Robust Referral System Training

Presented by the Duke Clergy Health Initiative & Partners in Health and Wholeness of the NC Council of Churches

Slides and content by the Rev. Jessica Stokes, PHW, jessica@ncchurches.org
Our Goals Today

01 Explore
What is a referral system and why is it important?

02 Assess
Assess the referral needs of one's congregation

03 Develop
Develop a ready-to-go list of resources
Explore

Why is a proper referral important?
Define referral: an act of referring someone or something for consultation, review, or further action.

Define Robust Referral System: This includes a premeditated, ready-to-go list of resources that can potentially help the wide, various needs that a person can have. The list is meant to consider the full range of a person’s needs. This list is utilized by those in supportive roles in a faith community, from staff, to administrative staff, to deacons, Stephen ministers, youth volunteers, VBS workers, and anyone who works alongside people that feel confident in their ability to recognize a need and provide support to that person.
Why is this important?

- This is life saving.
- Our faith has the incredible ability and opportunity to promote genuine health, healing, and wholeness in our lives— including mental health (Jn 10:10).
- We should be able to bring our full selves to church and not be judged.
- We turn to each other, friends, and family when we have a concern, and we can learn how to support one another (Gal 6:2).
- Instead of promoting stigma, faith communities can instead promote the foundation for self-compassion, healthy reflecting, communication, learning, resilience, and self-esteem.

Explore: Why referrals and how to frame referrals theologically
Other reasons why is this important?

- The professional training and scope of a faith leader does not normally include clinical training and has related limitations.
- Referrals help treat and prevent burnout.
- Referrals efficiently help the person in need, while protecting boundaries of a faith leader.
- Developing a referral network will empower others in your congregation to also be prepared to help, expanding the outreach of the ministry.
- Get away from triaging.
- COVID-19 has provoked all types of needs and deepened existing concerns. With all of the acute and ongoing needs that you face in ministry, it helps to have a system in place to offer support.
Assess

The needs of your faith community
Assessing the referral needs of one’s congregations

- What are common, recurring needs in your congregation?
- Think about your community holistically, what issues does your larger community face?
- What community and individual trauma causes barriers in your community?
- What are age-specific issues that need to be addressed?
Develop

Create a Robust Referral System
The Goal: To develop a ready-to-go list of resources that can potentially help the wide, various needs that a person can have. The list is meant to consider the full range of a person’s needs. Consider adding and updating to this list as you learn about trusted resources.
Brainstorm contacts for:
Individual Support

- Mental Health Professionals: individual-focused; couple-focused; family counseling. Consider speciality trainings: trauma; addiction; children/youth; etc

- Guidance: Spiritual direction coaches; job-training specialists; chaplains

- Health Specialists: Doctors; Psychiatrists; Psychologists/Psychotherapists; Out-patient clinics; nutritionists; music therapists; pain-management specialists that honor holistic approaches

- System needs: lawyers; connections to mental health or family court; social workers; principles/superintendents; educators; transportation providers; accountants; rental agencies/property manager
Brainstorm contacts for:

Group Support

- Twelve Step Groups: Gamblers Anonymous; AA; Al-Anon; Narcotics Anonymous; Food Addicts; Anonymous; Celebrate Recovery
- Grief Groups
- Support Groups for those recovering from sexual abuse
- Groups for life-changes: adoptions; new parents; aging
- Support groups for those in grief; chronic pain; illness; caregivers; veterans
Brainstorm contacts for:

Other Support


- Agencies: hospice care; shelters; food pantries; rehabilitation and treatment centers; recreational centers for children; teenager resources; familiarity with public transportation
Developing a Referral List

Worksheet

The Goal: To develop a ready-to-go list of resources that can potentially help the wide, various needs that a person can have. The list is meant to consider the full range of a person’s needs. Consider adding and updating to this list as you learn about trusted resources.

Section 1: Assessing your Congregation’s Referral Needs
Consider the following to help develop priorities for building your referral list:

1. What are common recurring needs in your congregation? ______________________________________

2. Think about your community holistically, what issues does your larger community face? ____________________________

3. What community and individual trauma erects barriers in your community? ____________________________

4. What are the age-specific issues that need to be addressed? ______________________________________

Section 2: Begin to Build the Referral List
Your referral list can be as expansive as you want it to be. To get you started, this worksheet has space for you to list mental health professionals, health specialists, coaches and guides, people who can help navigate systems, support groups, fellow and service agencies. List your answers to the questions above to determine what areas you want to focus on first. Now consider people in your congregation or network that can help you identify these resources. Add their names to the contact list, noting the type of referrals they think they can assist you with, and assign people in your group to reach out to each person. Then set a date to receive and compile your results. The people you are reaching out to in this step are not necessarily people who will be on your referral list, but those who can help you build your referral list because of their professional or personal networks.

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Phone</th>
<th>Email</th>
<th>Referral Type</th>
<th>Assigned to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. Maddie Jones</td>
<td>336-445-2049</td>
<td><a href="mailto:madgie@gmail.com">madgie@gmail.com</a></td>
<td>Mental health, therapies</td>
<td>John Boston</td>
</tr>
</tbody>
</table>
Helpful Links

Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locator

NC Cares 360 Provider Locator

Unite SC

National Domestic Violence Hotline

National Alliance on Mental Illness (search for local affiliate)

CareNet Counseling

Sanctuary Counseling Group

Psychology Today (helpful filters)

Online Therapists
Helpful Links

(Webstie) APA Mental Health and Faith Community Partnership

(Article) Pastoral Counseling: The Art of the Referral

Mental Health and Faith Bibliography

Mental Health Guide for Faith Leaders

Quick Reference for Faith Leaders
Helpful Links

The Compassionate Friends - Support after the death of a child
AARP Grief and Loss Resources - Support after the death of a senior
National Widower’s Organization - Support for men grieving a loss
American Foundation for Suicide Prevention - Support for suicide survivors
Griefnet.org - Support for adults grieving a loss
Hellogrief.org - Support for adults and kids grieving a loss
Group Discussion

Together, let’s name fears around implementing a referral system in the congregation.

What are some things we can do to address these fears and challenges?

What are some opportunities for your congregation in implementing this referral system?
Questions