

Pastoral care: facilitating without replacing a professional

Launching and sustaining a support group

A step-by-step guide to opening a space of fraternal support in the local church, facilitating it wisely, and knowing when to refer. Without becoming a therapist.

“Carry one another’s burdens” (Galatians 6:2). The Church is made to care for itself. But a well-meaning group, without a frame, can wound. This sheet sets the frame, from the idea to the close.

“Weeping alone releases the tension; weeping together brings healing.”

Who facilitates? The principle

The **pastor facilitates first**. In his absence, a **trained and commissioned lay person** takes over, never alone, never improvised. The lay stand-in reports to the pastor. This document is their handbook.

♡ The heart: caring like Christ

Before the rules and the outline: the heart. A group is only worth the way people are loved in it, in the manner of Christ.

Sharing Scripture AND your soul

The apostle gave not only the gospel but his very self (1 Th 2:8). Give both: the Word, **and yourself**. Not only truths, not only warmth.

The four movements of care (R. Kellemen, *Gospel Conversations*)

1 Sustain: “it is normal to hurt”

“Climb into the casket” with the person: weep with those who weep (Rom 12:15). Presence first.

2 Heal: “it is possible to hope”

At the right time, never too soon: bring back the hope of the resurrection and reread the story in the light of the gospel.

3

Reconcile: “it is horrible to sin, wonderful to be forgiven”

When guilt, true or false, weighs, lead toward grace and forgiveness, without accusing.

4 Guide: “it is supernatural to grow”

Fan into flame the gift of God (2 Tim 1:6): help them take one step, to their measure.

The most common mistake

Trying to heal, correct or guide someone you have not first sustained. Most of a group’s wounds come from there. **Stay long in the first movement.**

Body and soul

Some suffering also has a physical or medical cause (*Christ-Centered Biblical Counseling*). Referring to a doctor or a psychologist is no lack of faith: God heals through care too. Grace and medicine are not opposed.

1 Before you launch

A Choose the facilitator (and the stand-in)

The pastor facilitates, or delegates to a lay person he knows. A good stand-in facilitator:

- listens more than he speaks, and knows how to be silent;
- is discreet (confidentiality depends on him) and steady, not himself in crisis;
- does not seek to advise, to “rescue,” or to shine;
- agrees to be trained by this sheet and **supervised** by the pastor.

B Facilitate in pairs

Whenever possible, **two facilitators**: one leads the sharing, the other watches the room and can step out with a person who breaks down while the group continues. Alone, you cannot do both.

C Decide the format

Question	Recommended marker
Open or closed group?	Closed preferably (same people): trust is built. Open is more fragile.
How many sessions?	A defined cycle (6 to 8 sessions), not “endless.” It can be renewed.
Size	6 to 10 people. Beyond that, split.
Frequency / length	Every 1 to 2 weeks · ~90 min per session.
Place	Quiet, closed, no passing through or interruption. Same seats, in a circle.

D Screen at intake: a short prior conversation

Before joining, each person meets the facilitator for ten minutes. The aim: to present the frame and to spot who first needs **individual or professional** care, not a group.

Do not bring into the group (refer first)

- a person in **acute crisis** (suicidal thoughts, collapse, delusion);
- a grief or trauma that is **very recent** and raw;
- a direct conflict with another member of the group;
- a person who comes to **convince, recruit or judge** the others.

This is not a rejection: it is directing them to what will truly help (see §4).

2 During: running a session

Full detail online: the “Facilitating a support group” page in the Listening module. Here is the essential to keep in view.

The rules, recalled in one sentence at each start

- **Confidentiality**: what is said stays here (except danger, see §4).
- **No one has to speak**; silence is allowed.
- **One at a time**, no interrupting.
- Speak in **“I”**; no comment on the other.
- **No advice**: we welcome, we do not correct.

Session outline (~90 min)

Time	Moment	Aim
10 min	Welcome & opening prayer	Settle, entrust the meeting to God.
2 min	The frame in one sentence	Make speech safe.
35 min	Open sharing round	Each says where they are, uninterrupted.
20 min	Time in the Word	A short sustaining text (Ps 34:18 ; 2 Cor 1:3-4), shared, not preached.
13 min	Praying for one another	Carry it together.
10 min	Close & next meeting	Close gently.

Listening for real

The hardest part is not speaking: it is **suspending your own need to reply** and your assumptions (M. Nichols). Your aim is not to be right, but that the other feels **understood**, “felt” (M. Goulston). True presence comes from silence and compassion, not from answers (H. Nouwen).

Holding the room: the common cases

Situation	What the facilitator does
Someone breaks down	Stay calm and present. Do not “fix.” If needed, one facilitator steps out with the person (hence pairs).
The “fixer”	“Here we listen, we do not advise.”
The monopolizer	“Thank you. Let’s leave room for others; we’ll come back if you want.”
The silent one	Never force; an open door is enough.
	Bring it back to “I” and respect for the frame.

The one who preaches / judges	
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Q Questions: to ask or to avoid

A good question **opens**; a bad one closes, judges or comforts too fast. This holds for the intake interview and for the sessions.

To ask: to open up

- “How are you living this, right now?”
- “What is heaviest for you?”
- “Would you like to say a little more?”
- “What would you need, right now?”
- “Where is God for you in all this?”, gently, without forcing.
- Silence, then: “take your time.”

To avoid: they close or wound

- “Why didn't you...?”, it accuses.
- “Don't you think you should...?”, advice in disguise.
- “At least you still have...”, “It could have been worse.”, it minimizes.
- “I know exactly how you feel.”, it takes over their pain.
- “What did you do to end up here?”, it shames.
- “Have you prayed enough? Do you have faith?”, it spiritualizes to flee the pain.
- Interrogation (rapid-fire questions) and closed yes/no questions shut speech down.

For the intake interview

Ask: “What brings you? What do you hope for from the group? Are you currently seeing a professional?” And, gently, the safety question: “Do you ever think about harming yourself?” If yes, refer individually *before* the group (see safeguards).

Avoid: going into the details of the trauma; promising the group will “fix” everything.

4 Safeguards: when to hand over

Your presence does not replace professional care: it accompanies it. Referring is not a failure.

Level	Signals	Action
RED	Suicidal thoughts, talk of death, self-harm; violence; danger to a child; delusion; addiction out of control.	Refer without delay (doctor, psychologist); if immediate danger, emergency services.
AMBER	Distress that lasts, isolation, badly disrupted sleep or eating, inability to function.	Stay alert; gently suggest professional support.
GREEN	Sadness, discouragement, questions, the need to be heard.	The group is enough: that is what it is for.

Confidentiality has a limit

When a life is in danger (their own, another's, a child's), you **must** alert, **according to the law of your country**. Say so at the very first session. Never promise absolute secrecy. Do not carry a heavy case alone: refer to the pastor.

5 Sustaining over time: and closing

Supervision & debrief

- After each session, the two facilitators **debrief** for ten minutes: who is well, who worries you.
- The lay stand-in **reports to the pastor** regularly (the concerns, not the confidences).

Caring for the facilitator

- Listening wears you down: get support yourself too.
- Notice your own tiredness; do not carry everything.



Closing a group well

A cycle has an end announced from the start. At the last session: look back over the road, give thanks, and direct what comes next (renew a cycle, join another group, continue individually). Leave no one "in the void."

The facilitator's checklist

Before the cycle

- ☐ Facilitator (pastor) and lay stand-in named
- ☐ Two facilitators planned per session
- ☐ Format decided (closed, 6-8 sessions, 6-10 people)
- ☐ Quiet, closed room booked
- ☐ Prior conversation with each participant
- ☐ "Red" cases referred beforehand

At each session

- ☐ The frame recalled in one sentence
- ☐ The confidentiality limit restated
- ☐ Sharing round kept, no one cut off
- ☐ Time in the Word (no sermon)
- ☐ Praying for one another
- ☐ Debrief between facilitators afterward

Safeguards: always in mind

- ☐ I spot red signals and refer without delay
- ☐ I have promised no absolute secrecy
- ☐ I carry no heavy case alone: I refer to the pastor
- ☐ I care for myself (I get support)

Biblical foundations: Galatians 6:2 ; 2 Corinthians 1:3-4 ; Romans 12:15 ; Isaiah 50:4. **Drawing on:** B. Kellemen, *Equipping Biblical Counselors*, *Gospel Conversations*, *Christ-Centered Biblical Counseling*, *Grief: Walking with Jesus* ; M. Nichols, *The Lost Art of Listening* ; M. Goulston, *Just Listen* ; H. Nouwen, *Out of Solitude* ; the biblical model of grieving (RPM Ministries) ; and public resources on facilitating support and grief groups (The Loss Foundation ; Community Tool Box, Univ. of Kansas ; Wellman Psychology). **Unofficial pastoral aid:** a support group does not replace professional care; when in doubt, refer. In keeping with the Church Manual.