TELECHAPLAINCY: The Online Practice of Professional Chaplaincy

The Rev. David Fleenor, STM, BCC
Telechaplaincy – What is it?

- *Telechaplaincy* uses electronic information and telecommunications to support long distance chaplaincy care.
Telechaplaincy – Why?

Where are the majority of health care chaplains working?

Where is the majority of health care delivered?
ChaplainsOnHand.org

- Launched **January 20, 2014**
- **176,934 visits** from **178** countries
- **64%** of visits are from the U.S.
- Translated into **135 languages** as of April 8, 2015

ChaplainsOnHand.org is a website launched on January 20, 2014, which has received 176,934 visits from 178 countries. It is notable that 64% of visits are from the U.S. The website has been translated into 135 languages as of April 8, 2015.
Can’t Believe I Have Cancer

Spiritual care for everyone facing cancer – whoever you are, whatever you believe, wherever you are.

Why This Site Can Help You: A Welcome Note from President & CEO Eric J. Hall

Get help for

- Newly Diagnosed
- In Treatment Now
- Survivors
- It’s Not Going Well
- Caregivers
- Friends

Is This Site For Me?

If you or a loved one has been diagnosed with cancer, this site was created for you. You are not alone. Serious illness, trauma or grief can create spiritual distress leaving you struggling with questions such as “Why is this happening to me?” “What do I have to live for?” “What now?”

As you live with cancer, you need to gather support and resources for your whole self. You need to know that there is a safe place where you can share your fears, your emotions, and your struggles to find meaning, comfort, and hope.

Read more: Is This Site For Me?

Tools to Help You

- Chat with a Chaplain
- Request a Prayer
- Spiritual Exercises & Resources
- Living with Cancer Support

Donate Now

Search

Select Language

Subscribe to free e-newsletter for the latest news about spiritual care and health care.

Stay informed

Chaplain Care for Veterans

Launched July 3, 2014

190,224 visits from 191 countries

81% of visits are from the U.S.

130 languages as of April 8, 2015
ChaplainCareForVeterans.org

- Launched **February 3, 2015**
- **4,247** visits from **49 countries**
- **86%** come from the U.S.
- **25 languages** as of April 8, 2015
Telechaplaincy

Phone

Web camera

E-mail

Prayer Request
Telechaplaincy

Tutorial HERE
Why the Spike in Calls?

The AARP Bulletin says “Spiritual Support Just a Click Away” at ChaplainsOnHand.

Read story
Staffing
Who Contacted Us

• Most users called the service

• Average call lasted 20 minutes

844 – CHAPLAIN // 844-242-7524
Who Contacted Us

Average User
(Usage data from 3/1/14 – 3/31/15)

• 64.5 years old
• Woman
• Caucasian
• Christian
Why did you choose to call/email Chat with a Chaplain?

- I was referred: 1%
- I felt I had no one else I could talk to about this concern: 43%
- I didn't want to bother my family, friends or clergy with this concern: 27%
- I preferred to talk to someone who would didn't know me: 20%
- I wanted to talk to someone who would take my faith seriously: 0%
- Other (please specify): 5%

N = 30
What was the issue or concern you were calling about?

- Spiritual or religious (concern about my faith community or faith in God)
- Social issue (relationship with family or friends)
- Medical issue (concern with my medical care or health complications)
- Emotional issue (sad, angry, or alone)
- An issue with someone whom I am caring for
- Other (please specify)

N = 30
Anecdotal Data

What chaplains reported hearing from callers

**ISOLATION/LONELINESS:**

“There is no one I can share with.”

“Other people don’t want to hear about my life.”

“I’m unable to go out on my own anymore.”
Anecdotal Data

An email we received:

“My twin sister passed away 3 weeks ago. I can’t begin to tell you how much hurt I have. Her death happened so quick from rotator cuff surgery. My heart is broken. I know that she is in Heaven and is so happy. It’s the emptiness that I have in my heart. Can you please help me?”
Anecdotal Data

What chaplains reported hearing from callers

**CAREGIVER STRESS:**

“I’m overwhelmed.”

“I can’t keep doing this.”

“I can’t tell anyone what’s going on here.”
Anecdotal Data

An email we received:

“My father is 84 and dying. He has anemia…renal failure and other complications. Dad lost his ability to talk days ago… He was released from the hospital today after 4 days without improvement. It’s complicated but my dad is a special man and loving father. I ask for prayers that my sister, mother, me and dad may feel peace, hope and eventual joy about his entrance into heaven. I pray that God will let dad communicate with me after his life on earth is finished. I pray I reach new heights in life – more than I ever dreamed of becoming, in honor of my father and mother.”
Anecdotal Data

What chaplains reported hearing from callers

**SPIRITUAL DISTRESS:**

“I just don’t feel like I can forgive.”

“I miss my connection with God – I’m not feeling it.”

“How could a loving God allow this to happen?”
Differences Between Inpatient Chaplaincy and Telechaplaincy Care

<table>
<thead>
<tr>
<th>Chaplaincy Visit</th>
<th>Telechaplaincy Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaplain often initiates contact</td>
<td>Chaplain is contacted by client</td>
</tr>
<tr>
<td>Chaplain has access to client’s name and medical information in EMR</td>
<td>Chaplain encounters anonymous clients</td>
</tr>
<tr>
<td>Chaplain provides non-verbal cues to convey engagement</td>
<td>Chaplain may provide verbal cues to convey engagement</td>
</tr>
<tr>
<td>Chaplain is a member of an interdisciplinary health care team</td>
<td>Chaplain operates alone as “spiritual first responder”</td>
</tr>
<tr>
<td>Chaplain has immediate access to referral services</td>
<td>Chaplain encourages client to reach out to local resources</td>
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Telechaplaincy as Spiritual First Aid

Spiritual First Aid

• For short-term use

• Aims to mitigate, NOT solve suffering

Telechaplaincy Interventions

Supportive Presence

Prayer

Theological Reflection
Social Distress Screening Question

"Do you have as much social contact as you would like with friends and relatives?"

Prognostic Importance of Social and Economic Resources Among Medically Treated Patients With Angiographically Documented Coronary Artery Disease

Redford B. Williams, MD; John C. Bawanford, PhD; Robert M. Cape, MD; Thomas L. Harvey, MPH; William R. Sanders, MPH; David B. Pryor, MD; Mark A. Romney, MD; John G. Seger, PhD; MPH; Daniel B. Mark, MD, MPH

Objective.—To assess the hypothesis that diminished social and economic resources impact adversely on cardiovascular mortality in patients with coronary artery disease

Design.—A cohort study of patients undergoing cardiac catheterization from 1984 through 1986 and followed up through 1989.

Setting.—Tertiary care university medical center.

Patients.—Consecutive sample of 1965 medically treated patients with coronary artery disease, 71% or greater of at least one major coronary artery. Five hundred patients were not enrolled due to logistic problems. 33 refused, 54 had missing data on key medical resources. The final study population included 1366 patients, 62% male, with a median age of 63 years.

Main Outcome Measure.—Risk-adjusted survival rate of cardiovascular death.

Results.—Independent of all known baseline invasive and noninvasive medical prognostic factors, patients with annual household incomes of $40,000 or more had an unadjusted 5-year survival of 0.49, compared with 0.75 in patients with incomes of $10,000 or less (Cox model adjusted hazard ratio, 1.9; 95% confidence interval, 1.5 to 2.3; P < .001). Similarly, unmarried patients without a conjugal partner had an unadjusted survival rate of 0.70, compared with 0.80 in patients who were married, had a conjugal partner, or both (adjusted hazard ratio, 3.34; 95% confidence interval, 1.86 to 6.02; P < .001).

Conclusions.—Low levels of social and economic resources identify an important high-risk group among medically treated patients with coronary artery disease, independent of important traditional prognostic factors. Additional study will be required to test if interventions to increase these resources improve prognosis.

See also pp 157 and 159.

Although the consistency of previous findings has been viewed as indicative of the inevitability of social and economic factors as contributors to illness and death, the associations between social factors and mortality have been demonstrated prospectively in several studies of apparently healthy populations. Social factors have also been shown to affect mortality in patients with established coronary artery disease (CAD). For example, in the study cited in the text, the 5-year survival rate was 0.49 for patients with an annual household income of $40,000 or more, compared with 0.75 for patients with an income of $10,000 or less.
Next Steps

New Satisfaction Survey

“Would you be willing to take a survey about this service?”
Next Steps
Expanding Telechaplaincy
Expanding Telechaplaincy – HCCN-TV
Telechaplaincy

Extending the reach of chaplaincy care
Questions?
For More Info

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