



The
ChurchCares



THE CHURCH CARES KIT

TheChurchCares.com





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Quick Start Guide The ChurchCares

Five Easy Steps to Implement The Church Cares

**Each step in this Guide has implementation resources in our kit.
Be sure you have subscribed via email to receive access to the complete kit.**

1. Cast the Vision with Your Leaders

Start by helping your church leadership catch the vision.

- Share the “why”: Mental health is a growing crisis, and the church is uniquely positioned to respond with Christ-centered care. When everyday believers are trained to care, it frees up pastors and professionals for the needs that require deeper expertise.
- Use simple visuals like “The Triangle Model” (Pastors/Professionals, Trained Helpers, Lay Listeners) to show how everyone can play a role.
- Reference the book *When Hurting People Come to Church* to explain the model.

Tip: Use a staff meeting, elder board gathering, or leadership retreat to introduce the vision using stories to humanize the need.

2. Launch the 6-Week Course - “Helper Training - Care, Prayer, Share.”

- This is your entry ramp for church-wide engagement.
- Use the free video-based curriculum to train a broad group of interested volunteers.
- Gather for an intensive training or meet once a week for 6 weeks.
- You can also incorporate the 7Cups digital platform to assist in listener training.

3. Identify and Equip Your Care Team

- Select a core team of lay listeners and trained group leaders to serve in your care ministry
- Identify leadership roles like the Care Coordinator and the Care Supervisor. This can be two people or one person with dual responsibility.
- Use self evaluations. Offer additional training with resources at TheChurchCares.com
- Set a rhythm of support for the Supervisor to check in with the listeners.

4. Create a Clear Referral and Support Pathway

Avoid bottlenecks at the pastor's desk by building a coordinated flow:

- Empower the Care Coordinator to triage needs, connect people to the right layer of support, and track follow-up.
- Set up a process specific to your church.
For example, if the Coordinator is usually available within 24 hours: When the person in need calls the office, or asks for help after worship services, the Coordinator (not the pastor's assistant or church receptionist) contacts them, hears the need and decides the initial care path.
- Practice “referrals with,” not “referrals out”—keeping people connected to the church even when they also engage with professionals.
- Create a resource guide for your area.
- Register your church with 7Cups for online care anytime.

This step lightens pastoral load and increases care capacity.

5. Integrate Care into the Life of the Church

Make care culture the norm:

- Make it easy for people to ask for help. (e.g. a checkbox on the Contact Card)
- Plug hurting people into the new Care network and into existing ministries like small groups, grief support, recovery groups, or Bible studies as a means of care.
- Celebrate stories of healing and growth.
- Encourage regular prayer, pastoral support, referrals to counselors, and help from counselors (e.g. for triage help or training/education), alongside the Care network.

Care isn't a separate ministry—it becomes part of your church's identity.

Final Encouragement

This isn't just about mental and emotional health—it's about discipleship, hospitality, and evangelism in a hurting world.

The Church Cares gives you a roadmap that's spiritual, practical, and sustainable.

Would you like help customizing these steps for your specific church size or structure?

Meet with Dr. Jim!



Dr. Jim Sells

The Church Cares Director,
Professor, Endowed Chair of
Christian Thought & Mental
Health, Regent University



Consultation

You can schedule a zoom meeting with Dr. Jim to discuss your vision for developing an effective caring ministry in your church. Dr. Jim meets with pastors both in person and through zoom to discuss their ministry and unique challenges found in pastoral care. Schedule a time to meet today @ <https://calendly.com/thechurchcares/intro>



Training

While the training in the Church Cares initiative was developed to be provided "in house". Dr Jim can lead the training of church staff, leaders and caregivers over a weekend, or over a series of weeks. This can be done in person or through zoom. Conversation about training needs can be initiated through info@thechurchcares.com.



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Connecting people who need HOPE with people who HELP



The mental health crisis is flooding the church

- 57.8 million people with emotional or mental distress. Nearly half are not getting help.*
- That's 67 churchgoers for every church in the U.S.**
- There will never be enough professionals to meet this need.
- In distress, people come to the church first.
- Pastors see as many people as they can or refer to counselors—who are often full.

We are going to need a bigger boat



What does a bigger boat look like?

The Church CARES:

- Helps churches train lay listeners to address basic issues. (See p.2)
- Frees up pastors and professionals for specialized needs.
- Allows each church to choose/customize care approach.
- Creates collaboration between pastors, mental health professionals, lay helpers and educators.
- FREE for churches.

We are also adapting for the church, a simple technology system already used by millions.



*National Institutes of Mental Health, 2022.

<https://www.nimh.nih.gov/health/statistics/mental-illness>

**Estimate of churchgoers with unmet MH needs at churches of 100+ congregants.

Lay Listeners Can Walk Alongside:

Discouragement
and sadness

Fear, stress,
worry

Grief/
basic trauma

Adolescents /
life
development

Family,
couples,
parenting

Habits

The Church Cares helps you do what you do best – basic care, listening, sharing Jesus, and bringing people into biblical community, discipleship, and life transformation.

How it Works

We help churches enlist and equip lay volunteers to respond to basic emotional and spiritual needs—those that don't require professional care. With training in listening, presence, and knowing when to refer, volunteers become a hopeful, Christ-centered presence for those in distress.

A national survey of 2,000+ church leaders found:

- 96% say fellowship and support foster good mental health
- 94% believe lay counselors can make a real impact
- But only 33% have a system in place

We're closing that gap—so no one has to hurt alone.

Without
a license
you can still be
a lifeline.

About

The director of The Church Cares is Dr. James Sells, a licensed psychologist and Hughes Endowed Chair of Mental Health and Christian Thought at Regent University. The leadership team includes Dr. Jennifer Ripley (co-chair of the Charis Institute at Regent), Dr. Glen Moriarty (founder of 7 Cups, the world's largest digital peer-helping platform), and Shaunti Feldhahn (a social researcher and best-selling author).

The ChurchCares

Mission

To equip and empower churches to provide compassionate, Christ-centered care through trained lay leaders—so that no one facing emotional, relational, or personal distress has to walk alone.

Vision

A Church in every community that is known as a trusted place where people can find care, connection, and Christ-centered hope when life gets hard.

Values

1. Compassion Through Presence

We reflect the heart of Christ through humble presence. Care begins with showing up, listening well, and walking with people through their pain.

2. Biblical + Best Practices

Our model is grounded in Scripture and guided by wisdom and research. We believe God's Word offers healing truth, and that practical tools help people live it out.

3. Everyone Can Care

Care is not just for pastors or professionals. Every follower of Jesus can be equipped to provide meaningful support when someone is hurting.

4. Partnership, Not Silos

We work together across roles, disciplines, and gifts. Pastors, lay leaders, mental health, and medical providers form a care network - not separate lanes.

5. Healing Happens Together

Transformation begins when people are seen, known, and supported. We're not meant to carry our burdens alone. Healing happens in community, through presence, prayer, and the love of Christ shared person to person.

Goals

People in distress are welcomed, not referred away.

The Church becomes a first responder again—not the waiting room for outside help.

Lay leaders are equipped to listen, support, and walk with others.

Everyday believers are trained, encouraged, and released to serve in ways that transform lives and strengthen the Body.

Professional care and pastoral care are coordinated—not siloed.

Churches partner with clinicians and community resources while remaining engaged in every person's journey.

The local church becomes a hub of healing, transformation, and belonging.

Rooted in the gospel and the power of presence, the Church reflects the hands and heart of Christ to a hurting world.

"Rejoice with those who rejoice; mourn with those who mourn." (Romans 12:15)

"Carry each other's burdens, and in this way you will fulfill the law of Christ." (Galatians 6:2)

"Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms." (1 Peter 4:10)

Taking Care to the Next Level

✓ One-on-one

The Church Cares training will equip gifted church helpers to improve their care skills and become more confident ministering to those who are hurting in meeting one-on-one.

✓ In Small Groups

In addition to one-on-one care, sharers will be encouraged to engage with the church community in a small group setting with course materials.

✓ In Ministry

The Church Cares training is beneficial for any leaders serving in your existing church ministry such as youth ministry or hospital visitation. The listening and care skills are essential in meeting the varied needs of our people.

Our Mission:

To equip and empower churches to provide compassionate, Christ-centered care through trained lay leaders—so that no one facing emotional, relational, or personal distress has to walk alone.

Our Vision:

We envision churches as first responders—welcoming the hurting, equipping lay leaders, coordinating care, and becoming hubs of healing and belonging that reflect Christ's heart through presence and compassion.



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🌐 www.thechurchcares.com



Comfort, comfort my people, says your
God. Isaiah 40:1

Christ-Centered Care Training

This free, research-based program equips everyday believers to care, pray, and share in peer-to-peer relationships—demonstrating God's love by walking with others through life's struggles



The ChurchCares

The Church Cares is an initiative that equips churches to become trusted places of care and connection when life gets hard.

Through biblical training, practical tools, and scalable support, it empowers lay leaders—not just pastors—to respond to emotional and spiritual distress with compassion, presence, and hope in Christ.

We also partner with 7cups.com to provide an outreach and online platform to connect your church to those in need.

Common CARE Needs



Managing Emotions

Christ-centered tools to manage worry, fear, stress, discouragement, depression, and sadness.



Family Life

The Church Cares offer resources dedicated to helping marriages & families thrive in the church.



Grief

If you are searching for help in ministry to those who are mourning in your Church, then we have curated some resources for you.



Trauma

The Church Cares provides training to help lay counselors navigate the complex topic of trauma in those your care for.



Adolescence

Teens are often struggling with emotions, worry, anxiety, or relationships. They need the support of their church community. We have partnered with Young Life ministries to provide resources just for adolescents



Habits

If you are searching for help in ministry to those who are seeking recovery from destructive habits, then we have curated some resources for you.



How to Support Others



Educate Yourself

Receiving The Church Cares training will be a perfect complement to the biblical wisdom, prayer, and care giftings that you may already have.



Listen and Validate

In a very noisy world do not underestimate the power of a listening ear. Feeling heard is a precious gift to offer someone who is hurting.



Stay Connected

Humans were designed to live in community. From one-on-one care sessions to small groups to topical classes and ministries. Connection is key.

www.thechurchcares.com

1.1 Advertise the Class

Headline (for flyers, emails, announcements):

“When people are hurting, your presence can make all the difference.”

Core Message:

SO many people around us are hurting-and many just need someone to listen. In a world where counselors are overwhelmed and people are hurting, you can be a source of comfort, hope and presence. The Helper Training equips you to care like Christ with practical tools, biblical wisdom, and the support of a caring team. No counseling degree needed—just a willing heart.

Key Phrases to Use:

- “If you’ve ever wanted to help but didn’t know what to say... this is for you.”
- “Learn to listen well, pray with compassion, and walk with people through life’s hard moments.”
- “Real help doesn’t require fancy answers—it starts with presence, prayer, and Christ-centered encouragement.”
- “Come as you are. Leave more confident and equipped.”

Suggested Call to Action:

Join the Helper Training and discover how God can use you to bring comfort, hope, and connection-one conversation at a time.



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1.1 Interest Meeting Language

HELPER TRAINING: A CARE PRAYER SHARE CLASS

When people are hurting—your presence can make all the difference.

So many people around us are hurting—and many just need someone to listen. You can be a source of comfort, hope, and presence. The training equips you to care like Christ with the support of a caring team. No counseling degree needed—just a willing heart.

This training equips everyday believers to:

- Listen with empathy
- Pray with compassion
- Share encouragement rooted in Christ

Whether you're a small group leader, a ministry volunteer, or someone who just wants to help—this is for you.

What You'll Learn

- Practical care skills rooted in Scripture
- What to say (and what not to) when someone's struggling
- How to walk with people through hard seasons—without burning out
- When to pray, when to refer, and how to stay present

Upcoming Training Date: [Insert Date & Time]

Location: [Insert Location or "Online via Zoom"]

Register at: [Insert Link or QR Code]

Come as you are. Leave more confident and equipped to care.



1.3 How to choose a CARE coordinator

What is a CARE coordinator?

A CARE Coordinator is your church's triage leader and the point person for your lay-volunteer care ministry. (CARE stands for Coordinated Attention, Restoration, and Encouragement.)

- When someone brings a need to the pastor or church, this is the leader they're referred to.
- The Coordinator follows up with the individual, assesses the situation, and connects them to the appropriate level of care—whether that's a trained volunteer, a support group, or a professional counselor. They also keep the pastor informed, so no one slips through the cracks—and not everything falls on pastoral staff.
- In addition, the Coordinator helps identify, train, and support the volunteers who provide care.
- In many churches, the Coordinator role will be shared; someone with clinical experience may do the triage and supervision while someone with organization skills runs the program.

Choosing a Care Coordinator is one of the most strategic decisions in building an effective care ministry.

Start with Vision Alignment

The ideal Care Coordinator must deeply resonate with the ministry's mission and values—particularly a heart to see the church be a safe refuge for the hurting. They should embody empathy, biblical wisdom, and relational integrity, with a mindset that blends compassion and organization .

Look for These Core Qualities

Strong candidates often have:

- A shepherd's heart – genuinely cares for people, especially those in crisis.
- Triage discernment – knows when to enlist someone to listen, when to refer to a professional, and when and how to involve other resources.
- Organizational ability – can build systems, track care pathways, and support teams.
- Emotional and spiritual maturity – has processed their own story and is grounded in Christ.
- Trustworthiness – respected within the church, keeps confidences, avoids gossip.
- Bridge-builder instincts – able to connect leadership, volunteers, and external counselors .



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1.3 How to choose a CARE coordinator

Practical Experience Helps

Many effective Care Coordinators come from backgrounds in:

- Counseling or social work (even lay-level training)
- Pastoral care
- Medical backgrounds (e.g. practicing or retired nurse)
- Leading small groups or mentoring relationships
- Admin or volunteer coordination roles within the church

But what matters more than credentials is calling and character. Don't overlook someone simply because they aren't a professional—your best person might be a faithful, wise lay leader who can consult with a local clinician on triage decisions.

Use a Discernment Process

Pray intentionally for God to highlight the right person.

Ask your leadership team who they already trust and see informally doing this work.

Interview potential candidates using real-life-type scenarios to test for knowledge and triage ability, wisdom, humility, and theological soundness.

Invite them into a trial role or “coordinator-in-training” season with coaching and supervision.

Empower Them with Training & Ongoing Communication with Pastors

The Care Coordinator will likely both advise and need support from pastors in:

- Navigating trauma and abuse disclosures (ensuring a process is in place and followed)
- Supporting work with volunteers (for example: communicating about removing an unskilled volunteer from the team).
- Knowing referral networks and boundaries
- Leading with both compassion and clarity



2.1 Helper Training Access

All the videos are on The Church Cares
Youtube Channel.

You can find direct access to the Helper
Training Playlist here:



SCAN HERE



WORKBOOK + STREAMING VIDEO • SIX LESSONS



HELPER TRAINING WORKBOOK

A CARE PRAYER SHARE CLASS

Caring Relationships in Your Church Community



JIM SELLS PH.D.

JEN RIPLEY PH.D.



Charis Institute, Regent University Publication
1000 Regent University Dr
Virginia Beach VA 23464
thechurchcares.com info@thechurchcares.com

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READY TO BRING THIS MINISTRY TO LIFE?

If you're interested in starting a Church Cares ministry in your congregation, visit www.thechurchcares.com. We're here to help you identify and equip the people in your church who are already wired to care—so they can offer Christ-centered support to those who need it most.

Hi there!

WELCOME TO THE CARE PRAYER SHARE COURSE!



THIS WORKBOOK PROVIDES TWO THINGS:

- 1. A way to follow the video training.** Active learning is important for the retention of the important materials.
- 2. A resource for the future.** As you begin your care ministry, you may want to return to some of the ideas you learned in this training. This workbook creates a way for you to do that.

LET'S BEGIN WITH A PRAYER FOR YOUR CARE MINISTRY.

Lord, I take a moment to reflect on Rev 3:20. "I stand at the door and knock. If anyone hears my voice and opens the door, I will come in and eat with that person, and they with me."

As we begin this ministry training, Jesus would you please give me opportunities to show true hospitality to others, and to do it generously, joyfully and without grumbling. Would you give me grace to embrace interruptions as gifts from You, and help me make space for others in my schedule, at my table, in my home and heart.

Amen.

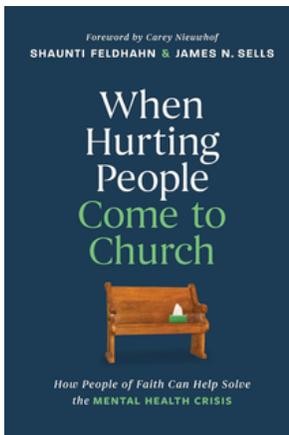


DR JIM & DR JEN



The Church Cares equips churches and ministries in helping skills to provide care.

The Doctors are both licensed psychologists, Endowed Professors at Regent University, and co-directors of the Charis Institute. Dr. Sells and Dr. Ripley have multiple books and publications on church ministry and helping Christian families.



WHEN HURTING PEOPLE COME TO CHURCH

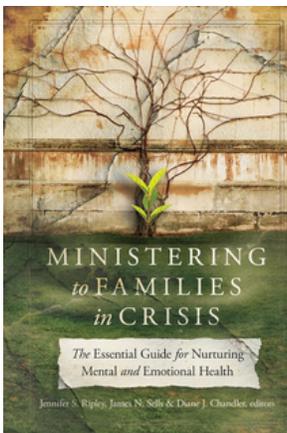
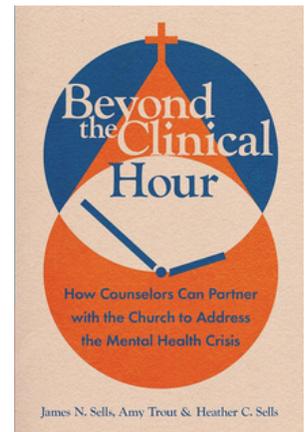
Shaunti Feldhahn & Jim Sells

People are hurting at a scale we've never seen. They're dealing with an onslaught of issues like anxiety, grief, mental illness, family troubles, and hopelessness. Pastors and counselors can't see everyone in need. This book can help.

BEYOND THE CLINICAL HOUR

Jim Sells, Amy Trout & Heather Sells

Psychologists James Sells and Amy Trout and journalist Heather Sells know firsthand the urgency of the situation— In this book, they call clinicians, students, and educators to collaborate with churches and lay leaders to envision and then create innovative solutions in their own communities.



MINISTERING TO FAMILIES IN CRISIS

Jen Ripley, Jim Sells & Diane Chandler (Editors)

Ministering to Families in Crisis provides leaders with an essential shelf reference for supporting your community's mental and emotional health.

LEADER'S GUIDE FOR HELPER TRAINING:

A Care Prayer Share Course

We're so grateful you've stepped into a leadership role for this ministry at your church. This course was designed to be simple to lead—so your time and heart can be focused where they matter most: caring for your group, praying with and for them, and creating a safe, grace-filled space where real-life struggles are met with Christ-centered support.

BEFORE CLASS BEGINS: PREPARE YOUR HEART

- Take time to reflect on how God has met you in your own seasons of pain, struggle, and healing. Where has He carried you through heartache? Where are you still waiting, still hurting? As you step into this ministry, let your own journey shape your compassion for others.
- Spend a few quiet moments in prayer—listening, reflecting, and inviting God to prepare you for what's ahead.

QUESTIONS FOR REFLECTION:

- When has God brought someone into my life who simply listened, stayed present, and helped carry the load?
- When have I felt abandoned, judged, or unseen in a time of need? Is there any forgiveness God is inviting me to offer as I begin this ministry?
- Lord, what kind of character do You want to shape in me as I lead this Care-Prayer-Share group?

BRINGING THE COURSE INTO YOUR CHURCH COMMUNITY

Every church is uniquely gifted and placed by God to care for its people and reach its community. That's why the Care-Prayer-Share course is designed to be flexible. Whether you're a small congregation or a megachurch, high church or low church, quiet or charismatic, full of new believers or seasoned saints—this course can serve your people well.

WHO IS THIS TRAINING FOR?

- **Anyone in Your Church:** This course works like any discipleship class—it equips everyday people to become more caring friends, neighbors, parents, and church members. The core skills are helpful for everyone.
- **Church Leaders:** Many churches use Care-Prayer-Share as part of their leadership development for pastors, elders, small group leaders, youth leaders, Sunday school teachers, and ministry staff. This course builds the relational and spiritual skills needed to lead well through seasons of struggle and pain.
- **Targeted Ministry Teams:** This training fits well with care teams, support groups, hospitality teams, welcome ministries, lay counselors, and mental health teams. It's also great for outreach ministries like food pantries, tutoring programs, or youth camps—any context where people show up in need of hope.
- **The Church Cares Ministry Team:** If your church is launching a formal care ministry through The Church Cares, this course serves as the foundational training. It helps orient and prepare those who will lead with compassion and walk alongside those in pain.

LEADER'S GUIDE FOR HELPER TRAINING: A Care Prayer Share Course

WHAT'S THE FORMAT OF THE TRAINING?

The course includes 8 modules that are covered in six lessons.

Each module includes:

1. **Short Video Teachings** – Brief, engaging segments to introduce key concepts. You can find the videos at www.thechurchcares.com/how-it-works or scan the QR code at each video lesson in the workbook.
2. **Group Discussion Questions** – Designed for the full group or table groups in larger settings.
3. **Pair-and-Share Practice** – Participants pair up to share personally, listen well, and pray together—building real-life care skills.
4. **At Home Reinforcement** - This is an important part of the program and participants must find time to practice the skills they have learned.

Six Session Breakdown		
Session	Topics	Video Length
1	Introduction, Joining	7:07 + 10:46
2	Prayer	15:42
3	Focus, Ask, Boundaries	9:48 + 6:06 + 8:05
4	Looping	12:49
5	Summarizing	6:07
6	Connection to Direction	14:48

This training is designed in six sessions. You can spread it out—one session per week over six weeks—or complete it over a focused weekend.

If you choose to complete the training in a single day or two, be sure to build in time afterward to practice what you've learned. Skill-building doesn't end when the videos stop.

For your care ministry to thrive, every helper needs to practice these tools with another team member before offering support to others. Listening well is a ministry—and like any ministry, it takes preparation.

BEFORE YOU BEGIN: WELCOME YOUR GROUP WELL

Reach out to participants before the first session to warmly welcome them to the Helper Training course. Share any key logistics they'll need (location, timing, what to bring), and extend a spirit of hospitality that reflects the heart of this ministry—gracious, personal, and prepared.

HOW TO USE THIS STUDY

This workbook accompanies the training Video material found on our website: www.thechurchcares.com

The Helper Training course is a six-session video study designed for small groups but adaptable for individuals to complete with a partner. The video sessions are facilitated by Dr. Jim Sells and Dr Jen Ripley, Professors at Regent University and Psychologists. The videos feature demonstrations of caring, prayer and sharing demonstrated by Sylvia Chipman, coach with Thrive Marriage Coaching and LaGaye MacDowell, Director of Church Care and Counseling Ministry at River Oak Church.

All participants watch the videos and complete the workbook to prepare them to develop gifts that involve caring for others. Spiritual gifts such as mercy, hospitality, help, shepherding, pastoring and serving all involve working with people who are suffering. This course equips the people in your church in skills that support these spiritual gifts.

WHAT YOU WILL NEED:

- The videos are available at no cost on our Youtube Channel @TheChurch Cares. There is a QR code throughout the workbook to the playlist. or go to www.thechurchcares.com/course
- This workbook (one per person).
- Participants should bring their Bible to class and come ready to share.

EACH SESSION INCLUDES THREE KEY ELEMENTS:

Video Learning - Each group session features short, flexible video segments that introduce the core ideas of the Helper Training course. (TEACHING) Then the video contains a demonstration to show how to apply the skill. (DEMONSTRATION)

Group Discussion - Guided questions help participants apply what they've learned to real-life care opportunities—in the church, neighborhood, or beyond. (PRACTICE) Group leaders are encouraged to preview the questions and guide practical, grace-filled conversations.

Prayer and Share Connections - At the end of class time, members can meet in pairs or triads to check in, listen, and pray together. Entering Care ministry can feel stretching- the more practice you require of your team, the more confident they will be with their first care, prayer & share ministry meeting. These 30-minute meetups can happen anywhere. This time is powerful. Practicing care in real relationships helps the learning stick—and helps people feel seen and supported.

WATCH FOR THESE ICONS:



Play the video. This QR code takes you to the Youtube playlist for this course.



This is the teaching part of the video.



This is the demonstration part of the video.



Practice the skill you just learned with a partner.



Group Discussion. Go beyond the partner sitting next to you and discuss these things as a whole group or break into smaller discussion groups.



Pair and Share allows pairs of people to break off and practice together. This is an important part of the training.

Lesson 1: Joining Welcome & Opening Questions

What is one thing you are looking forward to as you begin this training?

WHAT MINISTRY ROLES MIGHT YOU APPLY THIS TRAINING ?

LEADING GROUPS

Improve my listening when leading church groups or classes

CHILDREN OR YOUTH

For any children or youth in your life, to increase a sense of being there for them

PRAYER MINISTRY

When I pray for people, to improve my ability to hear the story of their pain

EVANGELISM

When listening to those not (yet) following Jesus, to hear their story

LOVE MY NEIGHBOR

Show hospitality to those in my life through being present & listening well

THE CHURCH CARES

Matching with someone through this ministry to care and support them

OTHER _____

OTHER _____

Helper Training Lesson 1: Video 1



INTRODUCTION (7:07 MINUTES)

CLICK THE QR CODE TO ACCESS THE VIDEOS
YOUTUBE.COM/@THECHURCHCARES OR
THECHURCHCARES.COM/COURSE



TEACHING

Meet “The Docs” Dr. Sells and Dr. Ripley

The Purpose of The Church Cares
We Hurt, We Connect, We Learn, We Care

Overview of 7 Steps to Caring

4 H's of Healing

Hear, Hope, Hindrance, Highway

This will move a person from being heard to having a sense of direction.



DEMONSTRATION

Meet Casey and Jordan. Jordan will model how to be a good helper. Listen closely to how Casey describes herself.



PRACTICE (5 MINUTES)

Practice just getting to know someone. With your partner share your favorite book of the Bible and why.

Helper Training Lesson 1 Video 2

JOINING TO SEE AND UNDERSTAND (10:46)



TEACHING

Genesis 16: Story of Hagar
God sees us. God knows us. God
loves us.

Seeing is a prelude to trust. To build
trust we need to:

- Suspend _____
- Offer trust
- Use _____ words
- Invite the telling of the story.

Not only do we join to understand but
we join to see.

- We are to be comforted in knowing
that _____ sees us.

Did you miss one of the words? In the
back of this workbook are the answers.



Lesson 1: Joining



DEMONSTRATION

What did you notice?

What would be a good response to “I don’t want to be a bother” ?



PRACTICE NOW WITH A PARTNER (5-10 MINUTES)

Do you find that often you don’t slow down and connect with anyone at church? What gets in the way? What could help with that?

Take a few minutes to slow down and connect with your partner.

Ask your practice partner to share any personal struggle or life circumstances that they feel comfortable sharing.

Practice the skills you learned in lesson one.

- Slow down to suspend time
- Offer trust
- Use few words
- Invite the telling of the story.

Helper Training Lesson 2

Start Here: Remember and Reflect

Before we dive into new material, let's take a moment to look back.

*Each lesson begins with a simple rhythm:
remembering, reflecting, and raising any questions.*

- Remember what stood out from the last lesson. What truth encouraged you? What skill or step have you been practicing?
- Reflect on how the past week went. Were there moments of growth—or moments that were hard?
- Raise any questions, struggles, or stuck points. This is a space where it's okay not to have it all figured out.

Bringing our questions into the light allows the group to grow together in honesty and grace. When we pause to reflect before moving forward, we make space for deeper understanding—and for God to meet us right where we are.

Let's begin with open hearts, listening ears, and a willingness to walk forward together.



Helper Training Lesson 2 Video 1

PRAYER FOR STRUGGLES (15:48)

- Not to say just the right _____
- Not to just end the conversation
- Connected to the _____
of the other

Lesson 2: Prayer



- Ears- _____ slowly
- Heart- Our hearts are broken
- Face- Turned towards _____
- Hands- Many types of _____
- Feet- Inspired to wise action
- Follow-up - Keep on Praying



GROUP DISCUSSION

5 minutes

Can you think of a time when you were really struggling and someone prayed for you in a way that really helped you? What did they do?



PRACTICE WITH A PARTNER

10 minutes

Share one life struggle right now.

Find 1-2 scripture verses that apply to your practice partner's situation. Read the scripture together, and pause to pray.

Pray in ways that are natural for you as you close the meeting.

Lesson 2: Prayer



PAIR AND SHARE

30 minutes

Find a partner follow up on the personal struggles that were shared last week. If you are practicing with a new partner, ask them to share some of their story.

Do you sense that this is the kind of situation that is

- Dramatic response from God
- Waiting on the Lord for a response
- Lamenting and accepting loss or struggle

**“God of Silence and
God of all sound, Help
me to listen.**

**Help me to do the deep
listening to the sounds
of the soul.**

**We are waiting to hear
your soft voice calling
us deeper into you.”**

Ignatian Prayer

Lesson 3: Focus, Ask, Boundaries

Helper Training Lesson 3

Start Here: Remember and Reflect

Before we dive into new material, let's take a moment to look back.

*Each lesson begins with a simple rhythm:
remembering, reflecting, and raising any questions.*

- Remember what stood out from the last lesson. What truth encouraged you? What skill or step have you been practicing?
- Reflect on how the past week went. Were there moments of growth—or difficult?
- Raise any questions, struggles, or stuck points. This is a space where it's okay not to have it all figured out.

Bringing our questions into the light allows the group to grow together in honesty and grace. When we pause to reflect before moving forward, we make space for deeper understanding—and for God to meet us right where we are.

Let's begin with open hearts, listening ears, and a willingness to walk forward together.

This lesson we focus on three skills that communicate presence, care, and valuing love when someone is sharing their story of struggle. The skills are in three videos.

- **Lesson 3 Video 1: Non-verbal communication**
- **Lesson 3 Video 2: Curious questions**
- **Lesson 3 Video 3: Recognizing emergency situations & getting help**



Helper Training Lesson 3: Video 1

FOCUSING THE CONVERSATION (9:47 MINUTES)

Lesson 3: Focus, Ask, Boundaries



TEACHING

To create connection with others in non-verbal communication skills, the 3 Vs and a B are

- V _____
- V _____
- V _____
- B _____



DEMONSTRATION

As you watch Jordan's body posture. What did you see?



PRACTICE

5 minutes

Find your partner to practice non-verbal listening skills.

- One partner plays the role of speaker and tells a story of some past struggle in your life for about 2 minutes.
- The listener does not speak. The listener's job is to practice the 3Vs and a B of non-verbal listening.
- Take about 2 minutes focusing on your non-verbal communication.

Then switch roles so you both have a chance to try it.

It often feels awkward to focus on non-verbal communication and body posture. That is a normal feeling.

Is there one way you could improve your non-verbal communication learned from this activity?

Lesson 3: Focus, Ask, Boundaries



GROUP DISCUSSION

10 minutes

Christianity is an embodied faith.

Jesus came not as an idea or a vision, but in a body—a crying infant in a manger. He lived in a body, served in a body, suffered in a body, and rose again in a body. His incarnation affirms what God first declared in Genesis: our bodies are “very good.”

So we ask: What does it mean that God Himself walked among us in a human frame?

What does that say about our worth, our wounds, and how we care for one another?

So much of our communication happens without words.

Helper Training Lesson 3 Video 2



ASKING CURIOUS QUESTIONS. (6:06 MINUTES)

I should not give my opinion, but listen with curiosity

I agree

Lesson 3: Focus, Ask, Boundaries



TEACHING

How are _____?

_____ is happening?

Can you tell me _____ about that?

How did that _____ you?

How were you shaped by this _____?

Where does God show up in this story, or is _____?

Can you see any _____ options for this situation?



DEMONSTRATION

As you watch Jordan ask questions. Take notes on what you noticed. How did she demonstrate curiosity with questions? Can you think of any other curious questions that could have been asked in this scenario?



PRACTICE

5 minutes

Together with your partner consider what questions you might ask Casey in the role play?

What are curious questions you could ask?

Lesson 3: Focus, Ask, Boundaries

Helper Training Lesson 3 Video 3



PITFALLS DANGERS & SOLUTIONS (8:05 MINUTES)

TEACHING

- Avoid being overly responsible. I am not responsible, I am _____ in my role in this ministry.
- I don't need to make sure my friend makes it to church on Sunday, or make things happen for the person.
- You are joining with the _____ of another person.
- God is the ultimate caregiver.
- Limit your _____
- Humility: Not _____
- I should not be alone but bring any burdens or painful stories to _____



RESOURCES FOR EMERGENCY SUPPORT

- Dial 988 for mental health emergency care 24-7
- See your church leader for local resources and if/when emergencies happen

If you have time, stay now and practice this skill.

If the time is over, then schedule a time to meet this week and practice- on the phone or internet is fine.

Practicing with a partner after watching the training is essential to being ready to listen in real life.

Lesson 3: Focus, Ask, Boundaries



Common non-verbal habits to improve:

Not looking at someone who is speaking

Nodding too much

Interrupting the other person

An anxious voice tone

Body posture that is slouching or turned away

Facial gestures that distract from the story like laughing when it's serious

Invading personal space or sitting too far away

PAIR AND SHARE

30 minutes

When you meet with a partner to practice, follow up on personal struggles that were shared last week (If you are practicing with a new partner, ask them to share some of their story)

Practice listening for 5-10 minutes each and pay attention to your body posture, eye contact, voice tone, and general non-verbal communication.

Ask curious questions to help the other person tell more of their story.

Have your practice partner give you feedback on your non-verbal style and curious questions.

Are there any nonverbal habits you'd like to grow in?

It's important to notice the difference between patterns you want to intentionally improve and behaviors that only show up when you're anxious. Ironically, stressing about how you come across can actually make things harder. Self-awareness helps—but so does self-kindness.

Pray in ways that are natural for you as you close the meeting.

Lesson 4: Looping

Helper Training Lesson 4

Start Here: Remember and Reflect

Before we dive into new material, let's take a moment to look back.

*Each lesson begins with a simple rhythm:
remembering, reflecting, and raising any questions.*

- Remember what stood out from the last lesson. What truth encouraged you? What skill or step have you been practicing?
- Reflect on how the past week went. Were there moments of growth—or difficult?
- Raise any questions, struggles, or stuck points. This is a space where it's okay not to have it all figured out.



In this lesson, we will focus on the “Looping” of content and emotions. Looping is very helpful when listening to someone share their story. This is the heart of the listening skills portion of this training.

Helper Training Lesson 4 Video 1



LOOPING CONTENT AND EMOTIONS (12:49 minutes)

Loop content:

Take the idea of what they said, and looping it back to them in their own words to help them feel heard.

You are heard, understood,
----- and known.

Lesson 4: Looping



Loop emotion:

Loop back the emotion.

Reflecting: Bouncing back the same idea of what they said

Paraphrasing: Using your own _____ to loop back the emotion.

Clarifying: I'm not sure if it's this or _____.

Emotions can be _____ and have _____



DEMONSTRATION

As you watch Jordan's looping. Take notes on what you noticed. How did she loop in this clip?

PRACTICE

12 minutes

Take turns looping content and emotions.

As the help-seeker, pause frequently so your partner can practice looping.

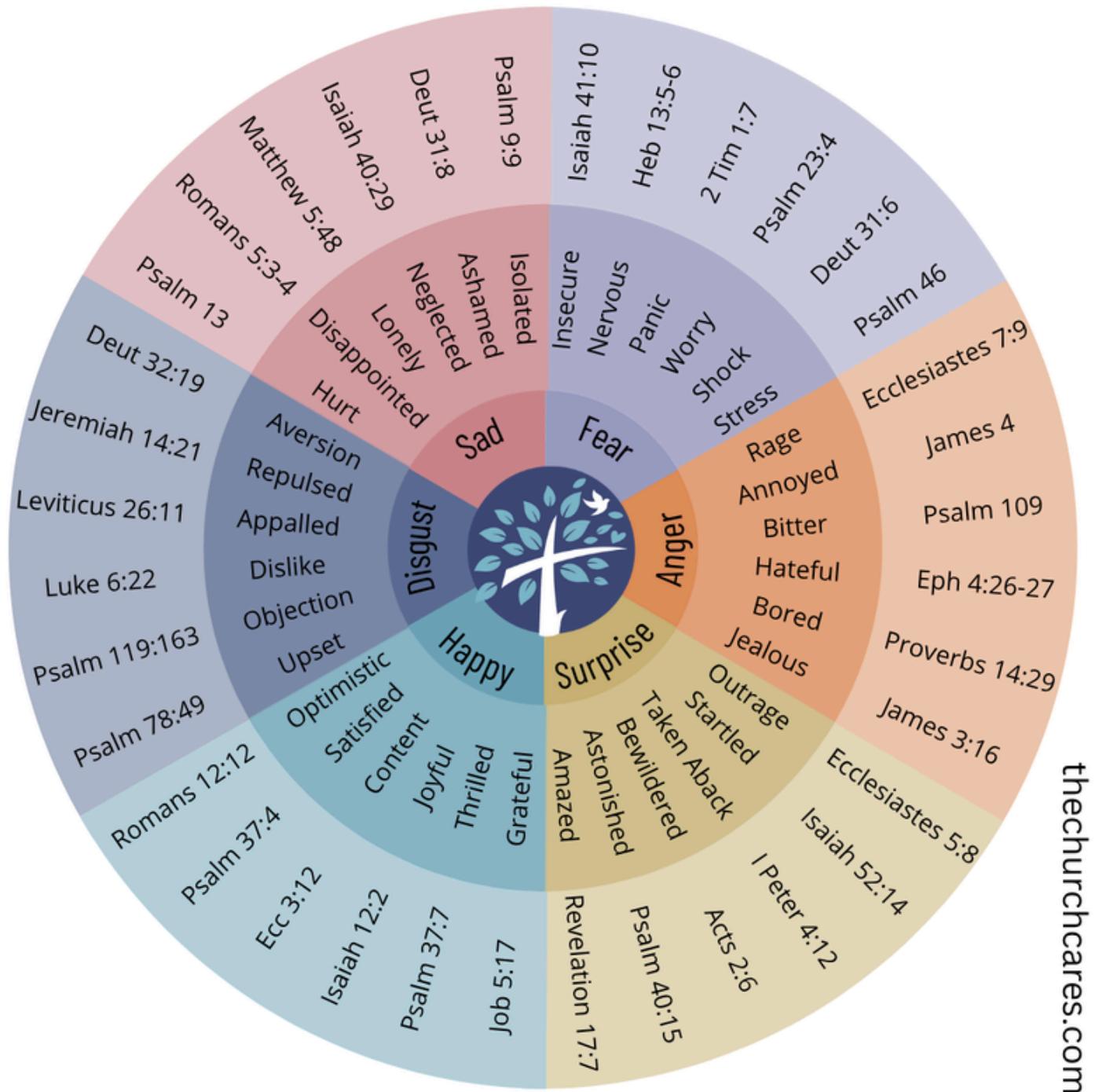
When you hear an idea, reflect an idea.



Take 5 minutes and swap roles You might need to set a watch or timer. It's normal to feel like 5 minutes was a long time.

After you finish, give your partner some feedback on what they are doing well, and how they could keep getting even better.

The Emotions Wheel



We invite helpers to reflect on these Scriptures, especially in areas where certain emotions may feel less comforting or familiar. This isn't a quick-fix of emotions, but to explore and experience emotions.

Lesson 4: Looping



GROUP DISCUSSION

10 minutes

Read Lamentations 3:25-33

25 The Lord is good to those whose hope is in him, to the one who seeks him;

26 it is good to wait quietly for the salvation of the Lord.

27 It is good for a man to bear the yoke while he is young.

28 Let him sit alone in silence, for the Lord has laid it on him.

29 Let him bury his face in the dust— there may yet be hope.

30 Let him offer his cheek to one who would strike him, and let him be filled with disgrace.

31 For no one is cast off by the Lord forever.

32 Though he brings grief, he will show compassion, so great is his unfailing love.

33 For he does not willingly bring affliction or grief to anyone.

As you develop the skill of being a good listener, what is your end-goal and hope for how you might use this skill in your life?

For example. Listening well with

Friends and family members

Ministry roles in the church

Evangelism

Groups I lead at church or elsewhere

Workmates, colleagues or customers

Other?

Lesson 4: Looping

Many people feel unsure whether waiting, or “just listening” is actually helping others. We want a quick fix, and wish we could actually solve their problem that they are talking about. Do you feel that way sometimes?



PAIR AND SHARE

30 minutes

Follow up on personal struggles that were shared last week (If you are practicing with a new partner, ask them to share some of their story) Practice listening for 10 minutes each and practice your looping skills.

This works best if the person talks for about one minute and then the listener loops content or emotions.

The listener should loop content or emotions to help the other person tell more of their story. If finding emotion words is hard, the emotion wheel can be a handy tool.

As the speaker, make sure that you pause about once a minute to let your partner practice their looping skill.

Ask the other person for feedback on your looping. Pray in ways that are natural for you as you close the meeting.

Lesson 5: Summarizing

Helper Training Lesson 5

Start Here: Remember and Reflect

Before we dive into new material, let's take a moment to look back.

*Each lesson begins with a simple rhythm:
remembering, reflecting, and raising any questions.*

- Remember what stood out from the last lesson. What truth encouraged you? What skill or step have you been practicing?
- Reflect on how the past week went. Were there moments of growth—or difficult?
- Raise any questions, struggles, or stuck points. This is a space where it's okay not to have it all figured out.

This lesson we will focus on summarizing.

Summarizing someone's story is a powerful way to show that you've truly been listening.

It also allows you to close the conversation with care and clarity—helping the person feel seen, heard, and valued.

Helper Training Lesson 5 Video 1

SUMMARIZING (6:07 minutes)

Summarizing is useful for...

Establish: Establish _____ in the conversation.

Alter: Alter the _____ of a conversation.

Bring: Bring closure and introduce a new

_____.



Lesson 5: Summarizing



TEACHING

How to summarize

1. Think back over the last 15 minutes of what they have been talking about, or over the whole time.
2. Summarize the main ideas.
3. Ask “Did I _____ it?”
4. Transition to a new topic, or finish the meeting with prayer.

It’s good to be _____. Being wrong actually clarifies what is most important.



DEMONSTRATION

As you watch Jordan’s summarizing, what did you notice?

How did she summarize well in this clip?

PRACTICE

10 minutes

Take turns using all of the skills you have learned so far, and then giving a summary.



1. Use good non-verbal and body language.
2. Verbal tracking- listening
3. Curiosity with good questions, not advice
4. Loop content & emotions
5. Summarize for a gracious transition or close of conversation.

Set a timer for 4 minutes and just listen well, doing all the skills, 1, 2, 3 & 4 above. When the timer goes off try #5, summarize as though ending the meeting

Swap roles and Give feedback to each other.

Lesson 5: Summarizing



GROUP DISCUSSION READ I CORINTHIANS 12: 21- 28

10 minutes

We include verses 28 here for emphasis

28 And God has placed in the church first of all apostles, second prophets, third teachers, then miracles, then gifts of healing, **of helping (Greek word antilēmpseis)**, of guidance, and of different kinds of tongues.

Strong's lexicon defines: "The term "antilēmpsis" refers to the act of providing help or assistance. In the context of the New Testament, it is often associated with the spiritual gift of helping or supporting others within the Christian community. This gift is seen as a vital function within the body of Christ, enabling the church to operate effectively and compassionately.

The gift of helping is not just volunteering for your church, but is an important gift for the body of Christ.

How do you think the gift of helping should be viewed by the church?

Have you found listening to be helping?

Lesson 5: Summarizing

Just one lesson to go!

Before we wrap up, we'd love to hear how this experience has been for you. Please take a few minutes now to complete our program evaluation.

As a university-based training initiative, your feedback genuinely shapes how we improve. **We read every comment** and use it to strengthen the way we equip others to care well.



If this does not work for you, visit www.thechurchcares.com/feedback

Pair and Share

30 minutes



When you meet, follow up on personal struggles that were shared last week (If you are practicing with a new partner, ask them to share some of their story)

Take some time to practice all your skills for about 10-15 minutes each, as you have time. At the end of your time, practice a summary statement. Setting a timer on your phone or watch will help you avoid going beyond the time you have available.

Ask the other person for feedback on your helping skills. Pray in ways that are natural for you as you close the meeting.

Lesson 6: Connection to Direction

Helper Training Lesson 6

Start Here: Remember and Reflect

Before we dive into new material, let's take a moment to look back.

*Each lesson begins with a simple rhythm:
remembering, reflecting, and raising any questions.*

- Remember what stood out from the last lesson. What truth encouraged you? What skill or step have you been practicing?
- Reflect on how the past week went. Were there moments of growth—or moments that were hard?
- Raise any questions, struggles, or stuck points. This is a space where it's okay not to have it all figured out.

Read James 2:14-18 to prepare for this lesson.

In this last lesson we focus on moving from Connection to Direction. You will learn how to help someone make plans to address problems they are facing.

Helper Training Lesson 6 Video 1

Connection to Direction (14:48 minutes)

TEACHING

Paul and Silas in Jail (Acts 16: 16-34)

Sometimes we can do something and
sometimes we have to _____ on the
Lord and pray.



Lesson 6: Connection to Direction

The 4 H's



Hear the Story. Push away or _____ towards.

- How can you push away from the problem
- And at the same time how can you pull towards the creative solution?
- You often have to hold both at the same time.

Hope. Our hope is in _____.

- It's okay to lament and cry. _____ wept (John 11:35).
- God will not leave us alone.

Question: What is it that God is asking you to do next (hint: It may be waiting, or it may be action) to rely on the Hope that you know but cannot see?

Hindrance. Consider the limitations and realities of choices we have.

- Choices make our lives _____ and bring stress.
- What are hindrances that can't be moved, and what can be moved?

Highway. An elevated path.

- Courage is not merely telling them to have courage.
- Courage is instilled by invoking the presence of God, the _____ way.

Lesson 6: Connection to Direction



PRACTICE

15 minutes

Think through the 4 H's in the role play scenario of Casey and Jordan

Work through the PLAN & PRAY sheet together.

How would you fill in the worksheet with the Casey & Jordan scenario?

Or if you are feeling comfortable you can use something from your own personal lives instead.

Make a Plan & Pray - the 4 Hs

Hear their story still: What is the concern?

Hope: What has to wait and what can be changed?

Resources: spiritual, personal, church, community, family, friends

Create a plan for the coming weeks/months

Hindrances: Discuss them

HIGHway: Where is God in this plan?
Prayer

PLAN & PRAY



DATE: _____

HEAR THE CONCERN

What is the concern?
Be clear & specific.

HOPE

What can change, and
what waits on God?
Make a plan?
What resources? spiritual,
personal, church, family,
city, friends, etc.

HINDRANCES

What will make this
difficult? Plans to respond
to hindrances?

HIGHWAY

Where is God in this plan?
Pray over it.

Lesson 6: Connection to Direction

GROUP DISCUSSION



10 minutes

Think through the 4 H's in the role play scenario of Casey and Jordan

How do you see the Plan and Pray working out for someone who is

1. Stuck in a situation that can't really change such as the death of a loved one or job loss.
2. Young, like a teenager so doesn't have many resources or great skills yet at problem solving.
3. Seems to reject any idea of improving and only sees hindrances.

Put your heads together as a group on how you can use hearing, hope/ identifying resources, respecting hindrances, and God's Higher way to help people like those above take small steps forward addressing their problem appropriately to the situation and their abilities.

WHAT IF I DON'T HAVE WHAT IT TAKES TO HELP THEM?

Sometimes in care ministry, you realize that someone's struggles are deeper than you can walk with alone. That's not failure—it's wisdom. When that happens, ask your church leadership for a list of trusted local professionals you can refer to, so you can continue to walk alongside the person while they receive the help they need. Being a bridge to a higher level of care is an important ministry too. And you can continue to care and pray for the person while they get higher level medical, financial, or mental health care.

I ' M T R A I N E D N O W W H A T ?

Congratulations on completing The Church Cares Helper Training!

You've taken an important step toward becoming a steady, trusted presence for those in need of care. Many new helpers begin by continuing to meet with classmates—or connecting with others in their church or ministry—to practice listening, share real-life experiences, and grow together. That's a meaningful first step into care ministry.

Some of you may feel led to offer this training to others in your community. If that's you, we'd love to support you.

Next Steps:

- **Keep Practicing:** Pair up with someone from your class or ministry to keep listening and learning together.
- **Talk with Your Church Leader:** Let them know you've completed the training and are ready to serve.
- **Get Equipped to Lead:** Interested in offering this course to others? Reach out to us at info@thechurchcares.com or www.thechurchcares.com for tools, guidance, and encouragement.

Remember: Care begins with presence—not perfection. You don't have to do everything. Just do the next right thing.

Looking for support as you continue in care ministry?

- TheChurchCares.com offers practical resources on a wide range of life challenges you may encounter as a helper. It's your go-to hub for care tools, guides, and encouragement.
-
- 7cups.com/thechurchcares is a 24/7 platform where trained helpers and help-seekers can connect anytime. You'll find opportunities to practice your listening skills to people who are hurting, provide care, receive support, and access additional training at your own pace.



THE ANSWERS

MISSING AN ANSWER OR TWO FROM THE FILL-IN-THE-BLANK?

WE GOT YOU.

1. Introduction: We Learn
Joining to understand: Suspend time, Offer trust, Use few words, Invite the telling of the story. God sees us.
2. Prayer: words, heart, listening, God, prayers
3. Focusing the conversation: Visual eye contact, vocal quality, verbal tracking, body posture/ position
4. Asking Curious Questions: things, what, more, affect, loss, missing, wise
5. Boundaries: a caregiver (or similar word), church, suffering, God, meetings, hero, the coordinator
6. Looping Content & Emotions: regarded, words, that, congruent, layers
7. Summarizing: focus, direction, perspective, wrong
8. Connection to direction: wait, pull, God, Jesus, complicated, High



GROUP RULES FOR CARE PRAYER AND SHARE COURSE

1. People may choose to share personal struggles in this course. I will treat each person's story with respect, care and Christian love.
2. I will not gossip or talk about the personal struggles people share outside of this group.
3. If I will be late or can't attend the group one week, I will let the leader know.
4. I will get my needs met by God and rely on God first for any struggle or issues in my life. I won't expect people in this group to fix me.
5. I will graciously accept care, prayer or sharing from fellow members of the group.
6. I understand we are all learning to care, pray and share. We will sometimes misunderstand or make mistakes. No one here is perfect.
7. I will pray for the people in my group.

4.1 What Happens After the Class?

AFTER THE TRAINING: A SIMPLE GUIDE FOR YOUR CHURCH

Imagine This...

No one struggles alone. Your church is now a place where trained lay listeners quietly serve as Christ's hands and heart, walking alongside those in pain. People feel seen, cared for, and encouraged toward hope and healing—and your staff, pastors and local counselors are supported by a well-organized system of lay care.

This document provides a simple, practical roadmap for the CARE Coordinator about what implementation looks like after your volunteers complete the Helper Training. (Some steps will be arranged prior to the training so they can be seamlessly launched after the training.)

1. Publicly Celebrate & Cast Vision

- Announce the launch of the ministry (trained lay listeners) just as you would a new ministry or small group sign-up. Share from the platform, in bulletins, via email, etc..
- Clearly explain what this will look like:
 - Is there a dedicated way for people to request help?
 - If someone is interested in being trained as a listener, what can they do?
 - How does this enhance existing care options? Ensure members know this is adding a layer of care to existing pastoral / counselor care, not replacing it.
- Invite participation:
 - As **help-seekers** – encourage those who need a listening ear to reach out.
 - As **future helpers** – encourage others to consider training in the future.



4.1 What Happens After the Class?

- Consider a short sermon series or pastoral message on mental and emotional health to normalize conversations around care, help launch this avenue of ministry, and ensure people are engaged in the new process. This will be especially important if the church’s care culture has been primarily based on referring to clinicians.

2. Create Ongoing Systems for Seeking Help

- Provide **easy ways to request help**:
 - Add a “Would you like a call back from someone in our care ministry?” section to the church’s Contact Card or digital Contact form (such as a QR code or NFC “tap phone here” sticker on the back of each pew or seat).
 - Ensure all small group and other leaders know the preferred method for referring a need to the care Coordinator (e.g. calling the church office, texting the Coordinator, etc.).
- Establish a **Coordinator role** to receive all requests, respond within 24–48 hours, and determine next steps.
- The Coordinator will funnel appropriate requests to trained listeners and/or relevant ministry groups, and refer higher-level needs to pastors or counselors.

**Example: Jessica, a mom struggling with anxiety, taps her phone on the NFC sticker and fills out the digital form. The Coordinator connects her with Angie, a trained listener who has walked a similar road.*

3. Deploy Trained Lay Listeners Thoughtfully

- **Start simple:** Assign new listeners to “basic” needs (e.g., normal grief, life transitions).
- **Refer upward as needed:** Ensure listeners pass higher-level needs to the Coordinator, who passes them to a pastor or counselor.
- **Match interests:** Listeners can serve post-service, in prayer groups, or specific ministries (e.g., Celebrate Recovery, grief support).
- **Use pairs or teams, especially at the outset:** Build confidence and ensure backup support.



4.1 What Happens After Class?

4. Facilitate Ongoing Supervision & Support

- Schedule **regular debrief sessions** (every month or two) for listeners to:
 - Share experiences and questions (no names, confidentiality protected).
 - Receive guidance and encouragement.
 - Process difficult interactions and prevent burnout.
- Create a **feedback loop** so the Coordinator / pastor(s) hear of any needs for additional training or ministry.
- **Provide continuing education** for listeners: Invite guest experts, share micro-trainings, and celebrate care successes.
- **Care for your volunteers:** Encourage prayer support, offer breaks when needed, and remind them that self-care is vital.

5. Integrate Listeners Into the Broader Care Ecosystem

- Encourage listeners to always consider the bigger picture; not just caring for the person short-term, but ensuring they get connected into ongoing fellowship in a small group or other support group.
- Clarify their role in the larger care map:
 - **In-scope:** Listening, praying, encouraging.
 - **Out-of-scope:** Counseling, medical/mental health intervention, pastoral advice.
- When referring to professionals, consider the **“referrals with” model**. In some cases, listeners, support groups or other ministries may continue walking alongside.

6. Measure & Celebrate Success

- **Share wins** to build momentum, engagement, and trust. Simple metrics:
 - Help-seekers connected in first 90 days.
 - Active trained listeners.
 - Anonymous success stories shared in newsletters or services.
- Celebrate publicly—**thank volunteers** and share testimonies (with permission or anonymized).





CHURCH COORDINATOR'S GUIDE

START UP PLAN

**Create Relationships for Care in Your
Church Community**



JIM SELLS PH.D.

JEN RIPLEY PH.D.



Charis Institute, Regent University Publication
1000 Regent University Dr
Virginia Beach VA 23464
thechurchcares.com info@thechurchcares.com

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Hi there

WELCOME TO THE CHURCH CARES!



This coordinator's guide helps you

Organize your plans for The Church Cares Ministry

As a resource for the future. As you begin your care ministry, you may want to return to some of the ideas shared here



Let's Begin with A Prayer for your Care Ministry

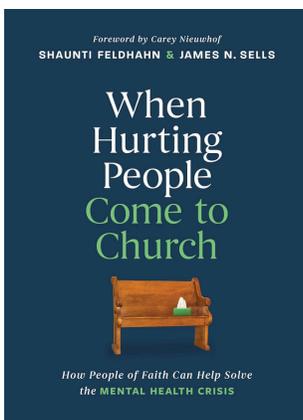
Lord, I take a moment to reflect on Zechariah 4:10 "For who has despised the day of small things? Since the seven eyes of the LORD that range throughout the earth will rejoice when they see the plumb line in the hand of Zerubbabel?"

As we begin this ministry, Jesus would you please give me opportunities to step into leadership with confidence in You. Would you give me grace to embrace interruptions as gifts from You, and help me make space for others in my schedule in service to our local ministry. Amen

DR JIM & DR JEN

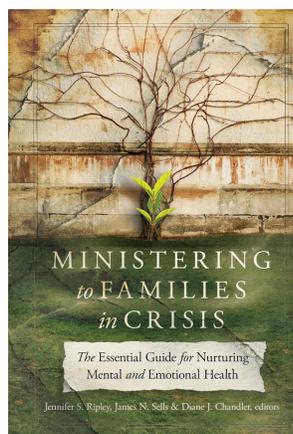


The Church Cares equips churches and ministries in helping skills to provide care. The Doctors are both licensed psychologists, Endowed Professors at Regent University, and co-directors of the Charis Institute. Dr. Sells and Dr. Ripley have multiple books and publications on church ministry and helping Christian families.



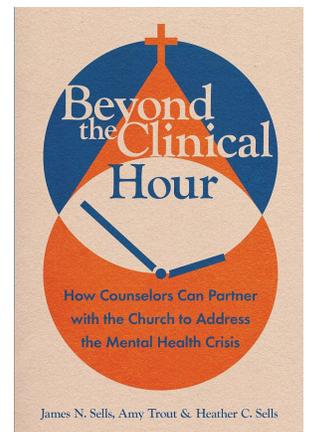
When Hurting People Come to Church Shaunti Feldhahn & Jim Sells

People are hurting at a scale we've never seen. They're dealing with an onslaught of issues like anxiety, grief, mental illness, family troubles, and hopelessness. Pastors and counselors can't see everyone in need. This book can help.



Beyond the Clinical Hour

Jim Sells, Amy Trout & Heather Sells
Psychologists James Sells and Amy Trout and journalist Heather Sells know firsthand the urgency of the situation— In this book, they call clinicians, students, and educators to collaborate with churches and lay leaders to envision and then create innovative solutions in their own communities.



Ministering to Families in Crisis

Jen Ripley, Jim Sells & Diane Chandler (Editors)
Ministering to Families in Crisis provides leaders with an essential shelf reference for supporting your community's mental and emotional health.

Vision and Mission

What is one thing you are looking forward to as you begin this ministry?

WHAT MINISTRY ROLES MIGHT YOU NEED TO CONNECT WITH YOUR CARE MINISTRY?

LEADING GROUPS
Improve listening for people leading groups or classes

CHILDREN OR YOUTH
For any children or youth leaders, to increase a sense of being there for them

PRAYER MINISTRY
For people in prayer ministries to increase their help

EVANGELISM
When listening to those not (yet) following Jesus, to listen to their story

LOVE OUR NEIGHBORS
To encourage church members to show hospitality and help to their neighbors

THE CHURCH CARES
Starting or extending our care ministry team as a church

OTHER _____

OTHER _____



Vision & Mission

Vision - North Star

A Church in every community that is known as a trusted place where people can find care, connection, and Christ-centered hope when life gets hard.

We envision a future where:

- People in distress are welcomed, not referred away. The Church becomes a first responder again—not the waiting room for outside help.
- Lay leaders are equipped to listen, support, and walk with others. Everyday believers are trained, encouraged, and released to serve in ways that transform lives and strengthen the Body.
- Professional care and pastoral care are coordinated—not siloed. Churches partner with clinicians and community resources while remaining engaged in every person's journey.
- The local church becomes a hub of healing, transformation, and belonging. Rooted in the gospel and the power of presence, the Church reflects the hands and heart of Christ to a hurting world.

Mission- How we accomplish Vision

To equip and empower churches to provide compassionate, Christ-centered care through trained lay leaders—so that no one facing emotional, relational, or personal distress has to walk alone.



Core Values

1. Compassion Through Presence

We reflect the heart of Christ through humble presence. Care begins with showing up, listening well, and walking with people through their pain.

Lay leaders don't need to be experts—they need to be available. Care is born from empathy and sustained by presence.

"Rejoice with those who rejoice; mourn with those who mourn." (Romans 12:15) "Carry each other's burdens, and in this way you will fulfill the law of Christ." (Galatians 6:2)

2. Biblical + Best Practices

Our model is grounded in Scripture and guided by wisdom and research. We believe God's Word offers healing truth, and that practical tools help people live it out. This approach honors both biblical conviction and thoughtful preparation for those who serve. "All Scripture is God-breathed and is useful for teaching, rebuking, correcting and training in righteousness, so that the servant of God may be thoroughly equipped for every good work." (2 Timothy 3:16-17)

3. Everyone Can Care

Care is not just for pastors or professionals. Every follower of Jesus can be equipped to provide meaningful support when someone is hurting. "Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms." (1 Peter 4:10) "We have different gifts, according to the grace given to each of us... if it is to encourage, then give encouragement." (Romans 12:6,8) "There is a friend who sticks closer than a brother." (Proverbs 18:24)



Core Values

4. Partnership, Not Silos

We work together across roles, disciplines, and gifts. Pastors, lay leaders, mental health, and medical providers form a care network - not separate lanes. "From him the whole body, joined and held together by every supporting ligament, grows and builds itself up in love, as each part does its work." (Ephesians 4:16) "Two are better than one, because they have a good return for their labor." (Ecclesiastes 4:9)

5. Healing Happens Together

Transformation begins when people are seen, known, and supported. We're not meant to carry our burdens alone. Healing happens in community, through presence, prayer, and the love of Christ shared person to person.

"And let us consider how we may spur one another on toward love and good deeds, not giving up meeting together... but encouraging one another." (Hebrews 10:24-25)
"There is a friend who sticks closer than a brother." (Proverbs 18:24)



The Care Strategy: A Church Based Model of Care

C.A.R.E. = Coordinated Attention, Restoration & Encouragement

- **Coordinated Attention:** Appoint a CARE Coordinator to oversee care volunteers, organize support systems, and serve as a liaison with staff and professionals. Your church likely provides care already, but not necessarily in a coordinated way. Good administration is key to effective implementation.
- **Accessible Support:** Train laypeople to be the first line of support for emotional and relational distress. They offer listening, prayer, and presence. This prevents people from leaving the backdoor of your church feeling that no one cared for them. If you say “not in my church” then this ministry matches you.
- **Relational Encouragement:** Foster a culture where care is ongoing, not just crisis-based—integrating care into small groups, prayer ministries, and discipleship ministries.



Use the CARE Pyramid:

When we think about care within a church we think about 3 tiers.

Top Tier: Pastors & Mental health professionals (clinical/crisis care). These are situations when a pastor, medical care or mental health professional is needed.

Middle Tier: Specialized volunteers. Perhaps you run a grief group or support group for young moms. These specialized caregivers have more extensive training and specific targets of ministry.

Base Tier: This is The Church Cares ministry focus. Here you will equip & organize naturally gifted helpers to meet the wide variety of everyday needs of your congregation and community.





OVERVIEW

The Need and the Opportunity

An epidemic of anxiety, depression and other mental health issues has reached a crisis point today. Pastors and counselors can't see everyone in need. The church can be a key solution—and take a load off of the already-too-busy pastor and counselor at the same time.

The vast majority of those looking for mental health help cannot get it. Among the 40 million American adults with clinically significant anxiety alone, 25 million – more than the population of Florida – are not getting help for their pain. In large part because they cannot find a mental health professional with capacity to see them or cannot afford their services. The church can step into this gap and become the place that proclaims, “If you have a need, come here.”

The Problem

Too many church leaders want to help but aren't sure how, or feel unqualified. Yet every day, they know the pain is there. Consider a recent conversation with the pastor of a large church:

Question: “When someone in your church has an area of need or pain around depression, marriage problems, anxiety, and so on, what is the process for getting them help?”

Pastor: “We have more needs than we can meet right now, so we are trying to figure out other programs. We triage the needs. Where we don't have the bandwidth, we refer out. We have a great network, a large network of counselors to send them to.”

Question: “Do the counselors you are referring out to, have room to take new clients?”

Pastor: “No. Which is why we are trying to figure out what to do.”

So what can the church do?

A vision and process for stepping into this gap is already thriving in churches of every size across the country. Millions of Christian lay people understand brokenness, grace, and the power of relationship. Based on best practices across all streams of the church, lay people can be provided with basic listening training, technology, and support. This allows them to walk alongside those with basic needs, freeing up the busy pastor and counselor to serve those who need more care. Instead of inadvertently funneling people out of the church, this also provides a funnel into the church that can run in parallel with a professional effort if needed.

Church growth experts describe this type of church care ministry as the evangelism, discipleship, and church growth method of the 21st century.

The Church Cares

The Church Cares (TCC) exists to help every local church raise up, train, equip, and launch the lay listeners needed to meet the basic needs of their congregation and community. It is a national initiative based in part on surveys and interviews with more than 2,000 pastors and church leaders. Funded by a major donor, TCC serves those across all streams of the church at no cost, and is designed to be fully customizable for each church's individual culture and needs. It is currently in an 18-month pilot phase, rolling out at scale in September 2025.

A companion book providing a simple road map to this vision and process will be launched in September 2025. Co-authored by Shaunti Feldhahn and Dr. James Sells, with a Foreword by Carey Nieuwhof, the book *When Hurting People Come to Church* shows how the church can become a key place people go for help, while also lifting the load off of pastors and counselors.

Leadership The Church Cares is facilitated by a team of ministry, church, business and university

leaders. In particular, the director of The Church Cares, Dr. James Sells, is a leading researcher in the mental health and marriage arenas. He and Dr. Jennifer Ripley are co-chairs of the influential Charis Institute at Regent University, which hosts and administers The Church Cares. Dr. Ripley directs the development of all content and training materials, as well as all evaluation efforts.

Dr. Glen Moriarty is the founder of 7 Cups, one of the world's largest chat-based mental health technology platforms, which has now created a fully integrated process for local churches and Christians to provide both 24/7 lay listening care and connections to local congregations.

Shaunti Feldhahn is the founder of *Surprising Hope*; she is a researcher, bestselling author and partnerships liaison for The Church Cares. She was the principal researcher conducting the recent study of mental health and the church. She and Dr. Sells co-author the upcoming book.

These efforts are led and advised by a diverse team of pastors and other leaders across many different streams of the church, and facilitated by many other dedicated individuals on the various operational and advisory teams.

Connecting with The Church Cares

The Church Cares initiative is seeking churches interested in implementing this type of lay-listener work and customizing it in whatever way works for their church. If any church is interested in being a pilot location and/or participating in the full rollout, please contact us at info@thechurchcares.com

Thank you for your interest in this important project, which we hope will help many in need with the love and hope of Jesus.

Five Easy Steps to Implement The Church Cares

**Each step in this Guide has implementation resources in our kit.
Be sure you have subscribed via email to receive access to the complete kit.**

1. Cast the Vision with Your Leaders

Start by helping your church leadership catch the vision.

- Share the “why”: Mental health is a growing crisis, and the church is uniquely positioned to respond with Christ-centered care. When everyday believers are trained to care, it frees up pastors and professionals for the needs that require deeper expertise.
- Use simple visuals like “The Triangle Model” (Pastors/Professionals, Trained Helpers, Lay Listeners) to show how everyone can play a role.
- Reference the book *When Hurting People Come to Church* to explain the model.

Tip: Use a staff meeting, elder board gathering, or leadership retreat to introduce the vision using stories to humanize the need.

2. Launch the 6-Week Course - “Helper Training - Care, Prayer, Share.”

- This is your entry ramp for church-wide engagement.
- Use the free video-based curriculum to train a broad group of interested volunteers.
- Gather for an intensive training or meet once a week for 6 weeks.
- You can also incorporate the 7Cups digital platform to assist in listener training.

3. Identify and Equip Your Care Team

- Select a core team of lay listeners and trained group leaders to serve in your care ministry
- Identify leadership roles like the Care Coordinator and the Care Supervisor. This can be two people or one person with dual responsibility.
- Use self evaluations. Offer additional training with resources at TheChurchCares.com
- Set a rhythm of support for the Supervisor to check in with the listeners.

4. Create a Clear Referral and Support Pathway

Avoid bottlenecks at the pastor's desk by building a coordinated flow:

- Empower the Care Coordinator to triage needs, connect people to the right layer of support, and track follow-up.
- Set up a process specific to your church.
For example, if the Coordinator is usually available within 24 hours: When the person in need calls the office, or asks for help after worship services, the Coordinator (not the pastor's assistant or church receptionist) contacts them, hears the need and decides the initial care path.
- Practice “referrals with,” not “referrals out”—keeping people connected to the church even when they also engage with professionals.
- Create a resource guide for your area.
- Register your church with 7Cups for online care anytime.

This step lightens pastoral load and increases care capacity.

5. Integrate Care into the Life of the Church

Make care culture the norm:

- Make it easy for people to ask for help. (e.g. a checkbox on the Contact Card)
- Plug hurting people into the new Care network and into existing ministries like small groups, grief support, recovery groups, or Bible studies as a means of care.
- Celebrate stories of healing and growth.
- Encourage regular prayer, pastoral support, referrals to counselors, and help from counselors (e.g. for triage help or training/education), alongside the Care network.

Care isn't a separate ministry—it becomes part of your church's identity.

Final Encouragement

This isn't just about mental and emotional health—it's about discipleship, hospitality, and evangelism in a hurting world.

The Church Cares gives you a roadmap that's spiritual, practical, and sustainable.

Would you like help customizing these steps for your specific church size or structure?



Roles & Responsibilities

Who's on the team?		
Role		
Pastor/ Leader Elder		Cast vision, provide theological alignment, promote culture of care
Care Coordinator		Oversee care volunteers, manage referrals, serve as staff liaison
Lay Helpers		Offer listening, encouragement, prayer, know when to refer
Church Administration		Organize trainings, track participant involvement, support logistics

1.3 How to choose a CARE coordinator

What is a CARE coordinator?

A CARE Coordinator is your church's triage leader and the point person for your lay-volunteer care ministry. (CARE stands for Coordinated Attention, Restoration, and Encouragement.)

- When someone brings a need to the pastor or church, this is the leader they're referred to.
- The Coordinator follows up with the individual, assesses the situation, and connects them to the appropriate level of care—whether that's a trained volunteer, a support group, or a professional counselor. They also keep the pastor informed, so no one slips through the cracks—and not everything falls on pastoral staff.
- In addition, the Coordinator helps identify, train, and support the volunteers who provide care.
- In many churches, the Coordinator role will be shared; someone with clinical experience may do the triage and supervision while someone with organization skills runs the program.

Choosing a Care Coordinator is one of the most strategic decisions in building an effective care ministry.

Start with Vision Alignment

The ideal Care Coordinator must deeply resonate with the ministry's mission and values—particularly a heart to see the church be a safe refuge for the hurting. They should embody empathy, biblical wisdom, and relational integrity, with a mindset that blends compassion and organization .

Look for These Core Qualities

Strong candidates often have:

- A shepherd's heart – genuinely cares for people, especially those in crisis.
- Triage discernment – knows when to enlist someone to listen, when to refer to a professional, and when and how to involve other resources.
- Organizational ability – can build systems, track care pathways, and support teams.
- Emotional and spiritual maturity – has processed their own story and is grounded in Christ.
- Trustworthiness – respected within the church, keeps confidences, avoids gossip.
- Bridge-builder instincts – able to connect leadership, volunteers, and external counselors .



1.3 How to choose a CARE coordinator

Practical Experience Helps

Many effective Care Coordinators come from backgrounds in:

- Counseling or social work (even lay-level training)
- Pastoral care
- Medical backgrounds (e.g. practicing or retired nurse)
- Leading small groups or mentoring relationships
- Admin or volunteer coordination roles within the church

But what matters more than credentials is calling and character. Don't overlook someone simply because they aren't a professional—your best person might be a faithful, wise lay leader who can consult with a local clinician on triage decisions.

Use a Discernment Process

Pray intentionally for God to highlight the right person.

Ask your leadership team who they already trust and see informally doing this work.

Interview potential candidates using real-life-type scenarios to test for knowledge and triage ability, wisdom, humility, and theological soundness.

Invite them into a trial role or “coordinator-in-training” season with coaching and supervision.

Empower Them with Training & Ongoing Communication with Pastors

The Care Coordinator will likely both advise and need support from pastors in:

- Navigating trauma and abuse disclosures (ensuring a process is in place and followed)
- Supporting work with volunteers (for example: communicating about removing an unskilled volunteer from the team).
- Knowing referral networks and boundaries
- Leading with both compassion and clarity





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- Quickstart Guide
- Project Overview

Is your Church tech-wise? Go Online with Your Care

7cups.com/thechurchcares

Due to a Unique Partnership with 7 cups of tea, the world's leading peer helping app with over a million users, your church can provide ministry to people online who are seeking help.

You have a care ministry started. There are people all over the world on the 7cups.com app that are seeking care. Your ministry team can provide support, encouragement and prayer to people who are interested.

The Church Cares is building a community of everyday believers in 7 cups—people like you—who feel called to listen, support, and walk with others when life gets hard. With the help of 7 cups, a trusted technology already used by millions, your church can offer Christ-centered care at a whole new scale.

Through 7 cups app, a simple, free tool, you can be equipped to:

- Bring hope and healing to those in emotional or spiritual distress
- Serve others without needing to be a counselor or expert
- Create a community of care inside your church, one listening ear at a time
- Help your church grow deeper and stronger through presence, not programs

You don't have to have all the answers. You just have to show up—and we'll help you take the next step.

So, how does 7 cups actually work?

You've got two simple ways to care well—without needing to be a counselor.

1. Option 1: Tap into a trusted network of 24/7 listeners - Give your church access to Christian listeners who are trained to support people in distress, day or night. They're equipped to handle everyday hurts and trained to recognize when someone needs more help. Built-in safeguards ensure serious issues are referred to the right kind of care.
1. Option 2: Train people in your own church to be 7 cups helpers—Whether in person or online, we'll help you equip your church family to offer safe, meaningful support. Think listening, praying, and encouraging—not fixing or preaching. This is neighbor care in ways you never thought possible. People in your church can get training and experience in helping others, whether from your community or a worldwide ministry.

What does your church receive—for free?

1. 24/7 care for hurting people, so pastors aren't carrying the weight alone
2. Referrals from local people looking for a church home
3. Support for those facing ongoing emotional or spiritual struggles
4. Training for laypeople who want to help, but aren't sure where to start

Can we connect our helpers with people in our own church who need support?

Yes—we make it easy to care for your own community.

Each trained helper in your church gets a private username on the 7 Cups app.

When someone from your church reaches out for help, you can offer them a list of your trusted, trained listeners.

They can then choose someone from your own church family to connect with—confidentially and securely.

And here's the exciting part: churches say this opens the door for growth. People feel seen, supported, and safe. They stick around. They invite others. What used to happen by accident—someone finding healing and bringing a friend—now happens on purpose.



Sustain Momentum

We have found the following steps help sustain the momentum of this important ministry of the church

Regular Oversight. Schedule debriefs and support meetings for your helpers. They need your prayer and oversight to encourage and equip them. If you have a mental health professional in your church or community willing to provide oversight and consultation as their ministry to the church, this is an ideal partnership.

Storytelling. Celebrate small wins in services and bulletins, as appropriate for the story of the help-seekers.

Expand slowly. Don't rush. Build depth before scaling large.

Evaluate Often. Track outcomes like lay leader engagement, number of care interactions, and referrals made.

Keep in touch with us through our website www.thechurchcares.com

Our team loves equipping you while you lead ministry at your church. Contact us to talk about Coonrdaintion.



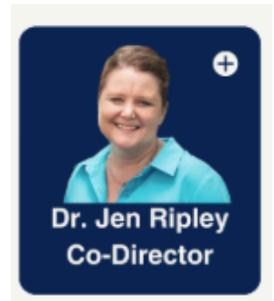
The Church Cares Support Team

**We are glad to offer support and training to your team.
Just contact us at info@thechurchcares.com to ask about
consultation and support.**



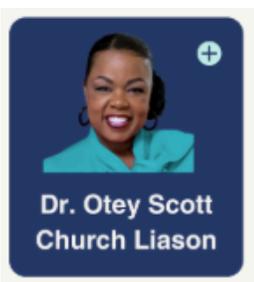
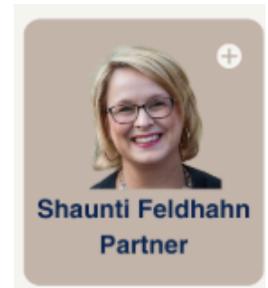
Dr. Sells is the visionary and leader of The Church Cares. He consults with and supports church leaders.

Dr. Jen consults with coordinators on implementation, and integration with other ministries.



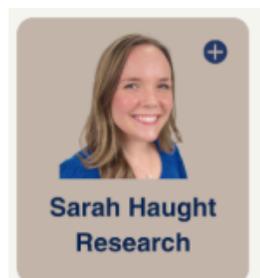
Sylvia is the TCC manager and a coach who can walk coordinators through the steps for set up and implementation

Shaunti is a speaker and trainer for The Church Cares. As author, researcher, and speaker she energizes a church to care.



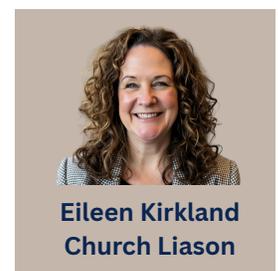
Dr. Otey Scott has decades of experience in Care ministry in churches, with a love for African American churches.

Reverend DeSouza is a counselor and ordained pastor with a love for third-culture churches.



Sarah Haught is director of research. She oversees program evaluation and continuous improvement.

Eileen Kirkland is a gifted educator and administrator happy to serve churches.





THE CHURCH CARES MINISTRY Statement of Principles

1. The Church Cares Ministry helps churches train lay helpers to address basic areas of need: (1) Discouragement and Sadness; (2) Fear, Stress, and Worry; (3) Grief and Trauma; (4) Adolescents and Life Development; (5) Family, Couples, and Parenting; (6) Habits.
2. The Church Cares Ministry helps the local church do what it does best – basic care, listening, prayer, sharing Jesus, and bringing people into biblical community, discipleship, and life transformation.
3. The Church Cares Ministry uses a short-term, individual lay-helping model with the goal of engaging the help-seeker with the ministries of the church or helping them connect with available local resources for their medical, mental health, financial, or personal needs.

People in a Cares Ministry should agree to the following

I recognize that The Church Cares Ministry of [our Church] falls under the authority of the church and helps the church do what it does best – basic care, prayer, listening, sharing Jesus, and bringing people into biblical community, discipleship, and life transformation.

I openly acknowledge my personal faith in Jesus Christ as my Lord and Savior. I have read my Church's Statement of Faith and The Church Cares Ministry Statement of Principles, and I agree with both Statements.

Role

I understand that after receiving training through The Church Cares Ministry team, my role is to share my own life-struggles with others and come alongside people who need hope to provide care, support, training, and encouragement for a specified period of time (generally one-on-one for 4-6 meetings over a 1-3 month period).

I understand that The Church Cares Ministry is providing training and resources to support our church's ministries.

Scope

I understand that the scope of my help is limited to providing biblically based care, support, training, and discipleship. I understand that I am not a licensed mental health practitioner and will abide by the guidelines, policies, and procedures established by

Scope Continued

Ministry of my church and provide help within the normal ministry context of caring for and encouraging members of our church community. If anyone needs care beyond my capability or availability to provide, I will quickly communicate with The Church Cares Ministry coordinator/pastor or assigned church staff. If an emergency arises in ministry, I will contact emergency services such as 911 or 988, as directed in our training.

I understand my church's expectations of when, and how often, and where I would meet in a pair or small group for The Church Cares ministry.

Confidentiality

I agree to protect the confidential information of the church and those who receive ministry care. Confidential information is confidential, proprietary, or secret information that is not generally known to the public. I will not disclose such information, directly or indirectly, or use it in any way, either during the term of this Agreement or at any time thereafter, except as required in the course of my services or as required by law.

In the event I am requested or required by law to disclose any confidential information, I will provide my church leadership with prompt notice of such request or requirement so that my church may take appropriate action.

Commitments

I understand that I have the ability at any time to end my Helper relationship with others. However, I also understand the significant role I will play within The Church Cares Ministry, so I commit to faithfully attend the Care Prayer Share course and complete the assignments. Additionally, I will attend any assigned training and meetings as scheduled by church leadership, or communicate clearly if I cannot.

I understand that [Church] may decline to accept my volunteer time and terminate this agreement without prior notification.

I understand that I will be working under the leadership of my church leaders. I humbly submit to this person's leadership role and will work within the policies and procedures that my church creates for care ministry.



APPENDIX

You might have planning documents that your church already employs for new ministries. But if you don't have that resource, we offer this planning document to assist with asking questions regarding implementation of the ministry.

Remember, you can try starting with just the 6-session Helper Training: A Care, Prayer, Share Course and see what excitement it brings, and then grow your ministry from there.

Planning Document



Date:	MM/DD/YYYY
Prepared by:	<ul style="list-style-type: none">• Write a name here• Add more as needed

The Church Cares Ministry

How will we implement The Church Cares Ministry at our Church? This is a ministry of listening and helping within individual and group contexts.

Planning Part A

Part A:

TCC Coordinator-selection and Church Integration

Who will be the primary leader of the ministry, and how does it fit within our larger church mission, vision, and current ministries?

Church coordinator & developer (Name/s of people to lead the ministry):

Where and when will the ministry meetings take place and what boundaries do you want to put on meeting places? (online meetings; in your building; at a specific night when the building is available; in public spaces; in homes)

How does it fit with Mission?	How it's not an easy fit
<ul style="list-style-type: none"> ● List them here <ul style="list-style-type: none"> ○ Add more as needed 	<ul style="list-style-type: none"> ● List them here <ul style="list-style-type: none"> ○ Add more as needed



Pray for this ministry with other potential leaders

Part B:

Who are we ministering to?

Create a list of people within and affiliated with your church that you would like to open The Church Cares ministry. Some churches start with only internal ministry until they are able to get the ministry moving in a healthy direction. But with an eye towards affiliated ministries like food pantries, neighborhood member care, missionary work, & those who call in for help.

Within the Church	Affiliated Ministries
<ul style="list-style-type: none"> ● List them here <ul style="list-style-type: none"> ○ Add more as needed 	<ul style="list-style-type: none"> ● List them here <ul style="list-style-type: none"> ○ Add more as needed

Prevention of helper burnout is an essential task of the ministry leader. If help-seekers with emergency-level needs and high distress are included in the ministry too often or paired with ill-prepared helpers, this can lead to burnout. How will our church screen help-seekers for this ministry?

Who will do the screening?

The Church Cares offers templates for this in The Church Cares Kit if you don't have someone to make your own.

What are our community resources to refer emergency-level and super-high distress help seekers to? Who will create a list of resources? The kit has a tip sheet for this step.

Part C:

Who are the Church Cares listener-helpers?

Consider what kind of person or people you need in this ministry?

Recommendations: Those known within the church for a while, mature in the faith, personally stable, able to sit with distress, not someone known to gossip. Perhaps people who have been through difficult seasons of struggle and could share their experiences with others. What else? Begin a list of people you will approach to participate.

Will you do a screening meeting, or application to become a helper?

The Church Cares offers templates for Helper interviews and selection on our website

www.thechurchcares.com

If you will open the ministry for people to sign up, how will you say “not right now” for those interested, but not suited for the ministry? Your typical approach to people interested in leading groups or classes, but who aren’t a match is likely useful for this step.

Part D:

How do I start training helpers?

The Church Cares offers a free Helper Listening Training to Care, Pray and Share. This is a 6-session video-based training with workbook that can be done as a workshop or weekly class. When to do? Will you do this training yourself or ask The Church Cares team to provide the training? To request live or zoom speakers contact us at info@thechurchcares.com

Check that helpers have registered and completed the orientation training.

Practice assignments: Partner with someone in the training to practice is built into the class but if you offer it in limited time they may not have had time to practice with a partner during class. Asking them to practice is essential to equip and allow helpers to experience helping and being helped by someone.

Certification or Approval: Will you have an approval stage where participants complete an evaluation with a mental health professional in your community who volunteers to assist, or request certification of helpers from The Church Cares ministry? Contact us to discuss if interested.

First assignment: Find low-intensity help-seekers willing to be helped, perhaps ask for volunteers willing to be a first case for your new helper.

Later assignments: Open to church body/ community seekers

Part E:

Ongoing support and training for helpers

Will you do a monthly (online) meeting with helpers to support and train? Another plan? Do you have a mental health professional in your community who understands the ministry and might be willing to volunteer for this role?

Will you (or someone) be available for one-on-one coaching of helpers stuck in difficult situations?

Part F:

Matching Help-seekers to Helpers in Individual Care

How will you let your church/ community know about The Church Cares ministry?

What will be your method to sign up? How do people normally ask for help now in our church? Do visitor cards or online forms exist that could funnel people to TCC ministry?

How can pastors and church leaders refer people when they bring issues or concerns to them? How to onboard them to trust the ministry for referrals?

Once screened, who will assign help-seekers with helpers?

Do we need/want any communication back to the coordinator about the meetings?

How will the helpers let the coordinator know their availability to pick up a new help-seeker?

Part G:

Group-level care

After TCC listening meetings are finished (typically 3-5 meetings) what groups would be good to connect members in your church? What group-level care do you already provide in your church and what new ministries do you want to provide? Be creative to include unofficial ministries (e.g., some choirs or Bible study groups provide extensive support and prayer for each other and would be an excellent group to encourage attending).

Review your specific “bucket” group ministries (grief, teens, general emotional distress, habits, substances, trauma, marriage and family). Will you include ministries in neighboring sister churches? We recommend creating a resource guide of emergency care, ministries, charities and counseling for your community. See the Kit for further tips on creating a local resource guide.

What we or nearby ministries have now	What we plan to have within a year

Recommendation

Create a written document about the options you think will work in your church context. Include why it's the most logical of the options and why the approvers should consider it. Share it with your approvers within your church system.

Approval

Approvers	Part A	Part B	Part C,D,E,F	Part G	Target Date
Write the approver's name	Yes or No	Yes or No	Yes or No	Yes or No	MM/DD/YY

3.2 Listening Skills Assessment

As a lay listener, you may be walking alongside those with basic needs.

Where are you starting, in your listening skills?

Scoring your answers to these questions will help you understand your starting point and what you might want to work on as you move forward.

1. When someone begins sharing something difficult, I usually...

- A) Let them talk without interrupting, even if it's awkward
- B) Jump in to reassure them or offer advice quickly
- C) Try to figure out what's "really going on" beneath the surface

2. In conversations, my goal is most often to...

- A) Truly understand the other person's experience
- B) Say something helpful or wise
- C) Keep the conversation moving efficiently

3. When someone shares strong emotions like grief or anger, I...

- A) Stay present and make space for them to feel it
- B) Get uncomfortable and try to steer the conversation elsewhere
- C) Feel responsible to help them feel better right away

4. While someone is speaking, I usually...

- A) Focus on what they're saying and how they're feeling
- B) Think about what I'll say next
- C) Wait for a pause so I can offer encouragement or advice

5. If given a choice, I would rather

- A) Just listen to someone, be present with them
- B) Help them solve their problems
- C) Get them to someone else who can solve their problems



3.2 Listening Skills Assessment

- . 6. When someone pauses or gets emotional, I tend to...
- A) Let the silence be, offering presence without pressure
 - B) Try to fill the silence or change the topic
 - C) Remind them to stay strong or trust God
7. If I disagree with what someone shares...
- A) I listen fully before responding and ask questions to understand
 - B) I gently correct or redirect their thinking
 - C) I offer Scripture or truth right away to help them see more clearly
8. I believe the role of a good listener is to...
- A) Provide presence and create space for others to be known
 - B) Find solutions to the person's struggles
 - C) Help steer people back to hope and faith as soon as possible



3.2 Listening Skills Assessment

Scoring Key

For each question:

- A = 3 points (reflects strong listening habits rooted in presence)
- B = 2 points (reflects partial listening; helpful intentions, but can miss depth)
- C = 1 point (reflects a tendency to fix, redirect, or rush—well-meaning, but less effective)

Total Score Range: 8–24

Scoring Interpretation

SCORE: 21–24

LISTENING POSTURE: Present Listener

WHAT IT MEANS: You consistently offer safe, honoring space. Keep practicing presence and trust the Spirit to work through your humility and empathy.

SCORE: 16–20

LISTENING POSTURE: Helpful but Hurried

WHAT IT MEANS: You care deeply and want to help—but may sometimes rush to fix. Focus on slowing down and letting presence lead before solutions.

SCORE: 8–15

LISTENING POSTURE: Well-Intentioned Fixer

WHAT IT MEANS: Your heart to serve is clear, but listening may feel like a means to an end. Growth starts by learning to pause, hear, and stay in the hard moments.



3.2 Listening Skills Assessment

Reflection Guide

Use these prompts alone or with a mentor/group:

1. When am I most tempted to jump into problem-solving?
 - What feelings do I have when someone is emotional or uncertain?
2. How do I handle silence in a conversation?
 - Do I give people space to process, or do I try to fill the quiet?
3. What does it mean to you to “carry each other’s burdens” (Galatians 6:2) through listening?
4. How would Jesus model listening in a moment of someone’s pain or confusion?
 - Consider examples from His life (e.g., the woman at the well, Nicodemus, the disciples on the road to Emmaus).
5. What small shift could I make this week to listen with more presence?
 - Try one: wait 3 extra seconds before responding, ask one more open-ended question, or simply say, “Tell me more.”



3.3 Overview of Advanced Caregiver Certification Program

Purpose:

To equip and recognize trained lay caregivers who can provide safe, Christ-centered, and emotionally wise care within the church and community. While many listeners will primarily want to learn basic listening skills (the Level 1 Helper Training), others will want to go further. This is an outline of a process to reach “Advanced Lay Caregiver” status.

Level 1: Core Foundations – “The Helper Training”

The Helper Training is the core, foundational training for all The Church Cares helpers. This brief course introduces the model and allows for basic rehearsal with a partner. The video training materials and digital workbook are offered at no cost from The Church Cares.

Course: Helper Training: A Care-Prayer-Share Course

A 6-week video-based introduction to lay listening and caregiving.

Focus:

- Listening with compassion
- Practicing biblical presence
- Introducing the CARE model for peer listening
- Understanding emotional distress from a biblical and psychological lens

Includes:

- Group-based roleplays & discussion questions
- Practical tools and reflection prompts
- Initial care boundaries & referral basics

Outcome: Certificate of Completion – Church-Based Helper



3.3 Overview of Advanced Caregiver Certification Program

Level 2: Deepening Discernment – Reading & Reflection

For church helpers who want to take their learning and ministries to a deeper level, Level 2 focuses on the Christian ministry of helping, mercy, and care as a distinctly Christian practice. In this level participants read three books, and participate in discussions of the books. They conclude this level of training with a written reflection on their personal lay counseling ministry vision. Contact us at info@thechurchcares.com for information on costs for this step of certificate training.

Required Reading:

1. *Instruments in the Redeemer's Hands* – Paul David Tripp
2. *When Hurting People Come to Church* – Feldhahn & Sells
3. *Ministering to Families in Crisis* – Ripley, Sells & Chandler

Peer Learning:

- Minimum 6 hours of facilitated group discussion
- Focused prompts on theology of care, emotional wisdom, and practical application

Written Assignment:

- **2-page summary** of a *Lay Counseling Ministry Vision*
 - Choose a specific population (e.g., single parents, teens, trauma survivors)
 - Articulate purpose, approach, limitations, and referral strategy

Outcome: Certificate of Completion – *Lay Care Advocate*



3.3 Overview of Advanced Caregiver Certification Program

Level 3: Supervised Experience – Practicing Presence

For the helper who wants to take their training through a process of supervision and personal coaching, level three offers experience of providing care while participating in a support group of care providers as they discuss cases and encourage each other. It ends with an evaluation and feedback on their care work. An Advanced Lay Caregiver certificate is provided through The Church Cares for a small fee per helper.

Care Practice:

- Complete & log **15 care sessions** (can include listening, support, prayer, group facilitation)

Oversight:

- Participate in 5 hours of care support group (live, hybrid, or online)
 - Facilitated by Church Cares coach or local care coordinator
 - Debrief cases, reinforce boundaries, offer encouragement

Evaluation:

- Submit **2 recorded sessions** + 1-page summaries for feedback
- Write a **3-page Care Philosophy**:
 - Personal theology of care
 - Recognized limits of lay care
 - Ethical commitments (confidentiality, boundaries, referral clarity)

Outcome: Certification as Advanced Lay Caregiver



3.4 Intake Form Instructions and Guidance

Guidance for The Church Cares Coordinator About Intake and Screening

We suggest a few screening tools to help you assess people who are seeking help from your church. It can initially bring anxiety to figure out what to do for someone who is in an extremely serious situation –such as someone who is deeply depressed, suicidal, substance abusing, or suffering from domestic violence. Be assured that as you provide avenues for care and safety, the simple love shown by weeping with those who weep is a sacred part of your ministry. Yet there are also important pathways for robust care via your local medical community, / mental health community, and regional and national emergency hotlines.

Whether you use our sample intake and screening tools, or work with a knowledgeable professional to create your own for your church, the primary goal of a intake and screening, is to identify people who should move “up the triangle” for a higher level of care from a pastor, medical professional, mental health professional, or urgent crisis hotline.

These tools would be considered a first- step and lead to a careful evaluation about how much care appears to be needed.

At times you may find people seeking care from your ministry that have a high level of need, but want to control the process and refuse to get additional help. We encourage you not to trap your helpers, or your church, in this process. You may also find that your intake and screening process identifies some individuals who are eager for care but have significant issues that go beyond the training of church volunteers. In all such cases, you must clearly and firmly state that anyone with clinical levels of concerns around mental health, medical or , substance abuse, must first be evaluated by a professional prior to beginning spiritual peer care. Further, someone in a domestic violence situation must be seen by a professional immediately and may also need options for immediate safety.



3.4 Intake Form Instructions and Guidance

Guidance for The Church Cares Coordinator About Intake and Screening (continued)

Think of it as similar to how you would act if you came across someone who was bleeding profusely. Your first step would likely not be to gather and pray but to call 911 immediately. Then you would pray. Similarly, with those who reach out with the most significant issues, you can offer to pray for them, help them find a good referral to a specialist, and hold your good boundaries of spiritual care for your congregation. Once they begin medical or mental health care, they can also receive peer support and spiritual care in your church from someone who is comfortable with that level of need.

If you yourself are not a mental health professional it is often helpful to have one available to consult with on your screening. A local professional can also respond well with knowledge of local resources.

In general, if a help-seeker appears to be wrestling with depression, substance abuse, or domestic violence, use the “Self-Evaluation Screening Tool for Depression, Substance Abuse, and Domestic Violence” to understand the severity and consider what steps to take. The Hotlines listed are helpful to always have on hand for severe issues.

988 Mental Health hotline

(U.S.) The National Suicide Prevention Lifeline at 1-800-273-8255

Crisis Text Line (U.S.) Text HOME to 741741

Sexual Assault Hotline (574)-254-7473

US Veterans Crisis Hotline 1-800-273-TALK(8255)

Center to Prevent Youth Violence 1-866-773-2587

National Runaway Switchboard 1-800-RUNAWAY(786-2929)

SAFE Alternatives for self injurers. selfinjury.com

Al-Anon for family of substance abusers. al-anon.org



The
ChurchCares

3.4 Sample Church Counseling Ministry Intake Form

Counseling Ministry Intake Form*

**We are grateful to Scottsdale Bible Church for sharing their Counseling Ministry Intake Form. The form below is slightly adapted example of a comprehensive intake form and process used to funnel help-seekers to different types of care. Many churches use shorter forms. Adapt for your purposes as needed.*

To evaluate your counseling need, please complete the following.

Be assured that this information will be kept confidential.

You will receive an initial phone intake by a counseling ministry staff person. At that time, it will be determined if you will be connected with a lay counselor, support group, professional in the community, or other form of care.

Please use short answers.

Call or email _____ if you have any questions.

Introduction

- Name First Last
- Birthdate
- Gender Male Female
- How would you best describe your race and/or ethnicity?
- Address
- Cell Phone Number
- Home Phone Number
- Work Phone Number
- Email
- Emergency Contact Name:
- Emergency Contact Phone:
- Relationship
- Employment:

Please provide consent to receive messages via the following (check ALL that apply)

- Voicemail Text Email

Please describe

- How did you find the Counseling Ministry or who referred you?

- Relationship Status:
Single Married Separated Divorced Remarried Widow(er) Living with
- Years Married
- Years Divorced
- Years Together
- Partner's Name
- Partner's Date of Birth
- Name/ages of children
- Level of Education
 - Some High School
 - High School Graduate or Equivalent
 - Trade or Vocational Degree
 - Some College
 - Associate Degree
 - Bachelor's Degree
 - Graduate or Professional Degree
 - Prefer Not to Answer

- What church do you attend?
- How often?

- On a scale of 1-10 how sure are you that if you died tonight that you would go to heaven? (1 being not so sure-10 being absolutely positive)

[Open-ended comment boxes]

- Describe briefly your relationship with God
- Describe any involvement in your life in cults or the occult
- Describe your religious upbringing
- Describe any specific religious/spiritual values/beliefs that you now hold
- What hobbies, if any, do you have?
- What do you do for recreation, physical activity?
- Do you smoke? If so, how much?
- Please list any past or present alcohol or drug use or amounts
- Are you concerned about your current drug or alcohol use and amounts?

Yes No

- How would you describe your current physical health?

Excellent Good Fair Poor

- Are you currently experiencing any physical problems? (e.g. headaches, body aches, stomach problems)

Yes No

- If yes, please explain
- Date of last physical examination
- Medication(s)-Prescription or Over the Counter. Please include dosage and how long have been taking
- Physician's Name and Phone Number
- Previous hospitalizations for medical reasons. Please list date and reason
- Previous hospitalizations for mental health treatment. Please list approximate dates and duration
- If yes, please explain including name of hospital, doctor, and phone number

- Have you ever had any previous counseling experience?

Yes no

- Describe reason for counseling
- Approximate dates and duration
- Counselor's name and address
- What were the results of your counseling experience?
- Have you ever had serious thoughts about suicide? [required]

Yes No

- Have you ever attempted suicide? [required]

Yes No

- Has anyone in a close relationship ever used a weapon or physical violence against you/your children or threatened you/your children with a weapon? Please describe.

Your Current Concerns

- What concerns have led you to pursue counseling today?
- Where are your concerns causing the most problems for you? Check all that apply
Home Work Relationship God
- When did the problem begin? How long?
- Have any concerns about you been identified by others?
- Please indicate which of the following areas are currently problems for you.

Check all that apply

- Excessive anxiety or worry
- Feeling lonely
- Angry feelings
- Concerns about finances
- Feeling "numb" or cut off from emotions
- Angry outbursts
- Excessive fear of specific places/objects
- Difficulty making friends
- Feeling as if you'd be better off dead
- Feeling manipulated or controlled by others
- Difficulty making decisions
- Loss of interest in sexual relationships
- Feeling sexually attracted to those of your own sex
- Concerns about physical health
- Blackouts or temporary loss of memory
- Insomnia (no sleep) or Hypersomnia (sleep all the time)
- Loss of appetite/increased appetite
- Lacking self-confidence
- Issue with food and/or weight
- Abuse of alcohol and/or non-prescription drugs
- Delusions
- Feeling distant from God
- Hallucinations
- Inability to concentrate while at school/work
- Crying spells
- Nightmares

- Loss of interest in usual activities/lack of motivation
 - Obsessions or compulsions with specific activities
 - Inability to control thoughts
 - Feeling trapped in rooms/buildings
 - Hearing voices
 - Feeling that people are "out to get you" or that you're being watched
-
- What would you like to accomplish or gain from your sessions with the Counseling Ministry?
 - What action have you taken to deal with the above situation? ie: small group, support group, etc
 - Describe any strengths or weaknesses that you have that would either help or hinder the problem
 - Do you have any resources that might be helpful in this situation? ie friends, relatives, etc
 - What additional information would you like to share?

3.5 Screening Tool for Depression, Substance Abuse, and Domestic Violence

Screening Tool for Depression

Note to the Coordinator: The PHQ-9 is a tool that screens for depression. It can also be found online on sites such as this one:

<https://www.ementalhealth.ca/index.php?m=survey&ID=42>

You can read the text below to the person you are screening, then score the results as explained below.

This survey is designed to provide a quick assessment of whether you might have signs and symptoms of depression. However, no test is 100% accurate. No matter what your score is, you should seek help if you have any concerns about yourself or your loved ones.

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
1. Little interest or pleasure in doing things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Feeling down, depressed, or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Feeling tired or having little energy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Poor appetite or overeating	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

9. Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. If you checked off any problems on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				
Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>	

SCORING:

Each response from the PHQ9 has a score ranging from 0 to 3. The score for each response is next to the check box. After you have completed the PHQ9, add up each column score, and then sum all four columns for the score. Below are the scoring guidelines for the PHQ9.

Scoring Guidelines. Add up questions 1-9

Guidelines for Interpretation of PHQ9*

Score	Risk Level	Intervention
0-4	No to Low risk	None, rescreen if needed in the future
5-9	Mild	Watchful waiting; repeat PHQ9 as needed
10-14	Moderately	Consider counseling or refer to medical care provider
15-19	Moderately Severe	Recommend active treatment with medication and/or psychotherapy
20+	Severe	Recommend immediate initiation of medication and if, severe impairment expedited referral to a mental health specialist for psychotherapy and/or collaborative management with medical care provider

*Kroenke K, Spitzer RL. (2002). The PHQ-9: A new depression and diagnostic severity measure. *Psychiatric Annals*, 32, 509-521.

NOTE: If the person responds to question 9 with any answer other than “not at all,” a suicide risk assessment needs to be completed. This can be done by calling 988 mental health hotline or immediately contacting their therapist or medical care provider

Screening Tool for Substance Use

Do you ever drink more than 2 drinks in a sitting or use any kind of drugs? Yes No
If yes, then complete this (CAGE)

1. Have you ever felt you ought to <u>C</u> ut down on your drinking or drug use?	Yes	No
2. Have people <u>A</u> nnoyed you by criticizing your drinking or drug use?	Yes	No
3. Have you felt bad or <u>G</u> uilty about your drinking or drug use?	Yes	No
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (<u>E</u> ye-opener)?	Yes	No

If yes to any screen question try the [AUDIT](https://auditscreen.org/check-your-drinking/). <https://auditscreen.org/check-your-drinking/>

Or CUDIT-R for pot use. <https://prevention.dasa.ncsu.edu/aod/about-aod/cannabis-use-disorder-test/>

Or the DAST-10 for drug use. https://qxmd.com/calculate/calculator_835/drug-abuse-screen-test-dast-10

Screening Tool for Domestic Violence

1. In your home/ relationship, within the past few years, have you given or received a hit, slap, kick, push, shove, or otherwise physically hurt?	Yes	No
2. Within the past few years, have you participated in sexual activities against your will or will of partner?	Yes	No
3. (If yes to either above): Are you afraid that this may happen again?	Yes	No
4. Do children (anyone under 18) live in the home? Even part-time	Yes	No
5. Have children been involved in any hit, slap, kick, push, shove, or otherwise physically hurt? Or participated in sexual activities?	Yes	No

If yes to any questions, the National Domestic Violence hotline can help with further information and guidance. <https://www.thehotline.org/> If children are involved you will need to report child abuse to your local child abuse reporting hotline.

Note: This screening tool is intended to help church ministry leaders with understanding the needs of people in their congregation. It cannot provide a diagnosis and may not be accurate. If issues of self-harm, violence, aggression, and substance abuse are arising we recommend seeking help through mental health providers in your community, through 988 mental health hotline.

What to do with screening information:

You can care about someone who is in high distress. How to respond to each area:

1. Self-harm. If a person answered anything except for 0 on question 9 on the PHQ (about being better off dead) then listen to them for a while about that. Have them call their therapist (if they have one), their medical doctor, or 988, the mental health crisis line. You can call 988 with them or for them if you are deeply concerned. If the person was making statements that make you highly concerned about their safety, call 988 yourself and ask for advice on what you should do next.
2. Violence or Aggression where children are present. If they answered yes to questions about domestic violence, you can ask more and pray with them. However, if there is domestic violence and there are children in the home, you may need to call Child Protective Services in your area. You are responsible, as a church, to the reporting laws of your state. Talk immediately with your pastor about what you learned and ask them what to do next. Most states have a child abuse hotline, or you and the ministry leader can google how to report abuse to child protective services in your city to find the phone number to call. It is important to understand this, as not reporting promptly can lead to great harm and can also be a crime.
3. Violence or aggression without children. If they answered yes to questions about domestic violence, and there are no children in the home, you can listen to them, pray with them, and consult with local ministry leaders about further resources in your area such as domestic violence shelters.
4. Substance abuse. If they answered yes regarding substance abuse, you can ask if they have received any support or help from their doctor, a mental health provider, or a support group. If not, connect them to further resources for substance abuse recovery in your community

As noted in the Counseling Ministry Intake Form and Guidance document, those with significant/severe concerns in any of the above areas should be referred to a trained professional for evaluation. At that point, they may also receive lay-listening peer support and spiritual care in your church from someone who is comfortable with that level of need.

3.6 Basic Oversight Guide for Coordinator

Oversight Guide for Equipping the Church to Care Well with Safety and Compassion Role Summary: Ministry Coordinator

As the CARE Ministry Coordinator, you are the hub of the church's lay-led care strategy. You don't carry every burden—but you help ensure that no one carries theirs alone. This document assumes one person is the Coordinator, but in many cases two or more people will fill this role.

Core Responsibilities:

1. Organize and Support Lay Care Volunteers

- Recruit and screen volunteers (with background checks)
- Listen to incoming needs and conduct “triage” to match care seekers with lay listeners / church ministries, or refer them to pastors or specialists. (Some Coordinators will also schedule the lay listening sessions.)
- Ensure volunteers know their limits: listen, pray, refer—not fix or diagnose

2. Track Care Needs and Referrals

- Maintain a private, secure record of care seekers, needs, and referral status
- Follow up on referral outcomes (especially for more significant needs)

3. Offer Ongoing Training & Debrief

- Hold regular (for example, every month or two) check-ins or supervision huddles
- Use these times to arrange ongoing basic training for volunteers (for example, bring in a local counselor to explain dealing with trauma).
- Use these times to debrief difficult cases with volunteers to prevent burnout or poor boundaries

4. Coordinate with Pastors and Professionals

- Communicate trends or concerns to pastoral staff
- Build referral relationships with local counselors, clinics, and crisis hotlines



3.6 Basic Oversight Guide for Coordinator

Oversight Guide for Equipping the Church to Care Well with Safety and Compassion

Role Summary: Ministry Coordinator

Core Responsibilities: (continued)

5. Ensure Ethical & Legal Integrity

- Uphold confidentiality (except in mandated reporting situations)
- Recognize that “confidentiality” is on behalf of the care-seeker, and that if the care-seeker wants a helper to talk to an outside party (for example, a pastor or licensed counselor who is also working with the care-seeker), that that is not only allowed but encouraged.
- Train volunteers in red flag recognition, boundaries, and referral procedures

Mandated Reporting to Child Protective Services (CPS)

When Must You Report?

As a ministry leader, you and your team may be mandated reporters depending on your state. Regardless, ethical care requires action when any of the following is disclosed or reasonably suspected:

- Child abuse or neglect
- Sexual abuse of a minor
- Ongoing physical abuse, domestic violence involving children
- Abandonment or severe neglect

If in doubt, report. Your role is not to investigate—it’s to ensure professionals are alerted.



3.6 Basic Oversight Guide for Coordinator

Oversight Guide for Equipping the Church to Care Well with Safety and Compassion

How to Respond to a Disclosure

DO:

- Stay calm and present
- Thank them for trusting you
- Take the disclosure seriously
- Write down exactly what was said
- Report immediately or within 24 hours to the appropriate authority

DON'T:

- Promise confidentiality
- Try to “figure out” what happened
- Confront the accused
- Delay reporting until you’re “sure”

Steps for Reporting

1. Ensure safety. If someone is in immediate danger, call 911.
2. Call your state’s CPS hotline. Find your state’s number:
[https://www.childwelfare.gov/organizations/?
CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS_ID=5](https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS_ID=5)
3. Document what was shared. Note:
 - Who made the disclosure
 - What they said (verbatim when possible)
 - Date, time, and context
4. Inform the pastoral lead. (Unless they are the alleged perpetrator)
5. Do not inform the alleged abuser. Let authorities handle contact.



3.6 Basic Oversight Guide for Coordinator

Oversight Guide for Equipping the Church to Care Well with Safety and Compassion

Coordinator's Reporting Checklist

Keep this in a confidential file:

- Date/time of disclosure
- Name and age of child
- Name of person making report
- Summary of concern
- CPS hotline contacted? (Include date/time, name of person you spoke with, and confirmation #)
- Follow-up steps taken
- Pastoral staff notified

Protecting the Church and the Vulnerable

“Speak up for those who cannot speak for themselves...” —Proverbs 31:8

- Always err on the side of protection, not discretion.
- Train all care team members annually on abuse awareness, boundaries, and reporting.
- Maintain a culture where safety is more important than secrecy.

Crisis Response Support for Lay Helpers

- Equipping non-clinical volunteers to respond wisely and safely when someone is in distress.

If Someone Mentions Suicide or Self-Harm:

You are not expected to fix it.

But you are responsible to respond with care, calmness, and connection to appropriate help. The following tool can be helpful to ministry leaders and helpers if self-harm issues arise.



3.6 Basic Oversight Guide for Coordinator

Basic Response Protocol (A.S.K.)

A – Ask Directly.

“Are you thinking about hurting yourself or ending your life?”

- It's okay to use the word “suicide.”
- Asking directly does not increase the risk. It communicates care.

S – Stay Present (But Know Your Limits).

- If they say “yes” or “maybe,” do not leave them alone until a plan is in motion.
- Loop in a pastor, coordinator, or crisis-trained person immediately. You can call 988 yourself on their behalf and begin the conversation with the hotline if that is helpful.

K – Know Where to Turn:

Use the following hotlines and referral numbers to get them professional help quickly

Suicidal Thoughts or Self Harm	988	24/7 support call or text
Crisis Text Line	Text HELLO to 741741	24/7 confidential via text
Child Abuse or Neglect	1-800-422-4453	National Hotline
Domestic Violence	1-800-799-SAFE (7233)	Call or Chat
Sexual Assault	1-800-656-HOPE (4673)	RAINN.org
Teen Support (non crisis)	Text TEEN to 839863	Peer Support 6-10 pm (PT)
Spanish language support	988, then press 2	Línea de ayuda en español



3.6 Basic Oversight Guide for Coordinator

When to Escalate Immediately

Call 911 or direct to emergency care if:

- They have a **plan and means** to hurt themselves or someone else
- They are **under the influence** or **unable to make safe decisions**
- There is **imminent danger** to a child or vulnerable adult

Coaching for Lay Helpers

What to Say

- “Thank you for trusting me—I'm really glad you told me.”
- “You’re not alone. There are people who want to help.”
- “Let’s get you some support right now. I’m with you.”

What Not to Say

- “You shouldn’t feel that way.”
- “Just pray and it’ll go away.”
- “But you have so much to be grateful for!”

Quick Reference Card for Volunteers

Consider printing and laminating the following for your care team:

CRISIS RESPONSE QUICK CARD

If someone says they’re suicidal or self-harming:

Ask: “Are you thinking of hurting yourself?”

Stay with them or contact your coordinator

Call 988 or **text 741741** for help

In danger? Call **911** immediately

Document and report to your Ministry Coordinator

Pray with them if appropriate—but never **replace** professional help with prayer alone.

You are not alone. Your job is to connect, not to carry it all.



3.7 Helper Listener Agreement

These documents will help you explore the experience and readiness of potential lay listeners, ensure they know your care principles and the church's statement of faith, and (if they are chosen as a helper) provide a written record of your agreement with them. These documents include common elements used in existing programs. Customize them for your church in keeping with the best advice of trusted professionals. (For example, your church attorney may prefer to adapt the Volunteer Helper Agreement.)

Note that these documents include places to insert your logo and (in red font) your church name and customized information.

Included here:

1. Confidential Interview Document (used by CARE Coordinator)
2. Statement of Principles (provided to the potential volunteer)
3. Statement of Faith (your statement will be provided to the potential volunteer)
4. Volunteer Helper Agreement



Insert your church logo here.

***THE CHURCH CARES MINISTRY
of YOUR CHURCH***

CONFIDENTIAL HELPER INTERVIEW FORM

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Date of Birth: _____ Age: _____ Marital Status: _____

Are you currently employed: Yes _____ No _____ If so, where? _____

How did you come to learn about The Church Cares Initiative?

Briefly state what interests you about volunteering with The Church Cares initiative:

List any previous volunteer experience (church or community):

What does it mean to be a Christian? _____

Do you consider yourself a Christian? Yes _____ No _____

How long have you been a Christian? _____

Briefly share your testimony / story of your personal faith journey:

How long have you been a member of our church? _____

Describe any positions held / staff or volunteer service you have performed within our church or previous churches.

May we call your current or previous pastors for a reference? Please provide contact info.

What education do you have? Anything specific to helping roles?

List any special training, Biblical studies, or educational experiences:

How does your spouse/family feel about you serving as a Helper in this ministry?

Have you ever had any traumatic experiences related to mental health?

Yes _____ No _____

Comments:

Have you ever helped or ministered, even informally, to someone struggling with the following areas of need:

Discouragement / Sadness? Yes _____ No _____

Fear / Stress / Worry? Yes _____ No _____

Grief / Trauma? Yes _____ No _____

Adolescents / Life Development? Yes _____ No _____

Family / Couples / Parenting? Yes _____ No _____

Habits? Yes _____ No _____

Comments:

Have you ever been arrested, charged, or convicted of child abuse, child neglect, or any crime involving domestic abuse or sexual assault of a minor?

Yes _____ No _____ If Yes, Explain:

What special gifts, talents, and/or personality traits do you bring to this ministry?

What are your personal strengths?

What are possible areas of weakness?

Are there any personal issues you would have difficulty working with? For example, if you prefer not to work with someone struggling with domestic violence due to your own life experiences that might cloud your ability to help, you can ask for that.

All volunteer Helpers will have driving records and criminal history records checked. Please provide the following information:

Full Legal Name: _____

Driver's License Number: _____ State: _____

Signature: _____ Date: _____



Insert your church logo here.

*THE CHURCH CARES MINISTRY of **YOUR CHURCH***

Statement of Principles

1. The Church Cares ministry helps churches train lay helpers to come alongside and listen to others in these basic areas of need: (1) Discouragement and Sadness; (2) Fear, Stress, and Worry; (3) Grief and Trauma; (4) Adolescents and Life Development; (5) Family, Couples, and Parenting; (6) Habits.
2. The Church Cares ministry helps the local church do what it does best – basic care, listening, sharing Jesus, and bringing people into biblical community, discipleship, and life transformation.
3. The Church Cares ministry uses a short-term, individual lay-helping model with the goal of serving the person in need, engaging the help-seeker with the ministries of the church, and/or helping them connect with available local resources for their medical, mental health, financial, or personal needs.

Statement of Faith

YOUR CHURCH

Churches should include their own Statement of Faith here



Insert your church logo here

Volunteer Helper Agreement

This is an agreement between [Helper] and The Church Cares Ministry of [Church]. This agreement shall commence on [Date] and continue in effect until terminated by either party.

I recognize that The Church Cares Ministry of [Church] falls under the authority of the church and helps the church do what it does best – basic care, listening, sharing Jesus, and bringing people into biblical community, discipleship, and life transformation.

I openly acknowledge my personal faith in Jesus Christ as my Lord and Savior. I have read the [Church] Statement of Faith and The Church Cares Ministry Statement of Principles, and I agree with both Statements.

Role

I understand that after receiving training and certification through The Church Cares Ministry team, my role as a Helper is to come alongside people who need hope to provide basic care, support, listening, and encouragement for a specified period of time (generally one-on-one for 4-6 meetings over a 1-3 month period).

I understand that The Church Cares Ministry is providing training and resources to support [Church]. I also understand that my main contact will be the [Church] Church Cares Ministry Coordinator, not The Church Cares Ministry itself. The Church Cares Ministry will receive aggregate data to improve the program, but it will not be my direct supervisor.

Scope

I understand that the scope of my help is limited to providing biblically based care, support, listening, and discipleship. I understand that I am not a licensed mental health practitioner and that I am providing Christian lay care, not therapy. I will abide by the guidelines, policies, and procedures established by The Church Cares Ministry of my church and provide help within the normal ministry context of caring for and encouraging members of our church community. If a help-seeker needs care beyond my capability or availability to provide, I will quickly communicate with The Church Cares Ministry coordinator. If an emergency arises with a help-seeker, I will contact emergency services such as 911 or 988, as directed in our training.

I understand that the location of our meetings will be [Location]. [Insert any further boundaries that are important to your church regarding where to meet, when to meet (e.g. online, at church building, private or public spaces) and whether for adults or teens].

Confidentiality

I agree to protect the confidential information of the church and those who receive ministry care. Confidential information is confidential, proprietary, or secret information that is not generally known to the public. I will not disclose such information, directly or indirectly, or use it in any way, either during the term of this Agreement or at any time thereafter, except as required in the course of my services or as required by law.

In the event I am requested or required by law to disclose any confidential information, I will provide the [Church] Church Cares Ministry Coordinator with prompt notice of such request or requirement so that [Church] may take appropriate action.

Termination

I understand that I have the ability at any time to terminate my Helper relationship with those I am assigned to help. However, I also understand the significant role I will play as a Helper within The Church Cares Ministry, so I commit to faithfully serve [Number] hours per week on a regular basis. Additionally, I will attend any assigned training and meetings as scheduled.

I understand that [Church] may decline to accept my volunteer time and terminate this agreement without prior notification.

I understand that I will be working under the leadership of The Church Cares Ministry Coordinator. I humbly submit to this person's leadership role and will work within the policies and procedures [Church] and the Ministry Coordinator create for this ministry.

Pledge

I pledge that I will give priority to my daily devotional life and walk with Christ, and I will actively participate in fulfilling Jesus' command to make disciples by sharing my faith and helping others grow in their relationships with Him. I will faithfully attend corporate worship, remain connected and engaged within the church community, serve in the ministries of the church, and support the testimony of the church.

Helper Signature

Date

Church/Supervisor Signature

Date

4.1 What Happens After the Class?

AFTER THE TRAINING: A SIMPLE GUIDE FOR YOUR CHURCH

Imagine This...

No one struggles alone. Your church is now a place where trained lay listeners quietly serve as Christ's hands and heart, walking alongside those in pain. People feel seen, cared for, and encouraged toward hope and healing—and your staff, pastors and local counselors are supported by a well-organized system of lay care.

This document provides a simple, practical roadmap for the CARE Coordinator about what implementation looks like after your volunteers complete the Helper Training. (Some steps will be arranged prior to the training so they can be seamlessly launched after the training.)

1. Publicly Celebrate & Cast Vision

- Announce the launch of the ministry (trained lay listeners) just as you would a new ministry or small group sign-up. Share from the platform, in bulletins, via email, etc..
- Clearly explain what this will look like:
 - Is there a dedicated way for people to request help?
 - If someone is interested in being trained as a listener, what can they do?
 - How does this enhance existing care options? Ensure members know this is adding a layer of care to existing pastoral / counselor care, not replacing it.
- Invite participation:
 - As **help-seekers** – encourage those who need a listening ear to reach out.
 - As **future helpers** – encourage others to consider training in the future.



4.1 What Happens After the Class?

- Consider a short sermon series or pastoral message on mental and emotional health to normalize conversations around care, help launch this avenue of ministry, and ensure people are engaged in the new process. This will be especially important if the church’s care culture has been primarily based on referring to clinicians.

2. Create Ongoing Systems for Seeking Help

- Provide **easy ways to request help**:
 - Add a “Would you like a call back from someone in our care ministry?” section to the church’s Contact Card or digital Contact form (such as a QR code or NFC “tap phone here” sticker on the back of each pew or seat).
 - Ensure all small group and other leaders know the preferred method for referring a need to the care Coordinator (e.g. calling the church office, texting the Coordinator, etc.).
- Establish a **Coordinator role** to receive all requests, respond within 24–48 hours, and determine next steps.
- The Coordinator will funnel appropriate requests to trained listeners and/or relevant ministry groups, and refer higher-level needs to pastors or counselors.

**Example: Jessica, a mom struggling with anxiety, taps her phone on the NFC sticker and fills out the digital form. The Coordinator connects her with Angie, a trained listener who has walked a similar road.*

3. Deploy Trained Lay Listeners Thoughtfully

- **Start simple**: Assign new listeners to “basic” needs (e.g., normal grief, life transitions).
- **Refer upward as needed**: Ensure listeners pass higher-level needs to the Coordinator, who passes them to a pastor or counselor.
- **Match interests**: Listeners can serve post-service, in prayer groups, or specific ministries (e.g., Celebrate Recovery, grief support).
- **Use pairs or teams, especially at the outset**: Build confidence and ensure backup support.



4.1 What Happens After Class?

4. Facilitate Ongoing Supervision & Support

- Schedule **regular debrief sessions** (every month or two) for listeners to:
 - Share experiences and questions (no names, confidentiality protected).
 - Receive guidance and encouragement.
 - Process difficult interactions and prevent burnout.
- Create a **feedback loop** so the Coordinator / pastor(s) hear of any needs for additional training or ministry.
- **Provide continuing education** for listeners: Invite guest experts, share micro-trainings, and celebrate care successes.
- **Care for your volunteers:** Encourage prayer support, offer breaks when needed, and remind them that self-care is vital.

5. Integrate Listeners Into the Broader Care Ecosystem

- Encourage listeners to always consider the bigger picture; not just caring for the person short-term, but ensuring they get connected into ongoing fellowship in a small group or other support group.
- Clarify their role in the larger care map:
 - **In-scope:** Listening, praying, encouraging.
 - **Out-of-scope:** Counseling, medical/mental health intervention, pastoral advice.
- When referring to professionals, consider the **“referrals with” model**. In some cases, listeners, support groups or other ministries may continue walking alongside.

6. Measure & Celebrate Success

- **Share wins** to build momentum, engagement, and trust. Simple metrics:
 - Help-seekers connected in first 90 days.
 - Active trained listeners.
 - Anonymous success stories shared in newsletters or services.
- Celebrate publicly—**thank volunteers** and share testimonies (with permission or anonymized).



4.2 Guide for 4-6 Sessions for Listeners

This guide is designed to help new listeners with some structure and focus for four sessions of listening and presence, if desired. This guide is not required.

Use your judgment to address the needs of each person you care for. Many listeners will aim for about 45–60 minutes per session, once a week for a month. However, you can also be flexible based on the person’s pace, depth of conversation, life situation, needs and the schedule you think is appropriate to add more time.

We do caution not to burden helpers with longer-term caregiving past 6 meetings, as this can lead to burnout on the part of helpers.

Let’s start with some simple Do’s and Don’ts

Do’s:

- **Start with Presence, Not Solutions**
 - Focus on listening and being present. Your calm, attentive presence communicates care more powerfully than quick fixes.
- **Be Curious and Compassionate**
 - Ask open-ended questions to gently explore the person’s story. Use phrases like “Tell me more about that,” or “What has that been like for you?”
- **Affirm Their Courage**
 - Acknowledge the strength it takes to share. Simple statements like “Thank you for trusting me with that” go a long way.
- **Reflect Their Feelings**
 - Use active listening to reflect what you’re hearing. “It sounds like this has been really overwhelming” helps the person feel seen and understood.
- **Know Your Role**
 - You’re not a therapist. Your job is to listen, support, and, when needed, help the person take next steps toward appropriate resources.
- **Pray**
 - Offer to pray at the end (or the beginning, middle and end!). Keep it focused on God’s presence and care.



4.2 Guide for 4-6 Sessions for Listeners

Don'ts:

- **Don't Try to Fix Everything**
 - Avoid offering immediate advice or spiritual platitudes/statements the person isn't ready to hear ("Everything happens for a reason"). These can shut the person down.
- **Don't Overshare**
 - While some empathy is helpful, make sure the focus stays on the other person's story—not yours.
- **Don't Promise Confidentiality You Can't Keep**
 - Be clear that if someone shares something that involves harm to themselves or others, it must be shared with a pastor or appropriate authority. It's also important to remember you have a supervisor at church who oversees the ministry, who you will be sharing things with confidentially.
- **Don't Minimize Their Pain**
 - Phrases like "At least..." or "It could be worse..." can feel dismissive. Let the person's pain be real without trying to soften it.
- **Don't Rush to Theological Explanations**
 - Save the deeper biblical insights for later conversations. In the initial meetings, the goal is connection, not correction.

Next we are going to remind you of some of the things that you learned in your Helper Training: A Care Prayer Share Class that will serve as a discussion guide each session.

If you have not completed that class, please do that before you start listening.



4.2 Guide for 4-6 Sessions for Listeners

SESSION 1: Join to Understand (Open Questions & Looping)

Objective: Build trust and connection through presence and listening.

Skills to Practice:

- Ask open, curious questions (e.g., “Can you tell me more about that?” “How has that affected you?”)
- Reflect (loop) what you hear: both *content* (“You’re saying...”) and *emotion* (“It sounds like you feel...”). The Emotion Wheel from the training can help find good words.

Suggested Outline:

- Find a good spot to talk that is relatively quiet and confidential.
- Welcome and break the ice; introduce yourself and ask them to introduce themselves if you don’t know each other already.
- Begin with an open question: “What’s been on your heart lately?” or “What’s been going on for you?”
- Use active listening and body posture (3Vs + B: Visual eye contact, Vocal responsiveness, Verbal encouragement, open Body posture)
- Loop back what they share—gently reflect both facts and feelings they say.
- Repeat steps 3, 4 and 5 as needed, to understand and hear what they are concerned about.
- End by asking, “Would it be okay if I prayed for you?” End with a prayer and plan for a second listening meeting.



4.2 Guide for 4-6 Sessions for Listeners

SESSION 2: Listening + Prayer

Objective: Deepen care by continuing emotional reflection and introducing prayer.

Skills to Practice:

- Continue looping content and emotion
- Introduce spiritual presence through prayer (use whatever prayer format you and the help-seeker are comfortable with, considering lament, silent, Scripture-based, spiritual warfare, or conversational prayer styles)

Suggested Outline:

- Brief check-in: “How was this past week for you?”
- If they had homework, ask how they felt it went.
- Using your growing understanding of their situation, continue with open questions and emotional reflections. Do not be afraid to enter into the difficult topics, if you think they are ready for that.
- Ask: “Would you be open to praying together?”
- As an exercise, select a Scripture together (e.g., from Psalms) and pray through it together. Then continue with additional prayer, if desired.
- End with a simple blessing: “May God give you peace this week in...”



4.2 Guide for 4-6 Sessions for Listeners

SESSION 3: Defining Direction (Goal Setting & Plan + Pray Worksheet)

Objective: Help them move from connection to direction using the 4 H's model.

Tools to Use:

- 4 H's: Hear, Hope, Hindrances, Highway
- “Plan & Pray” worksheet (see workbook) to document small steps forward

Suggested Outline:

- Check in on how things have been going for them since your last meeting. Any changes, ways that God has shown up with answered prayers, or are they continuing to struggle in a long-term, difficult waiting situation?

Reflect on what you've heard so far—summarize key themes

- Ask: “Based on what we have talked about in our first two sessions, what do you feel needs to change, versus what might need to wait on God?”
- Guide them through the 4 Hs worksheet:
 - What's the concern?
 - What's one small step you could take?
 - What's likely to get in the way?
- Pray specifically over the plan



4.2 Guide for 4-6 Sessions for Listeners

SESSION 4: Follow Up & Strengthen

Objective: Check in on progress, explore obstacles, and reaffirm hope.

Skills to Practice:

- Follow-up questions (e.g., “How did it go with the plan?”)
- Problem-solving gently around hindrances
- Affirm spiritual direction—what God might be doing in this journey

Suggested Outline:

- Ask: “How did it go with your plan?” or “What helped? What was hard?”
- Revisit the worksheet—any updates or adjustments needed?
- Reflect any discouragement with compassion and normalize slow growth
- Ask, “Where do you see God at work in this?”
- Close in prayer—ask God to continue leading, comforting, and equipping them.

If your listeners want something to take into each session to help them, the following Session Reference Sheets are short and easy to use.



4.2 Guide for 4-6 Sessions for Listeners

Session Reference Sheets

Meeting 1: Build Trust and Listen Deeply

Goal: Create a safe space for sharing.

- Begin with warmth and a calm presence.
- Set expectations: “I’m here to listen, support, and walk with you for a few conversations.”
- Focus on hearing their story—use active listening, nonverbal attentiveness, and minimal interruptions.
- End with affirmation and optional prayer.
- Avoid: problem-solving or theological interpretations.

Remember: Care begins with presence, not perfection.

Meeting 2: Explore Hopes and Hurts

Goal: Gently name the emotional landscape.

- Reflect on what they shared last time: “Last time you mentioned feeling _____. Is that still what’s most on your mind?”
- Ask about what they hope for and what they feel is holding them back.
- Introduce the “push and pull” language (from training): What are you trying to get away from? What are you drawn toward?
- Offer encouragement rooted in Scripture if welcomed.

Remember: You already have what people need most: a heart that is willing to listen and walk alongside.



4.2 Guide for 4-6 Sessions for Listeners

Meeting 3: Name Hindrances and God's Nearness

Goal: Clarify challenges and introduce a hopeful path.

- Ask: “What feels unchangeable right now? What are the burdens you carry?”
- Gently explore what might help lighten that load: spiritual practices, community, rest, etc.
- Affirm that it's okay to lament and trust at the same time.
- Pray for strength and guidance if invited.

Remember: You don't have to fix it to be faithful and helpful.

Meeting 4: Explore Next Steps and Support

Goal: Begin identifying a highway forward.

- Ask: “If something small could shift in your week, what would it be?”
- Help brainstorm gentle next steps—connection with others, a healthy habit, spiritual encouragement.
- Discuss referrals if needed, always as “walking with,” not “handing off.”
- Reinforce their agency and God's presence.

Remember: Small steps still carry us forward—and you (and the person you are helping) are not walking alone.

Meeting 5–6: Strengthen, Reflect, and Bless

Goal: Reinforce growth and bring closure with grace.

- Reflect: “What's been helpful about our time together? What's shifted for you?”
- Affirm the person's resilience and God's ongoing work.
- Encourage connection to ongoing community (group, ministry, pastor).
- Close with a blessing or prayer of commissioning.
-

Remember: *Your presence made a difference—God will continue the work you began.*



4.3 How to Create a Local Resource Guide

We recommend that you create a couple of tools for your ministry to assist everyone to access resources when they are needed. While it can be anxiety-producing to consider all of these options, it is best to be well-equipped on resources to respond. Your helper or help-seeker may not need this information for months or years, but when they do need it, they will need it quickly.

1. Create an urgent care card. This card would be either physical or digital that helpers can carry in their wallet/ phone to access emergency or urgent care hotlines quickly. You can add local hotlines if available.

Hotlines

988 Mental Health hotline (U.S.) The National Suicide Prevention Lifeline at 1-800-273-8255 Crisis Text Line (U.S.) Text HOME to 741741 Sexual Assault Hotline (574)-254-7473	US Veterans Crisis Hotline 1-800-273-TALK(8255) Center to Prevent Youth Violence 1-866-773-2587 National Runaway Switchboard 1-800-RUNAWAY(786-2929) SAFE Alternatives for self injurers. selfinjury.com Al-Anon for family of substance abusers. al-anon.org
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2. Create a local resource guide for your area. Since this document might change over time if resources change, you might want to have it housed at the front desk of your church or other accessible location for helper or help-seekers to ask when it's needed. Someone at your church should be tasked with keeping it updated with the following types of recommended local resources:
 - Your church pastoral care response procedures. Describe how to access pastoral care and under what circumstances they should contact church pastors/elders/care team for care.
 - Local hospitals
 - Free/low-cost medical clinics in the area
 - Ministries for the homeless or low-income, such as food pantries, assistance with paying bills, etc.
 - Mental health providers/practices that you recommend.

- Support groups in your church, or sister churches in your community.
- 12-step groups in your community for substance abuse
- Local Domestic Violence Shelters or Treatment Centers
- Local numbers for reporting child abuse, and your state/ church policy on how to report
- Contact information for church members who are resources for any of these topics and willing to be consulted on issues.



5.1 Ideas for Small Groups

Small groups are one of the most powerful ways a church can live out its calling to be a place of care, connection, and Christ-centered hope. They take the big, sometimes overwhelming experience of church and make it small enough for people to be truly seen, known, and supported.

In a world where loneliness and spiritual isolation are on the rise, small groups provide space for relationships to grow, faith to deepen, and needs to be met through presence, prayer, and practical help. They are often the first place someone will turn when life gets hard—a safety net of brothers and sisters who can listen, encourage, and walk with them in both everyday struggles and deeper crises.

Whether focused on Bible study, recovery, parenting, service, or shared life stages, small groups are not just a program—they're a living expression of the Body of Christ, where “no one has to hurt alone”. Here are some possibilities for small group connection in your church:

- Teen Bible Quiz
- Gardening (beautifying church)
- Rock Painting Club
- Creative Arts
- Lunch Bunch
- Supper Club
- Homeless Outreach
- Preschool Playgroups
- Special Needs Family Support Groups
- Adoptive Family Support Groups
- Running Club
- Hiking / Walking
- Divorce Recovery
- Griefshare
- Motorcycle Riders
- Men's Prayer
- Women's Prayer
- Empty Nesters
- Singles
- Board Game Group
- Premarital Mentoring
- Financial Mentoring
- Marriage Enrichment
- Recovery Groups
- Career Assistance



5.2_How to Cultivate Church Wide Care Culture

10 Pivots That Help Every Church Create a Culture of Lay Care

1. Pastoral Leadership Must Publicly Champion the Vision

Leadership should be both in topic (content) and tone. Topic: A sermon series addressing a mental health or care theme, or an enrichment event. Tone: Consistent references to mental and emotional health and biblical care that normalize help-seeking and give credibility and publicity to the lay listener ministry. If it doesn't come from the platform, it won't become part of the people.

2. The Church Must Have a Clear, Low-Barrier Pathway to Request Help

People won't reach out if it's unclear or awkward. Use and publicize a confidential email or phone number to make help easily accessible; use connection cards, QR codes or "tap to connect" NFC stickers on the backs of pews/seats to funnel people into a form where they can request a contact from the care ministry. A trusted Coordinator should respond quickly.

3. There Must Be a Designated Coordinator Who Owns the System

Someone (or several someones) must own the care infrastructure—receiving requests, assigning listeners, supporting volunteers, and maintaining boundaries. This role keeps the ministry functional and safe. If this role is shared, setting up one confidential email inbox that can be checked by all CARE Coordinators will help facilitate a speedy process.



5.2_How to Cultivate Church Wide Care Culture

4. The Church Staff Must Know How to Use (and Not Bypass) the Care System

Train church staff and volunteers (including the pastors) on how to refer to the lay listener system. For example, “Suppose that after Sunday’s service, someone in distress asks to speak to the pastor about their addiction issue. Rather than connecting them to the pastor’s assistant, refer them to the Coordinator as the first line of listening and triage.” When staff trust and use the process, it grows. Without that alignment, it stalls.

5. Lay Care Roles Must Be Clearly Defined and Widely Understood in the Congregation

Lay listeners are not counselors—they’re companions for a defined period of time. Clarify what’s in scope (listening, praying, encouraging) and what’s out (counseling, diagnosis, intervention). This protects everyone and builds trust. Lay listeners should be presented not as “forever friends,” but instead as those who offer brief, supportive engagement with a purpose and then help the person plug in to the broader church community.

6. Ongoing Supervision and Encouragement Are Built into the System

Volunteers need structure to thrive. Offer regular check-ins, debriefs, micro-trainings, and encouragement. This builds skill, prevents burnout, and keeps care sustainable. For additional support with supervision, consider partnering with one or more Christian graduate students in counseling or psychology programs who need practicum or internship hours. This can provide valuable oversight and help strengthen your care system.



5.2_How to Cultivate Church Wide Care Culture

7. Stories of Care Must Be Celebrated Publicly (Anonymously if Needed)

Celebrate brief, anonymized success stories in services, emails, or social media. What you celebrate, you replicate. This reinforces the vision and shows that care is happening.

8. Care Must be Integrated into Small Groups and Ministry Areas.

Lay listening should not only be found in an official, time-defined, lay-listening ministry. Instead, think of every ministry as an opportunity for listening and “walking alongside,” as part of the church’s care for mental and emotional health. Train leaders in listening in those places where people naturally open up--such as small groups, prayer ministries, support groups, and Sunday School classes. Have a plan to transition help-seekers to those places, where they can plug into community for the long term. This makes care relational, not just reactive.

9. The Church Must Normalize the Need for Emotional and Spiritual Support

Use consistent language that seeking help is wise, not weak. From the pulpit and newsletters to small group leader training, make care-seeking something to be honored.

10. Lay Listeners Must Be Known and Recognized Within the Church Body

Introduce and commission listeners publicly, just as you would deacons or small group leaders. Give them visibility so they’re seen as trusted and supported by leadership.

These ten commitments are essential not just for launching a care ministry—but for embedding it into the life of your church. Real transformation happens when care becomes part of your church culture, not just a program.



Foreword by Carey Nieuwhof

SHAUNTI FELDHAHN & JAMES N. SELLS

When Hurting People Come to Church



*How People of Faith Can Help Solve
the **MENTAL HEALTH CRISIS***

A Sampling of Endorsements from Pastors, Ministry Leaders, and Clinicians Across Many Streams of the Church

In a world that often makes a hard distinction between the empirical data of psychology and the theology of the church, this book says that these two worlds can coexist and be used for the glory of God. I am grateful to call Shaunti and Jim and The Church Cares partners in ministry as we journey with people in their pain and make much of the name of Jesus.

MATT CARTER

Therapist and director of pastoral care at Passion City Church, Atlanta, Georgia

This book is a road map with invaluable insights on positioning and equipping the church for best practices in mental health ministry and building a CARE ministry. This framework will make a profound difference and ultimately transform how the church addresses mental health.

REINA OLMEDA

Director of the Mental Health Initiative for the National Hispanic Christian Leadership Conference; author of *Fit for Your Assignment*; professional counselor

This book includes practical tools, biblical wisdom, and a clear framework for building a mental health ministry. I fully endorse this book as a must-read for anyone committed to the emotional and spiritual well-being of their community, whether you are just beginning or looking to strengthen an existing ministry.

STEVEN BALDWIN

Pastoral care pastor, Apostolic Faith Church, Chicago, Illinois

Training laypeople to care for the hurting is a vision right out of Jesus' playbook. Feldhahn and Sells root their plan in solid research and timeless wisdom. Our fifty-plus years of experience in both evangelical and Catholic churches confirm that this kind of care is desperately needed in our current mental health crisis.

ERICK AND ELIZABETH SCHENKEL

Vice president of Biblical Engagement, Global2033 (Catholic consortium); former executive director (Erick) and current content leader (Elizabeth), *Jesus Film Project*

When Hurting People Come to Church by Shaunti Feldhahn and James Sells is an excellent, clearly written, biblically based, comprehensive, and helpful book with many practical guidelines. It is a must-read for all churches and Christians wanting to be effective helpers and contributors in dealing with the current mental health crisis. Highly recommended!

REVEREND SIANG-YANG TAN, PhD

Senior professor of clinical psychology, Fuller Theological Seminary; author of *Lay Counseling* (with Eric Scalise) and *Counseling and Psychotherapy: A Christian Perspective*

A vast number of people today are experiencing extreme distress and disturbance in their souls. Feldhahn and Sells use research and biblical scholarship to highlight the problem and propose solutions. The central thesis: *The church* should be leading the charge in providing care for hurting people. The current mental health crisis should not scare Christians but inspire us to action.

CURTIS W. SOLOMON, MDIV, THM, PhD

Executive director of the Biblical Counseling Coalition; author of *I Have PTSD: Reorienting After Trauma*

In a time when mental health needs are frequently described as at a crisis state, Feldhahn and Sells offer a passionate, hopeful, and practical primer on how churches can be a major resource for meeting these needs. Community psychology has long championed the importance of cultivating natural helping networks to meet the large-scale psychological needs of our world. This text presents a compelling vision for how one of the world's largest such networks may achieve just that.

WILLIAM L. HATHAWAY, PHD

Provost, Regent University

Feldhahn and Sells have published the most practical mental health/care ministry aid for pastors that I have come across. As a denominational leader, I can say that it will give a very sound structure to the pastoral care strategy of any church, regardless of size or denomination.

PAUL KUZMA, MA, BCPC, PSAP

Director, Center for Spiritual Renewal East, The Foursquare Church

As a mental health professional and practice director who works with both Catholic and Protestant churches, I appreciate the thorough research (they polled 2,000 pastors, church leaders, and clinicians!), the survey data (which highlights the needs of pastors and ministry leaders), and the case studies of churches that have successfully implemented a mental health ministry. This timely book also provides an overview of basic skills related to being present, being an active listener, learning emotional regulation, fostering relational growth, responding to trauma and grief, and helping those dealing with addictions. I believe any church will find value in this insightful and readable book.

GERRY KEN CRETE, PHD, LPC, LMFT

Founder of Transfiguration Counseling and Coaching; cofounder of Souls and Hearts; author of *Litanies of the Heart: Relieving Post-Traumatic Stress and Calming Anxiety Through Healing Our Parts*

When Hurting People Come to Church inspires pastors, ministry leaders, and church members alike to embrace their role in the crucial mental health journey of care. If the church is truly called to be the hands and feet of Christ, it cannot afford to ignore the mental and emotional struggles of its people and the community at large. This book is a must-read for anyone who desires to see the church become not just a place of worship but a sanctuary of healing, restoration, and hope.

REVEREND N. CHARLES OLMEDA, PhD

Lead co-pastor of Transformation Church, Allentown, Pennsylvania;
board member of the National Hispanic Christian Leadership Conference

Pastors often feel overwhelmed and ill-equipped to deal with the increasing occurrences of mental health concerns among their church members. Theologically insightful, deeply rooted in the gospel, and written with great care and expertise, *When Hurting People Come to Church* is an essential book that every pastor and church worker who is seeking to care for their members should read.

CORNÉ J. BEKKER

Dean and professor, Regent University School of Divinity

WHEN HURTING PEOPLE COME TO CHURCH

SHAUNTI FELDHAHN & JAMES N. SELLS

When Hurting People Come to Church



*How People of Faith Can Help Solve
the **MENTAL HEALTH CRISIS***



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When Hurting People Come to Church: How People of Faith Can Help Solve the Mental Health Crisis

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Foreword

This landmark book addresses the panic almost every pastor I know faces, one I faced personally for decades: the overwhelming pastoral needs people have.

When it comes to tackling the challenges of human needs, I have noticed two broad approaches that pastors take.

One is what I learned to do: refer almost any need either to the group's ministry in our church or to a professional counselor outside our church. We'd even pay for the first few sessions, if need be. Not everyone is a fan of this approach, but given my personality, my lack of training in counseling, and the size of our church, it was the best I could do.

The second approach is more common among pastors of smaller churches who are wired as shepherds. Their response? Take on as many counseling appointments as they can, often to the point of exhaustion or burnout.

Neither model is ideal. In the first case, it's likely that a lot of pastoral care needs remain functionally unaddressed. In the second approach, not only does the pastor get overwhelmed, but it's unlikely

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that a single pastor or staff team can adequately address the multiplicity of issues people face.

If this weren't challenging enough, start adding AI into the mix. The twenty-first century is already the loneliest century in history, and technology that is designed to keep us connected is instead making us even more lonely, isolated, and depressed.

Fortunately, none of this surprises God. He designed the church for such a time as this. The model that Shaunti Feldhahn and James Sells propose is something that every church leader should study, embrace, and adopt.

You'll find numerous surprises in this book and repeatedly notice yourself nodding in agreement. Regardless of your church's size, style, resources, geography, or demographic, you'll find practical steps to help your people thrive again—mentally, emotionally, and spiritually.

One of my favorite aspects of this book is that I believe it will kick-start deeper discipleship and better evangelism in your church—two infusions most churches need.

Another favorite aspect? It's short. On behalf of every busy church leader, thank you, Shaunti and Jim, for not making this landmark work longer than it needs to be.

My only regret? I wish I had this book when I was leading our church.

Carey Nieuwhof

Author, podcaster, and speaker
Founding pastor, Connexus Church

PART 1

A New Model of Care



A New Way Through

How the Church Can Stand in the Gap for Mental Health

The boy clambered up the heights until he reached the hole.
His chubby little finger was thrust in, almost before he knew it.
The flowing was stopped!

“Ah!” he thought, with a chuckle of boyish delight, “the angry waters must stay back now! Haarlem shall not be drowned while *I* am here!”

MARY MAPES DODGE, *Hans Brinker: Or, The Silver Skates*

Pastor Brent has his finger in the dike, as if he is holding back the North Sea. He is the family pastor of a community-oriented church.¹ They preach and pray, marry and bury, and everything in between. He loves his work and he loves his community, but he is overwhelmed. For years now, ministry has been endless variations on a single theme: people need help.

- They need help in their marriages.
- Help in overcoming addictions to substances, behaviors, and lifestyles.
- Help in caring for children or aging parents.
- Help in managing money.

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- Help in the anxiety of facing cancer.
- Help in facing depression after losing someone to cancer.
- Help in confronting loneliness, trauma, or fighting temptation.
- Help in recovering after failing to fight off temptation.
- Help in confronting the lie that they should be able to handle it by themselves.

These needs are, after all, among the reasons Brent became a pastor. He wants to help people's lives be transformed by the power of the gospel.

So, he is a student on how to help well and how to keep himself from burning out. He reads books about pastoral boundaries, has regular date nights with his wife, and meets with a group of guys to pray and talk about the challenges of ministry. These things are helpful. Yet the responsibility remains, and the calls asking for help keep coming at rates beyond his capacity.

Brent does what he can, and he meets with a steady stream of people to listen, pray, and plan. He refers many of them to trusted therapists when the need is beyond his schedule or skill. But these professionals are often full, or costly.

Often, there is nothing else he can do to help. Sometimes the church pays for the first therapy session. But what happens during the weeks or months while they wait? What happens when the person can't afford more than one or two sessions?

He feels like his people are often fending for themselves. The phrase "be warm and be filled" keeps him awake at night.

Brent knows ministry is God's calling for him, yet he frequently feels discouraged. He wonders if there's a different way to bring aid,

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comfort, and direction to those who follow Jesus—and those who need to know Him.

For Those on the Front Lines

This book is for those with their fingers in the dike. We are offering a practical, doable way through the challenges faced by pastors, priests, deacons, elders, church leaders, ministry leaders, and clinicians who work or volunteer in the church to care for the hurting but find the scope overwhelming.

While Pastor Brent may not realize it, he is on the front lines of a silent war that's being waged inside and outside the church today. Researchers call it a mental health crisis. Pastors, therapists, and ministry leaders call it exhausting.

Perhaps that's you.

Every day, you may resonate with Paul's words: "There is the daily pressure on me of my anxiety for all the churches" (2 Corinthians 11:28).

This book aims to help you alleviate that pressure and anxiety, ensuring that more people are helped—and helped better. In our broken world, the pressure of ministry will always be there to some degree, but it does not have to be to *this* degree.

About Us and Our Research

You might be wondering, *Who are these authors who are not pastors or church leaders and are proposing a different way for those who are?*

We are your fans. We are your greatest supporters. We work in the church and ministry space every day, and we see the burden you carry.

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You are the boots on the ground, doing the work of the Kingdom, and we want to help. One of us (Jim) is a licensed psychologist and a leader at a Christian university who prepares mental health professionals to care for others and codirects a research center that creates resources for everything related to marriage, family, the church, and mental health. The other (Shaunti) is a longtime ministry leader and author of dozens of books. Both of us are also researchers who have investigated the current challenge facing the church and possible solutions by seeking input and hearing the perspectives of more than 2,000 leaders and professionals like you.

We conducted a national survey of nearly 1,900 pastors, priests, church leaders, and clinicians about mental health in the church,² and we personally interviewed and spoke with hundreds more. (For simplicity's sake, throughout the book, we refer to clergy across all streams of the church as pastors.)

In the process, we have seen and heard how leaders in many streams of the church view mental health and create care. Based on this data, we have also seen many examples of innovative ministry emerging, and a new way forward that will help you, the people you serve, and the church as a whole. This will not replace the ministry of care you are called to but will enrich it—and hopefully even expand it.

Our goal is to help you think through this new way forward and show how it might work for you in very practical ways. Just as you feel strongly called to help care for others, we feel called to help care for you. God cares about His leaders and caregivers in the church, and He sees all that you are carrying!

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We should mention that the survey data, along with many helpful resources—including appendix 2 of this book, which offers a curated, practical list for churches—is available at Thechurchcares.com. You will read more about The Church Cares, the initiative and organization we help lead, in later chapters.³

What’s Causing the Mental Health Crisis— and How Can the Church Be a Solution?

The 2023 warning from Thomas Insel, the former director of the National Institute of Mental Health, was pretty stark:

Our nation is facing a new public health threat. . . . Feelings of anxiety and depression have grown to levels where virtually no one can ignore what is happening. . . . Ninety percent of Americans feel we are in a mental health crisis.⁴

They are right. The evidence from both clinical research and government assessment indicates a rapid increase in prevalence, need, and cost of mental health services in virtually every category (e.g., suicide, addiction, and trauma) and virtually every demographic and age group. There are many reasons for this crisis, both within the church and in society at large. Countless studies have looked at factors as diverse as marital breakdown, the prevalence of racial injustice, and the use of smartphones at key stages of emotional development.

It’s likely that any number of factors may be contributing. But we propose that underneath all of that are two major cultural reasons for

the pressure you feel—and one way the church can be a transformative solution for each of them.

Issue #1: So Many People in Need, So Few to Help

The movie *Gone with the Wind*, set during the Civil War, has come under scrutiny in recent years due to its damaging racial stereotypes. Midway through the movie, there is an illustration of a different type of damage. This scene shows wounded soldiers being cared for by desperate nurses, wives, mothers, all trying to respond to a cacophony of pleas for aid. As the camera draws further and further back, the wounded are revealed to be in the hundreds . . . then thousands . . . all calling for the help of a few caregivers. The viewer is confronted with the enormity of human carnage.

In the twenty-first century, so are we.

In this book, we write of a similar scene—just with a different type of wounded. When we refer to those with mental health concerns, we mean anyone in mental, emotional, and/or spiritual distress. This could be the man whose marriage is falling apart, the woman with an eating disorder, the bullied teenager with social anxiety, the retiree with depression, the military veteran with PTSD, the single mom who just lost her job, the long-married couple who hasn't had sex in five years, or the newlywed who is wrestling with critical in-laws. When you zoom out, you can see the enormity of human carnage. And they are all calling for the help of too few caregivers.

For fifty years, society has created a professionalized mental health culture as the primary means of caring for those in distress.⁵ Initially,

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in order to access insurance coverage, the counseling profession began redefining most psychological needs as having a medical pathology. But over time, this resulted in licensed counseling becoming the standard of care for all life stressors.

Now, just to be clear: much about the rise of skilled professionals has been extremely helpful. Sophisticated, empirically validated research has uncovered key ways to address mental health disorders and challenging life issues. Specialists apply precision and clarity to complex problems. And state licensing standards ensure that therapists have a high level of training, skill, and ethical adherence.

To speak directly to the clinician: you have made a significant difference in the lives of untold numbers because of your expertise and care.

The downside of this trend, however, is that vast numbers of people—those with diagnosable disorders and those with significant life pain—flood therapists' offices. With therapy as the treatment path for all levels of pain, the capacity for care is overwhelmed. Imagine the panic of a parent whose eighth grader deeply struggles with academic anxiety and needs a counselor but must wait three months for an appointment. Three months! By that time, the child may have failed the eighth grade and internalized the idea that nothing is ever going to change.

It's a classic supply and demand problem. It's a lot like what happened on my (Jim's) hometown's Southern California roads: freeways have been expanded to twenty-six lanes but are *still* inadequate to accommodate the cars that flood the region. The problem isn't just that there aren't enough lanes; it's that there are too many cars.

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This is similar to what the church is facing. As we'll discuss more in chapter 3, there aren't nearly enough professionals to meet the demand in today's mental health culture—and there is an overwhelming need!

Here's one example, which I (Jim) shared in my 2024 book for clinicians, *Beyond the Clinical Hour*: among the forty million American adults with clinically significant anxiety, just fifteen million are getting help.⁶ Fully twenty-five million—more than the population of Florida—are not. In many cases, this is because they can't find a mental health professional with capacity to see them or because they can't afford their services.

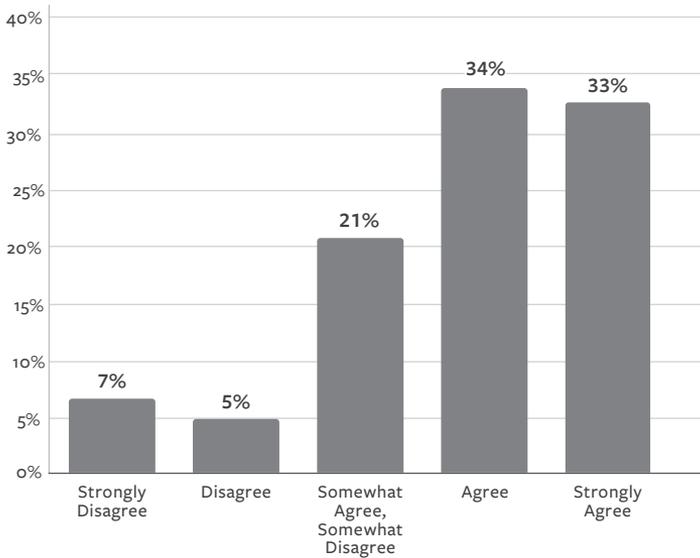
At the same time, a parallel trend has long been underway in the church. Because of the movement toward professionalism, we have become increasingly uncomfortable with addressing mental health concerns in churches. Like their secular counterparts in medicine, business, and education, most church leaders see “referring out” as the thing to do.

We often hear the rhyme that one pastor used on our survey, “When in doubt, refer out.”

Thus, when help seekers come to the church, they may talk to a pastor, but much of the time they are also referred to a mental health professional. On our national survey, 67 percent of pastors and church leaders fully agreed with this statement: “If a person's presenting issue is primarily psychological rather than spiritual, the church's primary mental health service should be to refer to a mental health professional.”⁷ Only 12 percent disagreed with that statement.

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“If a person’s presenting issue is primarily psychological rather than spiritual, the church’s primary mental health service should be to refer to a mental health professional.”



It’s our perspective that referrals are indeed often needed. Yet there’s an unintended consequence to this overall pattern of referring out: people are being funneled out and away from the church at a time when people need the church most! Of course, there are times when people need more help than a pastor or a ministry can provide, and throughout the book we offer guidance about when referrals are best. (You can see an overview of how to do referrals well and a referral decision tree in appendix 3 online at Thechurchcares.com.) But in many cases, churches are letting professionals do what the church was intended to do. Churches can reclaim their role by doing “referrals with” rather than “referrals out.”

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One pastor we spoke with said this realization was the catalyst for his church's creation of a mental health ministry. He explained, "Our reasoning was what you see when Jesus leaves the ninety-nine sheep to go after the one. This lost sheep needed more attention and care. So Jesus went after that sheep, carried it back, and now that sheep is *with* the flock. It's with the others as it receives care. Soon, the sheep is walking again. But when that sheep is broken, that's the time it needs to be carried the most."

Another consequence to referring out is the mental health equivalent of twenty-six packed lanes of traffic. There simply aren't enough professional providers to keep up with the current default of referring out. It's estimated that to reach the millions in need of care, hundreds of thousands of therapists⁸ need to be trained at a cost of billions of dollars. The need is there, but the professional workforce and the money are not.

This might sound dire, but thankfully there is a solution to these dilemmas. To see it, let's start by looking through the eyes of Pastor Brent and others like him.

Pastor Brent's Tuesday Afternoon

Pastor Brent took the call and heard a very stressed female voice.

"Uh, hi. My name is Roni. My neighbor goes to your church and gave me your number. I am at the end." Roni began to cry as she told her story. "I'm caring for my two elderly parents with dementia. My husband is a cross-country truck driver, and he's only home about one week a month, so he can't really help. Last week my seventeen-year-old daughter told me she was pregnant. I haven't been able to sleep all week. We are a mess. I know I should see somebody, but I haven't a clue who to see, or how to afford it . . ."

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Pastor Brent looked at his watch. It was 5:20 p.m. He sent up a silent prayer for wisdom and texted his wife a frequent code: “RN 60.” That meant that something had come up RN—right now—and he would call in sixty minutes. They were used to it. It happened a lot.

Pastor Brent and Roni spoke for about forty-five minutes. He empathized with the heavy burdens she was carrying and reassured her that each could be addressed in the proper time. He confirmed that no one was going to hurt themselves and everyone was safe. He gave her two numbers to call: the crisis pregnancy hotline and a Christian counselor. He prayed with Roni and invited her to come to the office. It would have to be late the next week or maybe the week after, as there were other similar needs already crowding his schedule. He said goodbye, wishing he could do more. He knew he couldn't, but he also knew he was leaving Roni consumed with grief, confusion, despair, and loneliness.

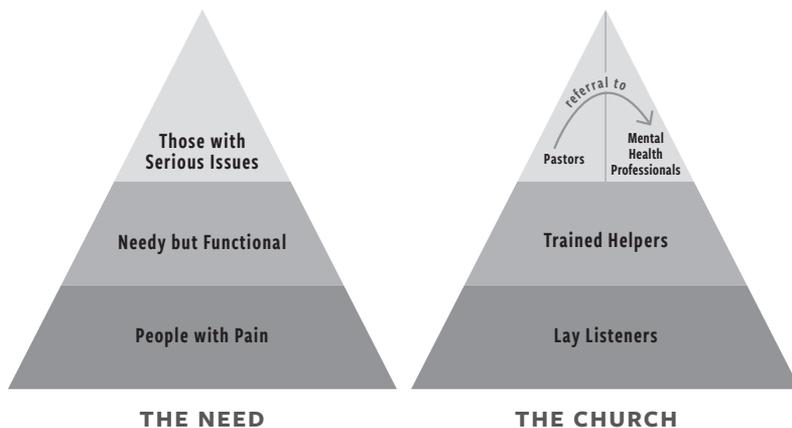
He sent a text to the counselor telling her that Roni might be calling and asking if there was any way she could work her in, and then he hustled to the car, calling his wife to apologize and let her know he was on the way. As he drove on a hill overlooking thousands of houses in his valley, he was struck that somewhere in that view was Roni's house—and hundreds of other houses where pain, grief, and despair were served along with dinner. In exhaustion, he thought, *I have the power of the gospel to change hearts, restore the broken, and heal family wounds, yet I feel powerless.* As he pulled into his driveway, he thought, *I don't have time to do more. But is there a way I can do it differently?*

Before We Can Fix It, We Need to Understand It

This question about how the church can do things differently is the central theme of this book. To forge a new path with the current

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circumstances and resources, we must understand the problem underneath the problem in the church, in the mental health field, and in the culture at large. Both the problem and the solution can be captured by comparing two large triangles.



The first triangle represents the need within the church; it's what Pastor Brent experiences every week. At the top of the triangle are those with serious issues. These include marriages in extreme crisis, people whose addictions are blowing up their lives, those contemplating self-harm, those with psychiatric diseases that the industry labels as serious mental illnesses (SMI), such as bipolar disorder or debilitating major depression that prevents them from getting out of bed.⁹ This group may not constitute a huge number within the congregation—perhaps 5 to 10 percent of the church—but they likely have significant, demanding, and often complex needs.

The second group in the need triangle, the needy but functional,

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is larger: about a fourth of the church and community. This group has serious needs or pain that requires ongoing attention, but they are generally able to live their lives. They may be depressed, but they go to work every day. They may be dealing with trauma, grief, divorce, bankruptcy, the loss of a child, or an addiction, and carrying these loads like rocks in a day pack, yet they can carry on. They may be on medication, or not. They may see a clinician, or not. From the outside you may or may not know the burden is there.

Then there's the big group at the bottom of the need triangle. These are people with pain—which includes all of us at various times. No one escapes it, whether we're facing marriage issues, singleness issues, parenting heartbreak, caregiving strain, grief, anxiety, illness, job loss, or finances. And when those challenges arise, we all need a place to go, a person to talk to, and a shoulder to cry on.

Thankfully, we don't need to be left alone with this weight.

While the need triangle describes three groups with varying levels of need, the second triangle is a depiction of the church and the helpers within it (or external helpers the church outsources to). It represents the help that is available to the hurting.

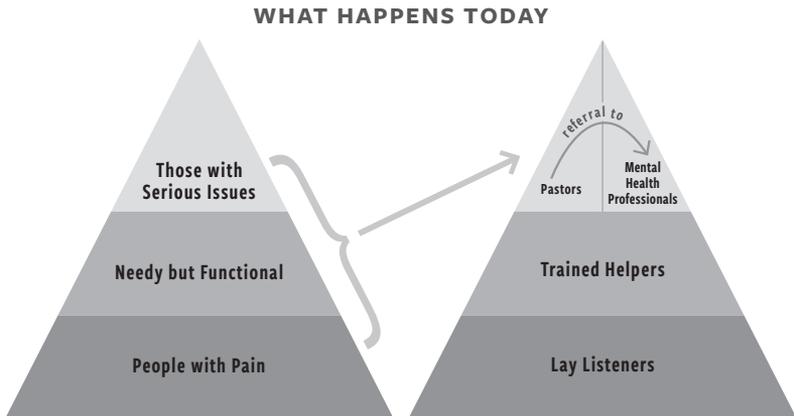
At the top of the triangle are pastors and mental health professionals. In the middle are what we might call trained helpers. These are the facilitators and the groups with some mental health training or experience, many of whom are specialized in a particular area of need. These might include mental health coaches, lay counselors, or leaders of groups like Alcoholics Anonymous, Celebrate Recovery, GriefShare, DivorceCare, or Pure Desire. More broadly, these might also include those who have been trained in life care and mentoring, such as Stephen Ministries leaders.

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At the bottom of the church triangle is . . . everyone else. These are individuals who care about those around them and want to help. If you've been going through a hard time since your mother died and you need a friend to share an iced latte with on a Saturday afternoon, this is who you turn to. These are small group leaders, prayer warriors, caring grandparents, Sunday school teachers, Bible study members. This is the body of Christ.

A Picture of the Problem

In any given church, a small triangle of clinicians and pastors are trying to care for most of the population of people in need—handling big stuff and little stuff and everything in between. They are at the top of the mental health culture, and they're seen as the “fixers.” So the default is to channel nearly every problem to them and through them.



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This is why Pastor Brent and mental health providers are overwhelmed. This explains the ache he experiences when people like Roni call. Most pastors resonate with the feeling of having few hours and fewer options to offer those who come to them for care: they typically talk to the person a few times and hope they can be seen by others for more extensive follow-up. They may also hope they can find some sort of group or social support for the person, but that is often hit or miss.

Now, we need to explicitly say that people turning to pastors and mental health providers is a *good* thing! Research indicates that most people improve in managing life crises at any level when they seek pastoral and/or clinical help. This is why I (Jim) have devoted more than thirty-five years to my calling as a counselor and counselor educator. Most pastors do a magnificent job in their role of pastoral counseling, which will always be needed. But the *default* of running everything through the top of the triangle has created the “fingers in the dike” problem. A lot of people need help, and there simply aren’t enough people available to help.

A Picture of the Solution

There is a simple way of looking at the solution. We must enlist the entire church and *all* types of helpers. As indicated in this image, those with higher levels of specialization and training help those with more intense or more complex needs, and those with lower levels of specialization and training help those with lower-intensity needs.

We call this the church CARE strategy (Coordinated Attention, Restoration, and Encouragement). As you’ll see in a moment, *this* is a solution for Pastor Brent when someone like Roni calls. It’s the different way of doing things he’s been seeking.

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Let's return to Pastor Brent. Imagine that when he picks up the phone at 5:20 p.m. on Tuesday, he has already implemented the CARE strategy in his church. As he listens to Roni, he pictures the triangle and thinks through different types and levels of help. A clinician might be needed, but someone is also needed now to walk alongside her in her panic, grief, and worry. Although he cannot do that, there are others in his congregation who can.

After listening with compassion, offering wisdom, and praying for her, he tells her, "It will probably take me a week or two to see you, but in the meantime, I'm going to have our CARE coordinator call you tonight or tomorrow. She is a retired nurse who volunteers a few hours a week, and she will hear more about your story and make a plan with you for moving forward."

Pastor Brent knows that the CARE coordinator will assess the level of need and care available, and then refer Roni to a trained lay listener who can come alongside her. She might connect Roni

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with a small group or a community resource. And she will determine whether Roni needs to see a mental health professional.

A Simple Change with a Big Impact

Adding these levels of care—the coordinator role, trained helpers, and lay listeners—allows churches to always be present for others. This CARE strategy creates opportunities for ongoing support rather than funneling people like Roni away from the church.

Many churches (62 percent, on our survey) already offer some kind of trained helper care, often through specialized groups such as recovery programs. But comparatively few (25 percent) have any type of organization around lay listening. The lay listener level of care is the most needed—and it’s the easiest to recruit and support participants for. And with training in some basic skills (which will be covered in later chapters, such as knowing when to refer), it can also be safe and incredibly effective for leveraging the resources already available. One of the best informal counselors I (Jim) have ever known was my grandmother, who used just an eighth-grade education, a listening ear, a kitchen table, a Bible, and a coffeepot.

We believe that adding human care at this most basic level will be the most effective way to reach the goal of building a sustainable ministry of care. It is Romans 12:11-13 lived out: “Never be lacking in zeal, but keep your spiritual fervor, serving the Lord. Be joyful in hope, patient in affliction, faithful in prayer. Share with the Lord’s people who are in need. Practice hospitality” (NIV).

We also believe that adding this basic level of care will better position the church to engage the broader community. Influential pastor and church leadership expert Carey Nieuwhof told us, “There are a

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growing number of initiatives right now to connect people who are lonely or in need with local churches. But many pastors simply don't have time to create the connection well. They may send an email back to the help seeker saying, 'Here are our service times—would love to see you on Sunday' but often don't have the capacity to go beyond that. And a church of three hundred may have only a few staff. So the pastors and staff need someone else in their church to reach out and text that person. The message is: You have lay people who can do this—use them!"¹⁰

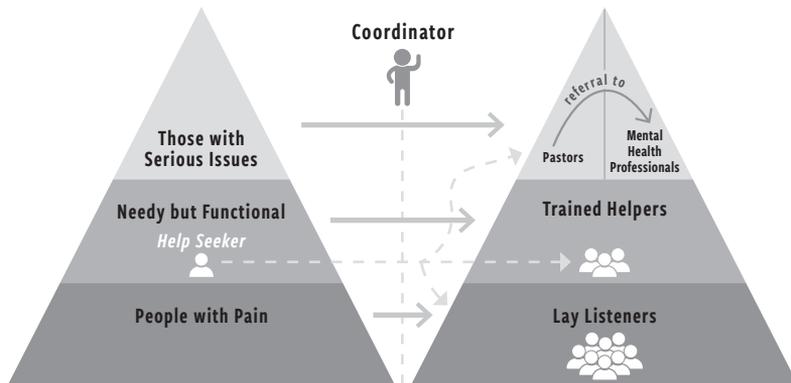
As you can see in the depiction of the church CARE strategy, there is an additional crucial element that will allow this type of lay caregiving to make a real difference in a church like Pastor Brent's: a coordinator. Churches need a specialized helper to serve as a guide and adviser for the pastor and/or to filter people in need to the right level(s) of care. In many cases, this is a licensed counselor or trained coach who attends the church and volunteers for two or three hours a week, or a pastoral staff member with a counseling background who oversees the care ministry as part of their responsibilities. (The coordinator role will be explained in more detail in chapters 4 and 7.)

Enlisting the Aid of Mental Health Professionals

If you are a mental health professional or have helpful training (for example, as a coach or a medical professional), consider how you might be able to help your church respond to the need. You might be able to step into a coordinator role as the vital, final element in the suggested model. (For more on the need for professionals to work with churches in general, see *Beyond the Clinical Hour*.¹¹)

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THE CHURCH CARE STRATEGY



Every church has different needs and a unique culture, so it's important to lean in to whatever version of this is right for *you*. Some congregations might emphasize one area of the triangle more than the others, whether because of theology, resources, need, or capacity. But we believe that every leader must grapple with the truth that some form of this strategy is not a “nice to have”—it's a must-have.

The decisions for your church will be more complicated than a simple triangle. But with so many people experiencing mental health crises and so few helpers, it's essential for the church to step in as a source of human care—for people within the church and the culture as a whole.

Issue #2: People Feel Lonely, Isolated, and Abandoned

Beyond the first supply/demand reason for the pressure, the second phenomenon is a silent epidemic that impacts just about every aspect of life today: people are alone. Countless studies have found

that relational connection is a prerequisite for human thriving—for mental, emotional, spiritual, relational, and even physical health—yet we live in a culture of significant isolation.¹²

This isolation is not from lack of desire for connection. According to a 2023 Pew study, 61 percent of adults believed that having close friends was “extremely or very important for people to live a fulfilling life.”¹³ Yet 15 percent of men had no close friends. Zero. That statistic has increased 500 percent in the past thirty years.¹⁴

This disconnection contributes to the mental health crisis and creates a barrier to solving it. Science confirms what we know from Scripture and from experience. As one researcher put it, “Friendships contribute to positive psychosocial adjustment in multiple domains, such as greater well-being, lower symptoms of depression, less delinquent and risky behaviors, and higher academic achievement; they also protect against the negative effects of victimization and internalizing behaviors.”¹⁵ We all need that person who will stick “closer than a brother” (Proverbs 18:24).

The bottom line is that people need friends. Real friends, not paid-professional friends, not just online friends (as helpful as they can be at times). We need real people who engage in real time over real concerns.

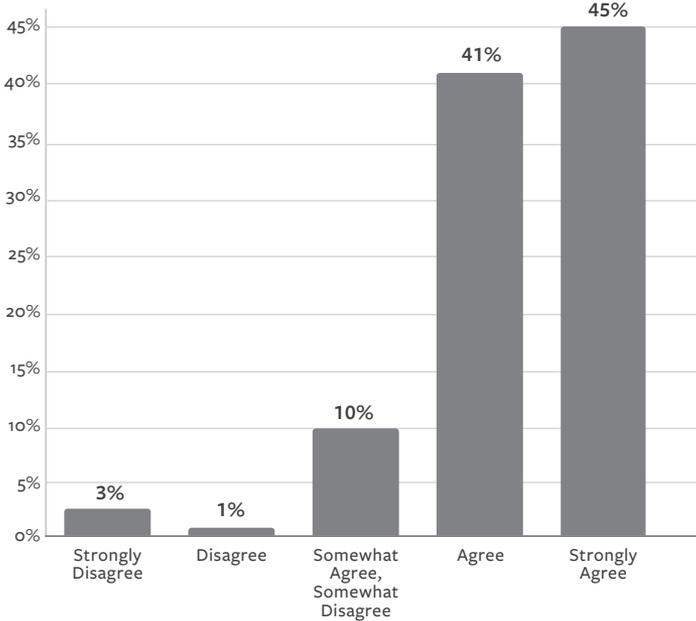
Here is where the church has an opportunity to show up. God designed us to live in the context of relationships (for example, see Genesis 2:18 and Hebrews 10:24-25). The power of Christian community and connection are key reasons why people who attend church regularly tend to be less lonely and have better marriages, physical health, and mental health.¹⁶ But just because someone is in the church doesn't mean they are experiencing connection.

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Solving the disconnection problem is essential for solving mental health in the church. In fact, we'd go so far as to say there's no way to have good mental health in the church without it.

Most church leaders agree. Eighty-six percent of those on our survey agreed that “a community of believers supporting one another is one of the best ways to foster good mental health inside the church.” Less than 4 percent disagreed with that statement.

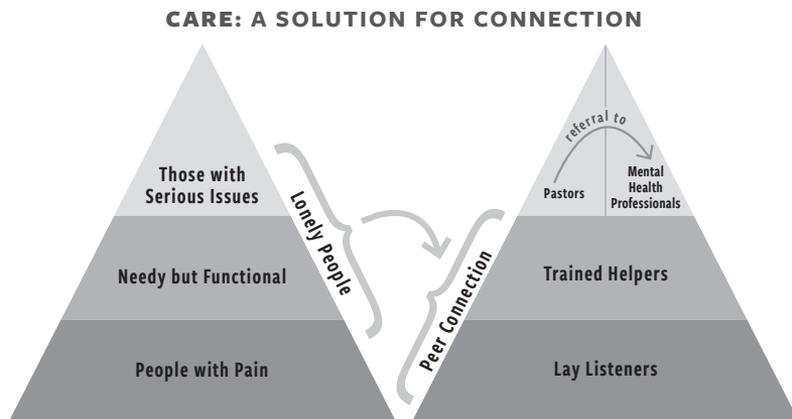
“A community of believers supporting one another is one of the best ways to foster good mental health inside the church.”



Let's look again at our triangles depicting the CARE strategy and how it can resolve not just the “traffic jam” problem but also the

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disconnection challenge. Pastors and professionals can't provide relational connection for everyone in their sphere, but the church can. Church care networks provide community, connections, and friendships that will help people become healthy and vibrant instead of lonely and struggling.



The CARE strategy is both prevention and cure. It is also, of course, what God has called us to all along: “God has given each of you a gift from his great variety of spiritual gifts. Use them well to serve one another. Do you have the gift of speaking? Then speak as though God himself were speaking through you. Do you have the gift of helping others? Do it with all the strength and energy that God supplies. Then everything you do will bring glory to God through Jesus Christ” (1 Peter 4:10-11, NLT).

Purposely adding connection-oriented levels of care brings together the power of God and the power of His people. As David

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pondered the weight of his need, he wrote, “I keep my eyes always on the LORD. With him at my right hand, I will not be shaken” (Psalm 16:8, NIV). David’s son Solomon understood both the weight and how it is lifted: “I saw the tears of the oppressed—and they have no comforter” (Ecclesiastes 4:1, NIV). The most effective and powerful treatment in addressing any kind of mental health suffering is the presence of a few close, committed, resilient, and steadfast friends. They humanize the gospel and declare its power.

Changing the Culture

We have a unique opportunity to shift the way we think of church outreach, human care, discipleship, and evangelism. In this model (which may seem new but is actually as old as the book of Acts), the church plays a central role in attending to human suffering. Our vision is for the church to step into its original design: to be the primary place where the love of God, redemption through Jesus, and the power of the Holy Spirit are experienced by the culture. Jesus’ metaphors of salt and light suggest that we are to bring life to the world. Jesus entered into the culture by healing the leprous outcasts, giving sight to the blind, and restoring the woman at the well. In our day, we can bring comfort and healing to the isolated and lonely, help people see their great worth in God’s eyes, and support the transformation of those in recovery.

For years, we have tended to think of mental health ministry as only being about helping people with specific, defined, and diagnosed disorders such as depression, anxiety, and personality disorders. Let’s think bigger. Think of the church as the on-ramp through which people address their life pain. After all, much of the culture already

does. According to a 2020 British study, “In America, as many as 40 percent seek support from clergy for mental health concerns, with studies identifying that individuals with mental health diagnoses were more likely to seek support from clergy alone, than psychiatrists and psychologists combined.”¹⁷

Let’s pause with that for a moment: these researchers, seeking ways to improve mental health services in the United Kingdom, looked “across the pond” and noted that for many in the US, the first step to obtaining mental health services is through the church. The church doesn’t need to become the center of the solution; it already is. It just hasn’t always realized or accepted this role.

As you’ll see in chapter 3, our survey indicates that less than one-third of pastors (32 percent) had confidence that their church was “doing a good job addressing the mental health needs of our people.” In other words, the Brits say that in the US, more people access the mental health system through the church than by contacting psychologists and psychiatrists combined. But we found that most pastors in the US say they don’t address mental health needs well and could do it much better.

So we have the need, we have a culture with a near-desperate cry for aid, and we have a church capable of delivering the needed care as part of the great commission. It is here that need meets opportunity.

The Church Can Be the Solution

Mental health care is the evangelism, church growth, discipleship, and church engagement method of the twenty-first century. Rather than funneling people *out* of the church, we can view mental health as an opportunity to draw people in.

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We increasingly hear pastors, church growth leaders, and clinicians calling for the church to lean in to this unique time in history. Christian psychiatrist and founder of Key Ministry Dr. Steve Grcevich says, “The church is faced with an enormous opportunity to present the gospel and engage with a vast population with untapped gifts and talents intended for the growth and edification of the church.”¹⁸

Talbot School of Theology dean Ed Stetzer writes,

Serving and saving were marks of Christ’s life on earth. They should be marks of his people as well. But to do that, we must engage the broken and hurting people around us. I don’t want to be part of a broken church—instead, I want to be a part of a church where broken people are welcome—a church where perfect people aren’t allowed, a place where people can embark on this journey without having everything figured out from the start. That’s hard. But it’s what we were called to be. A church without the broken is a broken church.¹⁹

We have been here before—in a time of historic social crisis when the church showed up. During the Industrial Revolution in the late eighteenth and early nineteenth centuries, England endured a time of disease, darkness, and despair. Think of Dickens’s *A Tale of Two Cities*: “The best of times . . . the worst of times.” Most English children were illiterate, as were many of their parents, and most were also economically shackled to dreadful industry conditions. The prevailing philosophy of the day was work or starve; life was cheap; people could

be replaced. Children worked in sweatshops, and there were no child labor laws, no public education. Schooling was a luxury, available only for wealthy children.

A publisher named Robert Raikes and Thomas Stock, the rector of Raikes's church, were disturbed by society's neglect of children and the deplorable life conditions of the working class. Seeing education as a way out of poverty, Raikes championed a radical idea: all children should learn to read—and the church should teach them.

Raikes and Stock considered their resources. They had Sundays, the one day when children were not at the factory. They had a church building. They had Christians who were willing to give their time. And they had a publishing company with the capacity to print books for curriculum.

With those resources—time, space, volunteers, and a tool—they taught kids. They called it Sunday school. Volunteers taught basic school skills, and they taught about Jesus.

The movement grew at a phenomenal rate. They went from schooling a handful of kids in 1780 to three hundred thousand children in less than ten years.²⁰ By the year 1850, there were more than two million children enrolled in Sunday school through the Church of England.²¹

It wasn't long before the movement took hold across Europe and the United States, among a wide range of denominations. Then in 1870, England passed the Elementary Education Act, taking what had begun in a few churches and formalizing a free public education system, which much of the world soon followed.²²

Sunday schools changed the world. The church had created a new culture and brought great transformation during a time of great need.

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Today, there is another massive human crisis—people are experiencing distress and isolation in proportions never seen. We have the tool: technology through which resources can be shared and scaled. We have a place: churches in every community. We have a plan: how churches can play a major role in addressing human care. And most importantly, we have a human resource: hundreds of thousands of ordinary people who are willing to care for others, many of whom want to be taught how to come alongside someone in pain.

The Next Creative Response Can Be Yours

The church is at an incredible crossroads right now. In every community, every denomination, every style and size of church, we see amazing, creative responses to the mental health crisis. There is a spontaneous response to a social need, with innovation and experimentation to answer the question “How can we do this well?”

The church is most effective at stepping forward into care ministry when it collaborates with existing mental health practices. It will not supplant or replace highly trained medical and therapeutic approaches. Nor will it replace pastoral counseling. Nor will it replace the vital and active ministries that have exploded over the last few decades. Rather, the effort will build on all of these, adding supportive, supervised volunteers who can serve the church as listeners, helpers, and disciple makers.

As you will see in the next chapter, there are churches who are already doing this well. Innovation is emerging. We hope to show you what others are doing so you can adapt the various ideas for the needs of your community and your church’s DNA.

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The key is to give people a way to get help in your church, even if you also refer to additional care. One concerned pastor and therapist put it this way:

Many churches don't realize they are creating a perfect system to have people leave the church and look for help elsewhere. Now, of course, most churches can't hire a therapist or psychiatrist on staff. But what any church can do is create something that is lay-led. What any church can tell that person is, "We have something you can plug into immediately. Right now. As a church, we will refer you and help you see a counselor or psychiatrist if you need it. We're going to help you get connected to good community resources. But in the meantime, we have something right here."