SAFE & SOUND

A CARE LEADER HANDBOOK

Things to Remember

Fifteen questions, answered before you need them.

A SAFE & SOUND HANDBOOK

PAUL MILLER · SAFE & SOUND

How to use this

Keep it on your phone. You are not meant to read it once — you are meant to find one page in it, at nine at night, while someone is crying.

The Care Leader Guide teaches you who to be. This teaches you what to do. Those are different, and the second one is the one that deserts you in the moment.

Every question has a **Right now** — the next ten seconds. Read that first. The rest is why, and it can wait until afterwards.

The first three questions are the ones that cannot wait. They are first on purpose.

> **REMEMBER THIS**
>
> Nothing here makes you a counsellor, and nothing here is meant to. Your job is not to fix anyone. It is to be the safe presence in which they can begin to heal — and to know when to bring someone in.

SECTION ONE

When it cannot wait

What if they tell me they were abused?

ESCALATE — TODAY

RIGHT NOW

Believe them. Thank them. Escalate today.

Do not investigate. Do not ask for details. Questions asked in good faith can contaminate an account and make a person harder to protect later. You are not gathering evidence.

Do not promise secrecy. If you already did, say so now: “I made a promise I should not have made. I am sorry. Here is what I have to do, and why.”

Say: *“I believe you. Thank you for telling me. This is bigger than me, and I care about you too much to hold it alone.”*

Write down what they said — in their words, not your interpretation — today. Date it. Give it to your safeguarding lead. Memory is the least reliable record you own.

Reporting duties differ by state and by role, and they may apply to you personally. Know yours before you are standing in it.

What if they threaten suicide?

ESCALATE — TODAY

RIGHT NOW

Ask directly. Do not leave them alone.

Ask it plainly: *“Are you thinking about killing yourself?”* Say the words. The direct question does not plant the idea — that is a myth, and believing it costs lives. It is very often a relief to be asked.

If yes: stay. Call 988 — the Suicide & Crisis Lifeline in the US — together, with them, now. Call 911 if there is immediate danger. Do not leave the room to get help; call from where you are.

Do not argue them out of it. Do not make them promise you anything. Do not tell them what this would do to their family — shame is not a safety plan.

Do not promise secrecy. Tell them you are bringing someone in, and why: *“I am not going to carry this alone, because you matter too much for that.”*

Then tell your care leader today. Not tomorrow.

What if they ask me to keep it secret?

RIGHT NOW

Do not agree before you know what it is.

Say it first, always first, before anything is disclosed: *“Before you tell me — if anyone is in danger I have to bring someone in. Everything else stays with me. Is that okay?”*

Almost everyone says yes. The ones who hesitate have just told you something important.

If you already promised and it turns out to be a danger disclosure, you break the promise and you own it out loud. A promise broken at the worst possible moment costs more than the promise was ever worth.

Confidentiality and secrecy are not the same thing. Confidentiality protects a person. Secrecy protects a situation — and it is how harm survives in churches.

SECTION TWO

In the room

What if they won’t stop crying?

RIGHT NOW

Say nothing. Stay. Let them cry.

Crying is not a crisis. It is very often the first honest thing that has happened to that person in months, and you are watching it work.

The urge to stop it is yours, not theirs. Ask whose discomfort you are managing. Almost always, the answer is your own.

Do not say “it’s okay.” It is not okay, and they know it is not, and now they know you are not someone they can be un-okay in front of.

When they slow down: *“Take your time. I’m not going anywhere.”*

What if I freeze?

RIGHT NOW

Say so. “I don’t know what to say right now.”

Freezing is not failure. It is usually your nervous system telling you this is heavy — which is an accurate reading of the situation.

The person in front of you does not need you fluent. They need you present. Those are not the same skill, and only one of them matters.

“I don’t know what to say. I’m glad you told me.” That is a complete response. Then stop talking.

Silence is not the enemy. Silence is where people find the next sentence.

What if I don’t know what to pray?

RIGHT NOW

Ask them what they want you to pray for. Then pray that.

Not the thing you would have chosen. Not the thing you think they need. The thing they said. Praying what you assume instead of what they told you is a small violence, and they will feel it.

Ask first: *“Would you like me to pray?”* Sometimes the answer is no. That is allowed, and it is not a verdict on your ministry.

Short is fine. *“God, this is hard. Be near.”* is a real prayer. Length is not reverence.

A prayer that summarises the conversation back to God as a report is for the room, not for them. Resist it.

What if they ask me something theological?

RIGHT NOW

Answer the question under the question.

“Why does God let this happen?” is almost never a request for a doctrine of providence. It is *“where was God when this happened to me?”*

Answering the surface question well and the real question not at all is the most common failure in this room. You will feel competent. They will feel unmet.

You can say: *“I have thoughts about that. But I want to know what’s underneath it for you first.”*

“I don’t know” is allowed. It is often the most honest thing available, and honesty is what you are actually offering.

What if they’re angry at God?

RIGHT NOW

Don’t defend God. He doesn’t need it.

Anger at God is a form of faith. Nobody rages at someone they believe is not there. The anger is the relationship, still working.

The Psalms are full of it. Lament is a biblical genre, not a lapse in one. A third of the Psalter would not survive most small groups.

The instinct to correct is about your discomfort with their anger, not about their theology. Notice it and let it pass.

“Tell me more about that” is a better response than any defence you could construct.

What if I make things worse?

RIGHT NOW

You probably won’t. Presence is hard to get wrong.

The real failure modes are few and specific: rushing to fix, promising secrecy you cannot keep, minimising (“at least…”), and disappearing afterwards. Almost everything else is survivable.

If you do say the wrong thing, come back and say so. Repair is more formative than getting it right the first time — it teaches the person that a relationship can survive a rupture, which may be the thing they have never once experienced.

People remember who stayed. They do not remember who was eloquent.

SECTION THREE

When it doesn't stop

What if they call me every day?

RIGHT NOW

Answer — and treat the frequency as information.

Daily contact usually means this is bigger than a group can hold. That is not a boundary problem first. It is an escalation signal, and reading it as neediness will cost you both.

Tell your care leader this week. This is a referral conversation, not a discipline one.

Then say it plainly and kindly: *"I want to be here for you, and I can't be your only support. Let's find you more."*

Being someone's only support is not a compliment. It is a structural failure with your name on it.

What if they're texting me at midnight?

RIGHT NOW

Decide your hours before you need them — not at midnight.

If it is a crisis, respond, and escalate. If it is not, you can reply in the morning. That is not neglect.

Say it in advance, once, without apology: *"I check messages in the morning. If it's urgent, here's the number to call."* Give them a real number.

Availability without limits is not care. It teaches the person that you are a resource rather than a relationship — and it ends with you gone, which helps no one.

What if I think they’re manipulating me?

RIGHT NOW

Hold that read loosely.

Sometimes people are manipulative. More often, what looks like manipulation is someone who learned early that direct asks do not work.

Ask the diagnostic question: *what would have to be true for this behaviour to make sense?* Whatever answer comes is a hypothesis. Hold it in pencil.

You can hold a boundary without reaching a verdict. *“I can’t do that”* does not require you to decide who someone is.

If the pattern persists, bring it to your care leader — not to the person, and not alone. A read you have never said out loud to anyone else is the one most likely to be wrong.

What if I need to say no?

RIGHT NOW

Say it kindly, once, without a paragraph of justification.

“I can’t do that.” Full sentence. Nothing after it.

Over-explaining invites negotiation and signals that the no is provisional. It is the most common way a kind person ends up with a commitment they resent.

No is a pastoral act. A yes you resent will cost the relationship far more than a clean no ever would.

If saying no feels impossible, that is worth telling your care leader — it is usually about you, not about them, and it is the thing most likely to end your ministry quietly.

SECTION FOUR

Caring for the carer

What if they stop coming to church?

RIGHT NOW

Reach out once. Then leave the door open.

Do not chase. Chasing confirms the very thing that may have driven them out — that their attendance was what you wanted.

Once is enough: *“I noticed you haven’t been around. No agenda — I just wanted you to know I noticed you, not your seat.”*

Sometimes leaving is the healthiest thing a person has done in years. Sometimes it is the wound talking. You do not get to decide which, and you will often not find out.

Their belonging is not conditional on their attendance. Act like it, especially when they are not there to see you act like it.

What if I’m emotionally exhausted?

RIGHT NOW

Tell someone today. Not after the next conversation.

Exhaustion is not a character flaw and it is not evidence that you are bad at this. It usually means you are good at it, and nobody built you a way to put it down.

“I’m struggling to put this down.” Complete sentence. That is what your care leader is for — and saying it early is the job, not an admission of failure.

You cannot pour from an empty soul. Care leaders absorb weight. Left unattended, that weight becomes the very depletion you learned to recognise in others.

Be seen, so that you can keep seeing.

If you remember nothing else

— You are not the one who heals. You are the one who holds space for healing to occur.

— Ask before you assume. Reflect before you advise.

— Say the limit before it matters, not after.

— “I don’t know what to say. I’m glad you told me.” is enough.

— Escalating is not betrayal. It is what caring about someone more than your own competence looks like.

— Tell someone before you run out.

REMEMBER THIS

Fill these in before you need them. A number you have to look for is a number you will not call.

Care leader — name and number

Safeguarding lead — name and number

Emergency — 911 / 988 (US)

The safest place to tell the truth should be the church.

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