



Reaching Out:

Connecting Religion, Spirituality and Mental Health in our Faith Communities

Breakout Session C:

Pastoral Care: When am I in over my head?

Dr. Dan Green is a Licensed Psychologist and has served as the Clinical Director at New Life Resources, Inc. for 21 years. Prior to this, he worked in medical settings and continued consulting work with such. He earned a Ph.D. in Clinical Psychology from the University of Arkansas (Fayetteville, AR) and completed post-graduate training at the Clement J. Zablocki VA Medical Center (Milwaukee, WI). Dr. Green has academic appointments with Trinity International University, Marquette University, Charles University (Prague, Czech Republic), and the Evangelical Theological Seminary of Prague (Prague, Czech Republic). He serves as President of The Jonathan Project, a non-profit organization dedicated to providing educational and supportive services integrating education and practice with Christian spirituality. He is the author/co-author of five books and many articles and presentations. Dan is married to Lynne and they are the parents of a daughter, son, son-in-law, and now an amazing grandson.

Mel Lawrenz and his wife of thirty-four years, Ingrid, began serving at Elmbrook Church in 1980. Having grown up in Door County and Green Bay, Wisconsin, Mel was senior pastor of Elmbrook from 2000-2010 after serving under Stuart Briscoe's leadership for twenty years. He received his B.A. in English from Carroll College, his M.Div. from Trinity Evangelical Divinity School and his Ph.D. in historical theology from Marquette University. Mel's ministry has been shaped by his commitment to the grace and truth found in Jesus Christ. He loves studying the Scriptures and applying their truths in practical ways. He also has a passion for writing which has given rise to eleven books, the latest, *I Want to Believe: Finding Your Way in an Age of Many Faiths*, and *Whole Church*, written specifically for church leaders. As Minister at Large focusing on Resourcing Initiatives, Mel is now expanding Elmbrook's role as a resource church to other churches and their leaders locally, nationally, and internationally. He has also founded The Brook Network, an internet hub featuring events, resources, and communications intended for church leaders. In his spare time Mel enjoys traveling with his wife and his two young-adult children, Eva and Christopher, keeping an eye on current events, and spending time in the outdoors, near a body of water, preferably.

I. Common Mental Health Issues Encountered in Pastoral Care

- **Mood Disorders**
 - Depression: low mood, Loss of interest or pleasure, significant weight change, sleep disturbances, social withdrawal, isolation, hypo/hypersexual behaviors, physical agitation or retardation, fatigue, loss of energy, feelings/thoughts of worthlessness &/or excessive guilt & shame, impaired concentration, diminished ability to think, indecisiveness, recurrent thoughts of death, suicidal ideation, may experience loss of reality testing
 - Mania: excessive and elevated, expansive, or irritable mood, inflated self-esteem or grandiosity, decreased need for sleep, more talkative than usual, pressured speech, flight of ideas, racing thoughts, distractibility, increase in goal-directed activity (social, sexual, occupational), psychomotor agitation
 - Major Depressive Disorder, Dysthymic Disorder, Bipolar Disorders, Cyclothymic Disorder, Seasonal Affective Disorder
- **Anxiety Disorders**
 - Apprehensive/fearful anticipation of future danger/distress/misfortune, feelings of dysphoria and distress and/or physical dysregulation and/or tension
 - Panic Attacks, Agoraphobia, Phobias, Social Phobia, Obsessive-Compulsive Disorder, Post-traumatic Stress Disorder, Acute Stress Disorder, Generalized Anxiety Disorder
- **Relationship Problems**
- **Personality Disorders**
 - Enduring behavior pattern &/or inner experiences that differ significantly from the patterns of the one's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.
 - Cluster A: Odd or Eccentric Disorders (Paranoid, Schizoid, Schizotypal)
 - Cluster B: Dramatic, Emotional, or Erratic Disorders (Antisocial, Borderline, Histrionic, Narcissistic)
 - Cluster C: Anxious, Fearful Disorders (Avoidant, Dependent, Obsessive-Compulsive)

II. When to Refer

- Loss of Reality Contact; Inability to Maintain Reality Testing
- Significant distortions of self
- Danger to them self or to others
- Alcohol, drug, or other substance abuse or dependence
- Demands of situation exceed your professional competence specific to this concern
- Demands excessive in light of your other responsibilities
- Evaluation - Consultation for a second opinion

III. The Differences Between Pastoral Care and Mental Health Treatments

- The historic meaning of soul care.

- The distinctive purposes of pastoral care.
- The practitioners of pastoral care: professional and non-professional.
- The challenges of pastoral care today: issues, roles, pressures.

- Pastoral Care has been significantly influenced by psychological research
- Pastoral Care training typically includes training in Psychological theory and interventions
- Setting
 - Pastoral Care – multiple settings in community
 - Mental Health – clinical setting
 - Privacy
 - Focus of attention
 - Diagnostic - Leads to effective interventions
- Treatment
 - More specific – greater specialization
 - Medical
 - Medicine
 - Other medical treatments

IV. Concerns Clergy Have in Making Referrals to Mental Health Providers

- It is all about self-esteem – there is no recognition of sin, responsibility to others.
- Counselees are coddled and indiscriminately support their counselees – they are not held personally responsible. They are encouraged to blame others for their problems.
- Counselors over-emphasize emotions.
- Counselors have a vested interest in fostering dependency and dragging out treatment.

V. Why “Just Having More Faith” or “Praying Harder” May Not Be Enough

- How the question is framed, and by whom.

- A theology of divine power with human agency.
- The role of wisdom.
- The function of prayer.

Some thoughts on Differentiating between Faith and Denial in Grief

FAITH

- acknowledges reality of the loss
- acknowledges pain of the loss
- uneven process with peaks & valleys
- acknowledges questions without answers
- continues to have some personal needs

DENIAL

- denies reality of the loss
- minimizes or denies pain of loss
- unnatural stability without variation
- has no questions or has all the answers
- denies personal needs

What I CANNOT do.

- take away their pain
- make up for their losses
- save them
- make them make good choices
- make them do the right behavior
- make them understand truth
- make them understand my perspective

What I CAN do.

- Listen – work to understand their experience
- Pray with them, for them, teach them to pray
- Speak truth - stay in reality
- Reflect God’s love to them in practical, tangible ways
- Introduce and Define Truths (Spiritual, Social, Relational, Vocational, Personal)
- Clarify Choices
- Identify Options
- Teach Problem Solving Skills, Decision Making Skills
- Set and Maintain Boundaries
- Model & Teach Righteous living
- Seek Consultation, Supervision, Support for myself

VI. Collaboration Between Clergy and Mental Health Providers

Interaction with the Treating Professional

- Goal: Work together for the parishioners well-being, a joint and coordinated effort
- Obtain consent from the parishioners for communication between pastor & therapist
- Division of Labor