

## **Ministering to People in Crisis...and Training Others to Do the Same**

### **1. Putting Pastoral Ministry in Perspective:**

- 1) Pastoral Ministry is *neither* a vocation *nor* a profession—it is a LIFESTYLE!
- 2) Pastoral Ministry is multi-dimensional:
  - Praying—private/personal; congregational (worship/meetings); crisis-related; routine (meals; spontaneous requests);
  - Proclaiming—preaching; teaching; relational witnessing; counseling; church ministry opportunities;
  - Leading—visioning; challenging; setting the example; administering the organization; training;
  - Caring—praying; visiting; counseling; assisting; corresponding (notes, letters, email, social media); transparent availability;
- 3) Pastoral Ministry is NOT *primarily* the responsibility of the Pastor. It is his responsibility to make sure that pastoral ministry occurs.

### **2. Priority of Caring Ministry: *“People will not care how much you know until they know how much you care.”***

### **3. Principles of Caring Ministry:**

- 1) Every other aspect of pastoral ministry is authenticated by the pastor’s practice of “pastoral care.”
- 2) Pastoral TRUST is primarily established through pastoral care ministry, particularly during crises. Trust is gained as a function of:
  - Time;
  - Shared Experiences;
  - Proven Integrity.
- 3) The definition of “crisis” is personal, relative, and critical — *“My crisis may not seem to be a crisis to you, but it is to me.”*

**4) Pastoral care must be “given away”:**

- **Pastors must resist the temptation to use caring ministry for personal influence, recognition, or to develop a personal sense of *success*.**
- **Identify gifted members who demonstrate the heart, giftedness, confidential discretion, and faithfulness for congregational caring ministry.**
- **Train such members through classes and OJT.**
- **Organize the ministry care team *you have trained* and give them pastoral credibility. Treat the care team members as extensions of your ministry so that they will be appropriately received by professionals in the community and will keep you thoroughly informed.**
- **Form relationships with chaplains and/or administrators of hospitals, hospices, nursing homes and rehab centers to expedite the ability of your care team to minister to members in such facilities.**
- **Work to expand the ministry care team to include at least one member of every Bible Study group.**
- **The initial responder to “actual” crises must be the Pastor. However, as quickly as he can, the Pastor should engage the appropriate care team member(s) to follow up with the individual and the family.**