



Ministry Guidelines

When Conducting Pastoral Care or Individual Counselling

In times of crisis or uncertainty, people often turn to the Church for support and understanding. Pastoral Care represents an important and rewarding ministry. However, it is important to recognize that in times of crisis, people become more vulnerable than they would otherwise be and that a caregiver may potentially have a great deal of influence over an individual's attitude and behaviour. Caregivers must be particularly aware of their own biases and, regardless of their intentions, must do their best not to unduly influence the person seeking care.

When a caregiver meets repeatedly and / or regularly with an individual to help address difficulties or uncertainties in his or her life, the relationship might be more accurately defined as a counselling relationship. Because the degree of influence is likely to be even greater in counselling situations, the caregiver needs to be particularly aware of the potential power imbalance in the relationship and be extra vigilant in maintaining appropriate boundaries.

The guidelines shown below should be followed when conducting pastoral care or individual counselling:

1. Caregivers should strictly avoid counselling people to whom they are personally close or with whom they have a working relationship.
2. Caregivers should be aware of their own level of competence and avoid working in areas for which they are unqualified.
3. Caregivers should meet with a supervisor on a regular basis to discuss their work, since isolation can lead to a loss of perspective and good judgement.
4. Caregivers should never allow any form of sexual or intimate contact with those whom they counsel regardless of invitation or consent. This includes, but is not limited to, all forms of overt or covert seductive speech, gestures and behaviours as well as intimate or explicitly sexual contact.

5. Pastoral care and counselling relationships are for the benefit of the person being cared for. They should be entered into only with agreement from the person seeking care, and should be continued only as long as it is reasonably clear that the person is gaining some benefit from the relationship.
6. If the caregiver becomes unable or unwilling to continue the relationship, he or she should endeavor to arrange for the person to see another caregiver.
7. Caregivers must treat all information and communications obtained in meetings as strictly confidential and should not disclose them to anyone except where required by law or where given written consent by the individual(s) involved. When discussing the details of a particular situation with a supervisor, the identity of the people involved must be protected.
8. Caregivers should not agree to ongoing counselling of a person under the age of 18 without the knowledge and written consent of the youth's parent / guardian. When a minor has specifically requested counselling without his or her parents' knowledge, the caregiver should seek approval from his or her supervisor before beginning counselling. The supervisor should speak with the youth directly before granting approval.
9. When possible and where confidentiality permits, counselling should take place in a church office with a window in the door. It is best to have another adult close by while counselling takes place.
10. Counselling relationships should involve some form of record keeping. At a minimum, the caregiver should record: the date, the number of the session, who was present, and the session focus. This helps the caregiver to maintain objectivity, judge and individual's progress over time, and in the case of litigation, recall accurately what occurred during the sessions. These records must be stored in a locked cabinet, in a secure location to which only authorized persons have access.