you cannot resolve the issue in that time, refer to a professional.
2. **Understand the laws of mandatory reporting.** Every state has different expectations of who is considered a mandatory reporter. Even when a pastor isn't a mandatory reporter under state law, he or she may still contact authorities and report suspected abuse out of a personal or moral obligation. Some denominations also require reporting under their clerical title. Pastors who don't comply with mandatory reporting laws can face both criminal prosecution and civil liability.
3. **Meet with and know the counselors you are referring to.** Sit down and ask about what expertise they have, how they can integrate faith and you as a pastor into their counseling sessions, and what they would be able to work on. Understandably, there are a lengthy number of disabilities to go over, so a general overview will work. If you need more assistance with this, check out our article on what to look for in a Christian counselor: <https://churchandmentalhealth.com/what-to-look-for-in-christian-counseling/>
4. **Educate yourself on mental health and substance use disorders.** Mental health is not a topic discussed in seminary classes for pastors, so you need to educate yourself. The quick start is to read the free eBook by the American Psychiatric Foundation titled "Mental Health: A Guide for Faith Leaders." Also, look for free trainings at your local National Alliance on Mental Illness (NAMI) BASICS or a detailed training via Mental Health First Aid (<https://www.mentalhealthfirstaid.org/>)
5. **Have a suicide prevention policy in your church's manual and volunteer training guides.** Make sure that everyone has reviewed it and knows where it is located. Do not wait until your church is in a crisis before you need to access it. If you need a church suicide prevention policy, go steal ours: <https://churchandmentalhealth.com/creating-a-church-suicide-prevention-policy/>
6. **Realize this list may need to be revisited every 3-6 months.** This list does not need to be addressed every time you see someone and refer them to counseling. But the "Referral" and "Follow Up" checklist will need to be reference every time you decide to refer someone to counseling.
7. **Mental health change does not just happen because you have a checklist.** If you want people to open up about mental health and come talk to you, you need to discuss it. Preach about it from the pulpit, put it regularly in your pastoral prayer at the end of your sermon, and share your own testimonials from leadership about mental health. This is how we fight stigma with mental health. Further, because of the stigma, many will not want to voluntarily talk. Normalizing the conversation may not win people directly, but their parent, spouse, child, or fellow congregation member may then be boldened to tell church leadership about mental health and substance misuse concerns, allowing you to follow up with the individual. Remember that this is about relationships and connection, so fighting stigma is connecting with people.

Referral: Remember When Referring



Here is a list of items that you need to consider as you are meeting with an individual or couple and decide to refer them to counseling.

- ❑ **Fully assess the situation.** This assessment starts with their spiritual wellbeing and if you do not have a relationship with the person, you need to make that a priority. Make sure you ask about how the person is feeling physically, mentally, socially, and emotionally. Have they been to counseling before and how do they feel about it? If they are uninterested, you will not be able to force them to go, but you can let them know of your limitations. If need be, bring in family to help support the individual and encourage the family to push for the person or family members to go to counseling. Some counseling, you may feel comfortable doing, such as marital counseling or grief counseling. Always look to assess the situation because deep feelings can come up in that time as deep-rooted issues and negative core beliefs can and do come up after the first or second time meeting with them.
- ❑ **Is the person suicidal?** There are very specific reasons for someone to be referred to inpatient treatment for suicidality, but your job is not to determine if that is present. You simply have to have them answer one question: *“Do you want to kill yourself?”* If the person is suicidal, you **MUST** follow up with getting additional help and you **MUST** stay with them until the individual is with the proper professionals. Do not leave to go make a phone call, etc. Invite the person to go with you to the Emergency Room or (if possible because they are open) a counseling center with crisis services. If they are combative, call the ambulance or the police. They will be able to handle it from there.
- ❑ **Ask how you can be a part of the counseling process.** Always assume there is more that can be done but let the individual invite you into the process. This will also be part of the next checklist as well. Ask, ask again in a week, ask again in a month. You will continue to play the role of a spiritual discipler, but a good counselor will utilize this support for clinical purposes as well.
- ❑ **Offer respite or transportation.** People who go to counseling may need help with respite while they work individually on their mental health symptoms. Help provide or find childcare for those who may need it or transportation who may not have it. These simple acts can be the difference between a client attending or not.
- ❑ **Ask for a release of information.** Professional counselors are bound by HIPPA that does not allow mental health professionals to communicate with anyone without written permission from the client. Even if you bring them to their intake assessment and say hi to the counselor, you do not get access. You also need this to be allowed to come back into session with the client.
- ❑ **Look at your own self.** This is not all about the person coming in for help. And do not read this section once and not return to it. Give yourself an honest 3 minutes and ask how this is affecting you. Pastors, just like counselors and first-responders, are susceptible to secondary, or vicarious, trauma. This means we hear so many negative things, we start to become traumatized ourselves. And make sure you have someone checking in on you regularly. You are not impervious to emotional harm, so seek help when you need it.

Follow Up: Continue To Connect



Here is a list of items that you need to consider after the individual or family has started counseling so that you can continue to support them in their recovery.

- ❑ **Talk with the counselor.** See how you can support and reinforce positive skills and healthy living from the position of the church. This includes talking with the client but also talking with the counselor. If you are lucky enough to get the opportunity, you may even be able to sit in and offer support in session with fears and worries that may include mental health and spiritual components.
- ❑ **Ask what barriers are present in their life.** Mental health and substance misuse can be a long process that involves a lot of time, energy, and money. We are not able to help everyone, but you may want to work with the individual, and if possible, the counselor, to identify some barriers that the individual is having. Sometimes these needs can be met by the counseling agency with supportive employment, housing programs, and case managers to help with transportation and getting people to food banks. Other times, like respite care and opportunities to connect in small groups, you may need to be the person to help link the individual to resources or come up with someone.
- ❑ **Pray for the client and counselor.** This is the most important. If you take the client to their session and don't join in, pray while you wait or take care of their children. Pray for the client to be open and hear, pray for the counselor to be attentive and be given God-inspired words. Pray for home life and social life. Pray for their souls and that Satan would stay away. Allow the counseling session to become a sacred space.
- ❑ **Ask how you can be a part of the counseling process.** Always assume there is more that can be done but let the individual invite you into the process. Keep offering to attend the counseling sessions as it is appropriate for you to join. You will continue to play the role of a spiritual mentor, but a good counselor will utilize this support for clinical purposes as well. Sometimes, pastors end up helping the individual with implementing coping skills and making big lifestyle shifts like exercise or quiet time.
- ❑ **Ask for them to go deeper in their faith.** Sometimes individuals who are working in counseling will begin to finally develop a healthy lifestyle that works on themselves. Sometimes, this focus on themselves will lead to less focusing on their faith. If we are being holistic, we need to not lose our connection with God, the ultimate Counselor and Healer. Encourage them to join you in morning Bible studies, meeting with them for prayer times at lunch, and jumping into a Sunday school class or small group to keep the community going for them.
- ❑ **Have boundaries and love endlessly within them.** Creating structure is important for recovery with mental health and substance misuse. Recovery is not like medical conditions where the person is healed, and everything is done after a band aid. It will require a lot of time, energy, and possibly money. Know what your ministry cannot do, be honest with the individual about these boundaries up front and support them up to those boundaries. And keep meeting with the counselor to further strategize resources and ideas.