What is Your Presbytery Doing to Provide Care for Pastors – Part 2

by Dr. Stanley Jewell

In the last issue I wrote about the various models for providing pastoral care for pastors in your presbyteries and a process to determine the right model for your presbytery. In this issue I want to build on that by sharing the "Best Practices" for care as you define the role and job description of what ever model you choose. (Note past issues of this newsletter are available at www.PastoralCareNetwork.org. Part 1 can be found in the January/February 2015 issue of the newsletter.)

As you write the Job descriptions for people providing care there are some specific concerns that need to be addressed.

PASTORAL	
	The caregivers need to be clear on the distinctive role of Pastoral Care, know their limits and practice appropriate referrals when needed.
	Have available lists of appropriate referrals. (i.e. professional counselors, mental health services, life coaches, spiritual directors and financial planners that know clergy tax issues). Denver Presbytery developed such a list and updates it as a resource for the caregivers.
	Be up to date on the resources and service available through the board of pensions and your presbytery. We have skype and face to face conversations to stay up to date.
CONFIDENTIAL	
	The care giver must build trust and maintain confidentiality, except in the case of suspected physical harm by the care receiver toward themselves or others, and cannot be serving in other capacities that could provide a conflict of interest. (i.e. COM, CPM or General Council)
	They can receive input from the presbytery staff and COM but they do not report issues the other direction.
	They must know and follow the mandatory reporting laws of the state.
	They must refrain from providing references. (In Denver we allow personal references only as requested by the care receivers, but never provide references without that permission.)
	Help educate the presbytery on the role of confidentiality in this program. (Important to the health of the program.)
PROAC	TIVE
	Be sensitive to the needs of pastors, know typical stress situations and signs of isolation and reach out in those times. Don't wait till these things become a problem to be solved.
	Commends programs and relationships aimed at reducing risk factors and encouraging positive practices (e.g., small groups, opportunities for spiritual formation and personal development and growth, spiritual direction, etc.)

HOLISTIC Seeks to provide care for the whole person spiritually, physically, emotionally, intellectually, and socially. (The "Tool Box" on the PPCN website will provide concrete ideas in all these areas.) ACCOUNTABLE Appreciates the inherent tension between confidentiality and accountability, especially with regard to supervision at the presbytery level. Participates regularly peer supervision and training. In Denver the team meets to identify common concerns and ways we can be better equipped and to discuss how we can handle unique situations. GENUINE Seeks to model a balanced and healthy life in ministry.

The Best Practices Brochure on the PPCN Website provides a more detailed discussion of these issues and I recommend it to you as you flesh out your pastoral care program in your presbytery.

Engages regularly in healthy practices to promote one's own spiritual formation and personal

In Denver we used both the models (discussed in the last issue) and best practices brochures to design our program. If you would like a full program and job description that we developed for Denver using these resources, contact me at Stanjewell1@hotmail.com and I will send you the resources. Also feel free to reach out to me or other PPCN Board members to help you in your process of providing care to your clergy.

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growth.