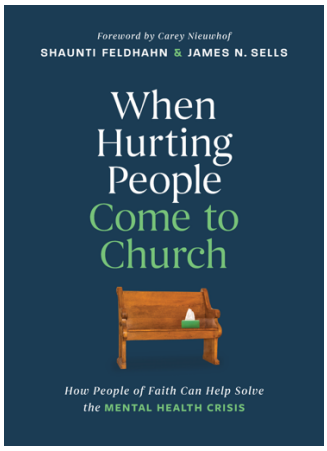

Appendix 3

How to make a referral

with Valter DeSouza for

The ChurchCares

Navigating care in the church can feel uncertain, especially when someone comes to you in real emotional or spiritual pain. That moment can be heavy, but also sacred. The Church Cares Referral Decision Tree is meant to offer a simple and compassionate way forward, helping lay leaders, pastors, and care teams discern how best to walk with someone. Not every situation requires a referral to a counselor or pastor. Sometimes, what's most needed is your presence, someone to listen, pray, and offer steady encouragement. But there are times when the pain runs deeper or when safety and mental health are at stake, and it's wise to bring in others with more training. This referral decision tree tool is not just about making decisions; it is about staying present. Even if a referral is needed, we do not step away. We remain faithful companions, walking with people toward healing and hope. That is how the church becomes a place where Christ's love meets people right where they are.

Step 1: Identify the Type of Distress

When someone opens up to you, the first step is to gently ask, *What kind of pain is this?* Are they dealing with something many of us face, such as stress, grief, loneliness, or a spiritual struggle? Or are they walking through something more serious, like addiction, ongoing depression, or the effects of trauma? In some situations, you may hear them talk about abuse or even thoughts of suicide. As you are already aware, there are varying degrees of distress levels, from everyday emotional/spiritual, moderate life disruption, to crisis level. Recognizing the level of distress helps you know how to walk with them. Not every situation requires a professional referral. Many times, what people need most is someone to listen, pray, and be present with them. But when the weight of their pain is more than you are equipped to carry, it is time to invite others in to help.

When someone opens up to you, this first step calls you to gently ask:

"What kind of pain is this?"

Is this person overwhelmed with stress, walking through fresh grief, or feeling spiritually dry? Are they trying to hold their family together, navigating parenting struggles, or feeling isolated and unseen?

Or are they dealing with something more serious…like an addiction they can't break, persistent depression, or the long shadow of trauma? Are they speaking in ways that hint at harm to themselves or reveal they're enduring abuse?

We often assume all pain requires a professional solution, but that's not always the case. The Church Cares model invites us to recognize that care can begin with **presence**, not perfection. Many people simply need someone to listen well, pray sincerely, and remain available. And yet, when the burden becomes heavier than you're called or equipped to carry, it's a sacred moment to bring others in; pastoral leaders, counselors, or trusted professionals.

Ask Yourself: *What kind of help is this person seeking or needing? Is this something I can carry with them, or something I need help to carry?*

Distress Level Table

Distress Level	Examples	Initial Action
Everyday Emotional / Spiritual	Loneliness, grief, stress, parenting overwhelm, marriage tension, spiritual doubt	Offer lay-level care: *listen, pray, be present*
Moderate Life Disruption	Ongoing marital conflict, addiction struggles, deep grief, persistent depression symptoms	Escalate to trained peer supporters, pastoral care, or ministry leaders
Clinical or Crisis Level	Suicidal ideation, abuse (past or present), trauma, severe mental illness, threats of harm to self/others	Refer **immediately** to licensed professionals

A Narrative Example

Let's imagine this scene:

> **You're chatting after service when Linda pulls you aside.** She looks tired. "It's been a hard season," she says, eyes brimming. "My husband and I… we're not doing great. We're fighting a lot. And I just feel numb." She pauses. "I'm trying to be strong for the kids, but sometimes I wonder if they'd be better off without me."
>
> In that moment, what matters most isn't that you have all the answers. What matters is that you **slow down, listen deeply**, and recognize what she might be carrying.
>
> You ask gently:
>
> **"Thanks for trusting me. Can I ask…have you been feeling this way for a while? Have you talked to anyone else about this?"**
>
> As she shares more, you begin discerning where this lands on the care spectrum. Her struggle may start in the realm of emotional/spiritual distress, but her comment about "the kids being better off" could hint at **suicidal thoughts,** which calls for **immediate referral**, even as you continue to pray and stay close.
>
> This is what it means to **walk in wisdom and love**, to be present without pretending to be a professional, and to respond faithfully when it's time to bring others in.

Step 2: Determine the Role of the Caregiver

Once you get a sense of what they are facing, ask yourself, Who is the right person to walk with them now? If you are a trained lay helper, your role matters deeply. You offer spiritual care through presence, prayer, and encouragement. In some cases, it might be best for a pastor or ministry leader to step in and offer guidance or short-term counsel. And when the situation involves complex emotional or mental health concerns, a licensed counselor or medical professional should be involved. This is not about doing less, but about knowing when the need goes beyond what one person can carry. Being part of the Body of Christ means we work together, each offering what we are called and trained to give.

Once you've listened well and discerned the kind of pain someone is carrying, the next step is to ask:

"Who is the right person to walk with them right now?"

This isn't about handing people off, it's about walking **in step with your calling** and understanding your **God-given limits**.

If you're a trained **lay caregiver**, your role is sacred. You offer spiritual care through **presence**, **prayer**, and **encouragement,** especially in times of everyday or moderate distress. But sometimes, what's needed is **pastoral insight** or even **clinical expertise**. Knowing when to continue walking alongside someone and when to bring others into the circle of care is a form of spiritual discernment and relational wisdom.

We aren't meant to carry everything alone. That's not failure, it's **faithful teamwork** in the Body of Christ.

Ask Yourself:

> *Who is providing care, and are they equipped for this level of need?*

Roles in the Circle of Care

Caregiver Role	Who They Are	When to Involve
Lay Caregivers	Trained listeners, small group leaders, ministry volunteers	For low to moderate distress. Offer spiritual support: *listen, pray, encourage*
Pastoral Staff	Pastors, elders, or ministry team leaders	When deeper guidance, discernment, or short-term counseling is needed
Clinical Partners	Licensed counselors, psychologists, medical professionals	For crisis-level or complex emotional/mental health needs, *always refer, never delay*

Narrative Example

Let's return to **Linda's story**.

> You've just heard her share about marital tension and feeling emotionally numb. She hints at the belief that her family might be better off without her.
>
> You sit with her. You pray. You offer compassion, not quick answers.
>
> But after the conversation, you take a quiet moment to reflect:
>
> *Am I the best person to walk with her right now?*
>
> You realize: You're a trained lay caregiver. You can check in, offer spiritual encouragement, and be a faithful companion. But based on what she shared, especially her fragile emotional state, it's time to **loop in someone else**.
>
> You say to Linda gently:
>
> "I'm really grateful you shared this with me. I'd love to keep checking in with you. But I also wonder if we could connect you with one of our pastors or a counselor we trust, someone who's trained to help carry this with you."
>
> And when she agrees, you don't disappear. You stay connected, showing her that referring doesn't mean abandoning. It means the **care circle is widening**, not closing.

Biblical Reflection

"From whom the **whole body** fitly joined together and compacted by that which every joint supplieth, according to the effectual working in the measure of every part, maketh increase of the body unto the edifying of itself in love."

—Ephesians 4:16 KJV

We each have a part. No one part is meant to do it all.

Step 3: Consider Hindrances and Hope

Before rushing into solutions, take time to listen well. What are they hoping for? Where do they feel stuck? Are there any barriers that are real and painful, things that may not change, like a diagnosis or the aftermath of trauma? At the same time, are there signs of movement, even small

ones? We want to be people who can hear the pain and also help someone hold on to hope. Ask, *What might it look like to take one faithful step forward?* You are not trying to fix everything. You are helping them reflect, name what they are carrying, and move toward healing with Christ at the center.

As care continues, it's important to listen not just for what is being said, but for what's **beneath the surface**. Step 3 invites you to reflect with the person:

"What's getting in the way of healing, and where might God be leading?"

This is the moment when you help someone pause and take stock. What parts of their pain are **unchangeable realities** (like grief, aging, or past trauma)? And what parts might still be **open to change, growth, or movement**?

The Church Cares framework offers four words to guide this process:

Hearing, Hoping, Hindrances, and Highway.

Ask Yourself:

What is this person pushing away from?

What are they being pulled toward?

What road is open, even if it's steep?

The Four "H"s of Directional Care

Word	What It Means	What It Might Sound Like
Hearing	Creating space to fully hear their story. What are they experiencing?	"I feel like I'm failing as a mom. I can't keep up."
Hoping	Naming even small signs of hope, what do they long for or still believe God might do?	"I just want peace again. I want to be the mom I used to be."
Hindrances	Recognizing real limitations, things that cannot be fixed or avoided.	"I can't change what happened… I still have to care for my dad daily."
Highway	Discerning a courageous next step, however small, that reflects faith and movement	"Maybe I could ask someone to sit with me during service this week."

Narrative Example

After Linda agreed to talk to a pastor, you followed up a few days later over coffee. She looks a little lighter.

You ask gently:

"Can I ask: what's been hardest this week, and where have you felt God's presence, even if just a little?"

She talks about the weight of caring for the kids and feeling stuck. But she also shares that the pastor encouraged her to take one small step, inviting a friend over after church.

That became her **highway**, a concrete step toward community in the middle of emotional fog. It didn't solve everything, but it reminded her she's not alone, and that movement is still possible.

"…we can lament and acknowledge suffering… and trust that even when they can't see it, **we can help hold hope** until they're able to walk again."

Step 4: Use the CARE Pyramid

Picture care as a pyramid. At the base are lay caregivers, people like you, offering steady presence and encouragement. Most people can be supported well at this level. The middle of the pyramid includes mentors, peer leaders, or those trained to support specific needs like grief or addiction recovery. At the top are the professionals: counselors, doctors, and others who provide licensed care for crisis or complex situations. Knowing where a person fits in this pyramid helps you respond wisely. And even when someone needs to move up to the next level of care, they still need someone at the base to stay connected and present.

Not every care situation is the same, and not every caregiver is called to do the same thing.

The **CARE Pyramid** helps us understand the levels of care needed based on the level of distress and who is best positioned to respond. It also affirms the beauty of the **layperson's role** in the Body of Christ, showing how everyday believers are often the first and most accessible touchpoint for healing.

At the same time, it clarifies when it's appropriate to **pass the baton upward**, so that care continues safely and wisely.

Ask Yourself:

What level of care does this person need today?

Where do I fit in the pyramid, and who else might need to join me?

CARE Pyramid Overview

Tier	Role	Scope of Need	Action
Top Tier	**Licensed Professionals**	Clinical issues: trauma, suicidal ideation, abuse, psychosis, crisis situations	Refer to therapist or mental health provider immediately
Middle Tier	**Specialized Volunteers & Pastoral Leaders**	Ongoing grief, recovery from addiction, marital conflict, complex spiritual/emotional distress	Escalate to pastoral support or recovery group leaders
Base Tier	**Lay-Level Relational Support**	Everyday needs: loneliness, stress, parenting overwhelm, spiritual discouragement	Listen, pray, encourage, and walk alongside

Narrative Example (continued)

A week after your coffee with Linda, she texts you:

"Thank you for checking in. I did meet with the counselor Pastor Susan recommended. It was hard, but good. I'm going back next week. Would you still be willing to sit with me in church?"

Your answer is simple:

"Yes. I'm here."

You recognize now that **your role is not to fix, but to walk**. You're still part of the pyramid, offering consistent support from the base while professionals handle the deeper work.

You've helped her access the top tier, and you remain rooted at the base: praying, showing up, checking in. You are part of the healing process, not the whole of it, but a vital thread.

"Most care needs fall at the base, and **lay leaders are uniquely positioned** to meet those needs with wisdom, humility, and compassion."

Step 5: Refer With, Not Out

When someone needs more help than you can provide, referring them is the right next step. But that does not mean you step away. A referral is not the end of your care; it is just a part of it. You can stay in touch, pray with them, and offer support along the way. Send a text, check in with a call, or sit down for coffee. Let them know they are not walking this road alone. Jesus does not turn away when people are hurting, and neither should we. Even when others step in with clinical training, your ongoing presence can be a vital part of their healing.

Sometimes we think of a referral as a way of saying, "I can't help you, go see someone else."

But in the Church Cares model, we don't refer people **out of** the church, we refer them **with** support, compassion, and connection.

The goal isn't to step back, but to stay engaged even as someone else steps in. When we refer ***with***, we say:

"I'm still here. You're not facing this alone."

Referrals are not a sign of failure. They're a sign of wisdom, humility, and deep love. They reflect the truth that **no one person is the Body of Christ; we all are together**.

Ask Yourself:

> *How can I remain present while helping them access deeper care?*
> *What does staying connected look like after the referral?*

Three Commitments of Referring With

Action	What It Means	Why It Matters
Stay Connected	Continue checking in, following up, praying, and being a consistent presence	Shows the person they're not a "case" or project, they're part of the Body
Follow Up in Love	Ask how it's going, not to fix or analyze, but to encourage and remind them they're not forgotten	Helps break the shame or isolation many feel when seeing a counselor or pastor
Reassure Presence	Make clear: "You're still welcome here. I'll walk with you through this as you're comfortable."	Keeps the church central in their healing, not a place they feel referred away from

Final Narrative Snapshot

You see Linda again on Sunday. She looks stronger. After service, she says:

> "I didn't think anyone would stick around if I said how bad things were. But you did. Thank you."

You didn't diagnose her. You didn't fix her marriage. You didn't need to.
You **listened**, **responded wisely**, and **stayed close** as others with the right training stepped in.
That is care. That is the church. That is the gospel made visible.

"Care begins with presence, not perfection."
