

SAFE & SOUND

FOUNDATIONS · A SAFE & SOUND GUIDE

The Evidence Base

*What psychologically informed
ministry actually rests on.*

A SAFE & SOUND GUIDE

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THE QUESTION BEHIND THIS GUIDE

Informed by what?

Every church that hears the phrase psychologically informed ministry is entitled to ask one question, and it is the right one: informed by what? Not by mood. Not by a sense that people seem more fragile than they used to be. By what.

This guide answers that question. It sets out the research and the theological reasoning the S.A.F.E. Framework rests on, names the ordering between the two disciplines, and — just as importantly — marks the places where this way of working goes wrong.

It is deliberately short. It is not a literature review, and it is not an argument that the church should take psychology more seriously because psychology is prestigious. It is an account of why attending to what people carry is not a concession to the therapeutic age but a requirement of faithful ministry — and what evidence stands behind that claim.

Nothing here is a substitute for the framework itself. If you have not read *The S.A.F.E. Framework Guide*, start there. This guide explains why the framework is shaped the way it is.

KEY TAKEAWAY

Psychologically informed ministry is a research claim, not a mood. A church adopting it should be able to say what it is informed by — and where its limits are.

The ordering

Psychology serves theology

The most common objection to this work is that it smuggles therapy into the church under a theological accent. The objection deserves a real answer rather than a reassurance, and the answer is not that the two disciplines are balanced. They are ordered.

My integration is not a blending of equal authorities, but a reordering: psychology serves theology by helping me better understand the people to whom the Gospel is being proclaimed and embodied.

Paul Miller · A Pastoral Theology of Integration, 2026

That sentence does the work. Psychological insight is genuinely indispensable for understanding human behaviour and experience — but it does not supply the goal of a human life. That belongs to Christ.

Psychology tells us what a person is carrying. Theology tells us what they are for. A ministry that reverses the order has stopped being ministry; a ministry that refuses the first has decided that understanding people is optional.

This is why the claim runs in the opposite direction from the objection. Ignoring trauma, attachment, cognition, and emotional regulation is not the more theological position. Those realities are the terrain formation happens on. To ignore them is not to be more theological. It is to be less.

DEFINITION

Psychologically informed ministry

Ministry that takes seriously what people carry — trauma, attachment patterns, cognitive distortions, emotional regulation — as the terrain on which spiritual formation actually occurs, while holding that the goal of formation is Christ and not adjustment.

DISCUSS WITH YOUR TEAM

Where does your church currently sit — collapsing theology into psychology, or refusing psychological insight in the name of being biblical? Both fail in the same direction.

If a staff member said “we are getting too therapeutic,” what would you actually say back?

THE EMPIRICAL GROUND

What the research actually says

Three findings shape the framework more than any others. None of them is exotic. All of them have consequences for how a church is built.

1 • Trauma is widespread, and it is hidden

Church and colleagues, studying adults with and without severe mental disorders, found that people routinely minimise or deny childhood trauma they have in fact experienced — including people who present as healthy and well-adjusted. Those with severe mental disorders reported trauma at significantly higher rates, but the minimisation ran through both groups.

The ministry consequence is direct: a congregation cannot be read off its surface. The people who look most settled are not a control group. If a church builds its care strategy around the people who ask for help, it has built for a minority and mistaken it for the whole.

Church, Andreassen, Lorentzen, Melle, and Aas. “Childhood Trauma and Minimization or Denial in People with and without a Severe Mental Disorder.” *Frontiers in Psychology* 8 (2017): 1276.

COMMON MISTAKE

Reading the room off its surface. Minimisation is the norm, not the exception — which means the quietest, most competent people in your church are not evidence that the care need is small.

2 • Trauma-informed practice works in church settings — and its ingredients are nameable

Crosby, Smith, Gage, and Blanchette studied children's ministries that had adopted trauma-informed practices and identified the values that made them work: preparation, awareness, transparency, and collaboration. The environments those values produced were ones in which children were regulated, connected, and valued.

The study is about children's ministry. The principles are not. This is among the few pieces of empirical work locating trauma-informed practice inside an ecclesial setting rather than a clinical one, and it establishes something the framework depends on: safety is an output of specific, repeatable practices, not of good intentions.

Crosby, Smith, Gage, and Blanchette. "Trauma-Informed Children's Ministry: A Qualitative Descriptive Study." *Journal of Child and Adolescent Trauma* 14, no. 4 (2021): 493–505.

3 • Trauma disrupts identity and belonging — the church's own territory

Swinton's work on the spiritual lives of Christians with mental health challenges shows that psychological wounds attack self-worth, identity, and the capacity to trust. Serene Jones makes the theological counterpart of the point: trauma shatters the frameworks through which a person understands God, themselves, and their place in the world.

This is the finding that makes trauma a theological problem rather than a pastoral side issue. What trauma damages is exactly what the church claims to form. A person whose sense of identity and belonging has been disrupted is not a discipleship problem to be solved with more content.

Swinton. *Finding Jesus in the Storm*. Eerdmans, 2020. · Jones. *Trauma and Grace*. Westminster John Knox, 2009.

What the three findings require of a church

Taken together they rule out the model most churches are actually running. If trauma is widespread and hidden, care cannot be reactive — waiting to be asked reaches only the few who ask. If safety is produced by specific practices, care cannot rest on the sensitivity of whoever happens to be in the room. And if what trauma damages is identity and belonging, care cannot be a department running alongside discipleship. It is discipleship's working conditions.

KEY TAKEAWAY

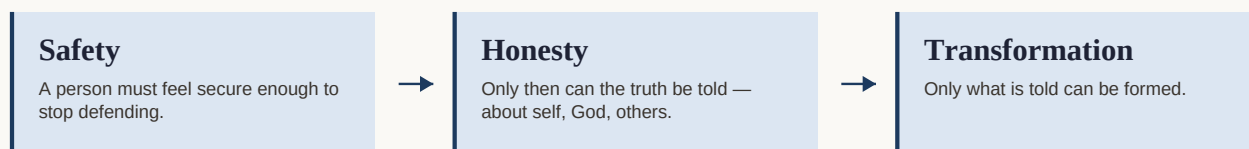
The three findings converge on one conclusion: good intentions are not a system. A church that cares deeply and builds nothing will still lose people — not because it did not care, but because caring was never the mechanism.

THE MECHANISM

How people actually change

Most of us were taught what to believe. Very few of us were ever taught how people actually change. The framework exists because of a specific answer to that question —

and the answer is a sequence, not a list.



Without a sense of safety, people cannot tell the truth. And without truth, there can be no transformation.

Paul Miller · A Pastoral Theology of Integration, 2026

Each step is a precondition for the next, which is why the order cannot be rearranged and why a church cannot skip to the end. Transformation is the goal, but transformation is downstream of honesty, and honesty is downstream of safety. A church that asks people to be honest before it has become safe is asking for something it has not made possible — and will read the silence that follows as spiritual immaturity rather than as accurate risk assessment.

This is also the theological claim, not merely a psychological one. Safety is not a concession to fragility. Throughout Scripture God is described as refuge — a shelter, a strong tower. To build a place where people are safe enough to stop defending themselves is to participate in something native to God's own character.

REMEMBER THIS

Safety is not the absence of discomfort. Growth almost always requires disruption. The goal is not comfort — it is enough security that a person can face a hard truth without needing to defend against it.

What informs each movement

S.A.F.E. is not four topics. It is the sequence above, made operational.

S

SEE

Perceive the person before the problem.

A

ASSESS

Discern what a person carries — and what formation needs.

F

FORM

Build environments where change becomes possible.

E

EQUIP

Restore agency; send people into life and mission.

See rests on the recognition that a person is a text to be read, not a case to be processed — Gerkin's image of the living human document. The presenting problem is rarely the problem. Attunement precedes interpretation.

Assess draws on both registers at once, and deliberately: theological categories — sin, suffering, identity — alongside psychological ones — trauma, attachment, cognition. Neither set alone reads a person accurately.

Form follows from the Crosby finding: environments are built, not wished for. Preparation, awareness, transparency, and collaboration are the materials.

Equip is the step most often dropped. Its aim is agency fully restored — a person sent back into their life and context able to act, not permanently held in care.

COMMON MISTAKE

Stopping at Form. A church that builds a genuinely safe environment and never sends anyone anywhere has produced dependence and called it community. Equip is not an optional fourth step — it is what makes the first three formation rather than maintenance.

REFLECTION

Which movement is your church actually weakest at? Most leaders guess wrong.

The SAFE Church Assessment scores all four in about five minutes — joinsafeandsound.com

THE DISCIPLINE UNDERNEATH SEE

People hermeneutics

DEFINITION

People hermeneutics

The discipline of exegeting a person with the same rigour a preacher brings to a text. Faithful care requires not only right handling of Scripture but right understanding of the person in front of you — and both are interpretive acts that can be done well or badly.

This is the sharpest thing the framework asks of a leader, because it names an asymmetry most churches live with unexamined. We train people for years to read a text carefully: context, genre, authorial intent, the danger of importing our assumptions. We train almost no one to read a *person* that way — and then we place those same untrained readers in rooms where people disclose the hardest things in their lives.

People do not simply have problems. They live inside stories — shaped by culture, trauma, theology, and personal history. Pastoral care becomes an act of theological discernment: listening for the story governing a person's life, and helping them reinterpret it in light of the gospel. Scheib and Lartey both develop this at length; Lartey's insistence on genuine dialogue across difference is the guard against arriving with the

interpretation already written.

The posture this requires has a name: **compassionate curiosity** — remaining open, non-anxious, and genuinely interested in a person's experience without rushing to fix, correct, or diagnose. It is not a technique. It reflects the way Christ enters human experience: he does not begin with correction. He asks questions. He draws people out.

MINISTRY PRACTICE

Before your next care conversation, write down what you expect the problem to be. Then don't say it. Notice how long you can hold the question open.

The discipline is not silence — it is refusing to arrive with the interpretation already written.

BOUNDARIES

What this is not

Most resistance to this work is resistance to something it does not claim. The table below separates the two.

WHAT PEOPLE HEAR	WHAT IS ACTUALLY CLAIMED
"This is therapy with a Bible verse attached."	Pastoral care and clinical treatment are different modalities with different training, scope, and limits. Clergy are not therapists. The two are complements, not substitutes — and knowing when to refer is part of the competence, not an admission of failure.
"Psychology is being given authority over Scripture."	The disciplines are ordered, not balanced. Psychology serves theology by clarifying who the person is. Scripture retains normative authority over the story a person is living in.
"This replaces discipleship with self-care."	Healing is not a prerequisite to discipleship — it is essential to its work. Formation happens in the emotional and relational terrain, not above it.
"Making church safe means never confronting anyone."	Safety is not the absence of discomfort. Compassionate curiosity without truth-telling is passivity. Some pastoral moments require clarity, challenge, and correction.
"This is a softer gospel."	It is a wiser and more faithful practice of forming people. The telos does not move. Only the honesty about what people are carrying does.

Where this goes wrong

The failure modes are predictable — which means they can be watched for.

A framework that cannot name its own failure modes should not be trusted with people. These four are the ones to watch, and they are drawn from the founder's own account rather than from critics.

Over-reliance on psychological frameworks. In seeking to understand people deeply, it is possible to lose the distinctiveness of the gospel. The symptom: every problem has a mechanism and none has a telos.

Curiosity that becomes passivity. Compassionate curiosity paired with a refusal to ever name what is true stops being care. The goal is not merely to understand people. It is to help them move toward wholeness.

Safety defined as comfort. If “safe” comes to mean “nothing difficult is ever said,” the environment has been built for the leader's anxiety, not the person's growth.

Unexamined power. A pastor holds authority that can facilitate healing or cause harm. Langberg's work is unsparing here: trauma and the misuse of power intersect in the church more often than the church admits. The questions are simple and uncomfortable — am I making space for this person's voice? Am I willing to be corrected?

DISCUSS WITH YOUR TEAM

Which of these four is your church most likely to fall into — and what in your current structure would catch it?

Who is empowered to tell a senior leader that they got a care situation wrong?

BEFORE ADOPTING THIS FRAMEWORK, CAN YOU SAY YES TO THESE?

- ☐ We can say what our care approach is informed by, and point to it.
- ☐ We have named the difference between pastoral care and clinical treatment — and our leaders know when to refer.
- ☐ Someone other than the senior leader can raise a concern about how a care situation was handled.
- ☐ Our definition of “safe” permits hard truths to be spoken.
- ☐ We can describe how a person moves from being cared for to being sent.

APPARATUS

The sources

The framework rests on these. They are listed so the claim can be checked rather than taken on trust — and so that a leader who wants to go deeper knows where to go.

Empirical research

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NEXT

The path from here

This guide is the first step of four. Each one assumes the one before it.

01 Understand the why

The Foundations guides — including this one.

02 Train your leaders

The Safe & Sound manuals, by role.

03 Build the system

The Playbook — the church-wide operating manual.

04 Sustain it

SafeOS — the platform that runs it.

KEY TAKEAWAY

A church does not become safe by deciding to be. It becomes safe by building the practices that make safety an output rather than an aspiration — and then by sustaining them past the enthusiasm of the first ninety days.

The safest place to tell the truth should be the church. We exist to help it become one.

joinsafeandsound.com