

SPECTRUM HEALTH





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Binding Up The Wounded: The Work of a Volunteer Chaplain

Roles, Relationships and Reflection
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Purpose

- Prepare local clergy to minister effectively in the hospital environment
- Provide the “clergy tools” necessary for that ministry
- Promote visionary growth of the healthcare ministry in the local community

Focus

- Understand the many roles that chaplains engage in
- Reflect on spiritual development and distress
- Develop skills in Communication and listening, visitation, cultural competency, and confidentiality



Mission statement

“Our mission is to participate in the healing ministry of Spectrum Health through the provision of spiritual nurture, care, and comfort to our patients, their families and the staffs serving them.”

The Role of the Chaplaincy Clergy Volunteer

1. GENUINNESS

- Be yourself
- Relate to the person – not the illness

2. COMMUNICATION WITH THE TEAM

- Share all information with the team – don't keep secrets

3. COMMUNICATION WITH THE FAMILY

- Know your role on the team





Chaplain Roles

4. DEPENDABILITY

- Never offer more than you can deliver

5. LISTENING

- Do more listening than talking
- Sometimes NOT talking is a gift too!

6. CONFIDENTIALITY

- Don't ever share information about patients with anyone not a member of the care team or that can identify the patient



Challenges for Volunteer Chaplains

Frustration: There may be no need for a volunteer clergy person.

Personality conflicts: Between volunteer and patient; family and patient and even with a medical team members. Find resolution by informing the chaplain and realizing everyone in the environment is under stress.

Patient reaction: Volunteers may have anger, rejection, or both by a patient. Do not respond defensively or judgmentally. Always leave the door open for future contact.



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Identifying Spiritual Distress

*Looking for the Signs and
Symptoms of Patients and Families
in Crisis*

What is “Spiritual distress”

3 Components:

- **Disruption:** Spiritual distress disrupts people’s belief and value systems. It affects how a person sees the world and their place in that world.
- **Worldview/Action:** Spiritual distress alters how a person speaks about and acts out his/her beliefs about the world around them.
- **Contemplation:** Spiritual distress distorts how one see future events and outcomes.



Signs of Spiritual distress



What to report to the team

- Any signs or symptoms we have talked about
- Side effects of medications
- Medical symptoms getting worse
- Depression about life/self
- Rejection of previous spiritual practices
- Talk of suicide

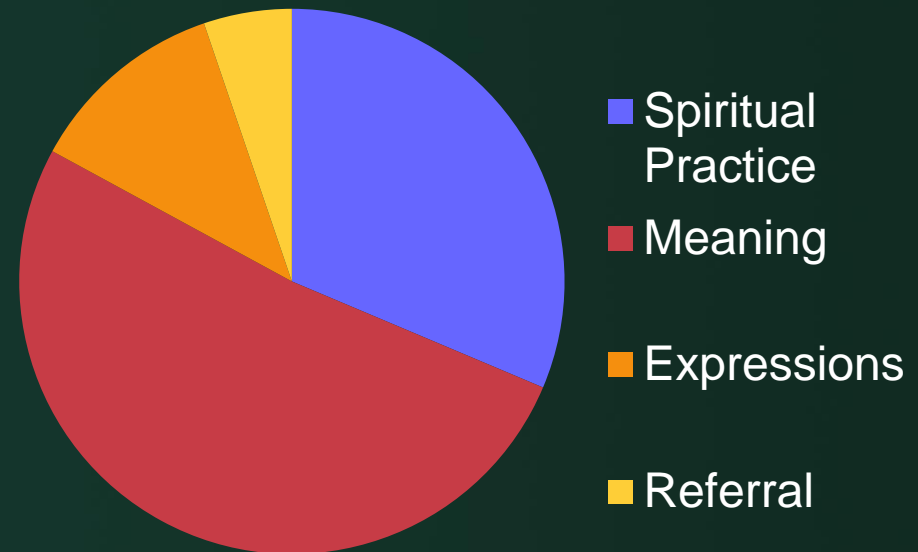


Patient Spiritual Distress Graph

Stanford University designed this graph to assess relationships between observable indicators of spiritual distress and likelihood of distress

Notice that the area of assisting patients to find meaning and with spiritual practice are our surest gauge of distress.

Notice also that referrals for spiritual distress rank last because it so hard to identify





Listening Skills





When you are listening...

- Your ears are involved (duh!)

BUT...

- Your heart is engaged
- Your mind is focused
 - Story intake – not “fixing”
 - Empathetic
- Your eyes are evaluating body language
- Your soul is peaceful

Oh, the miraculous energy that flows between two people who care enough to get beyond surfaces and games, who are willing to take the risks of being totally open, of listening, of responding with the whole heart. How much we can do for each other.

(Alex Noble)

izquotes.com

Listening Skills

- Orient yourself towards the patient and are on the same level
- Lean forward in your chair
- Refrain from crossing your arms and legs – closed posture
- Maintain appropriate eye contact
- Maintain sincerity by being YOU





Reflective Listening

Definition

“Really hearing what the patient is saying through words and body language

AND

Reflecting in your own words the thoughts and feelings you heard through words, tone, body language, and gestures so the patient **KNOWS THEY WERE HEARD**





Useful Reflective Listening

- Creating rapport with someone
- Promoting a welcoming climate
- Problem solving, crisis management, and negotiation
- Handling resistance or anger
- Leading group discussions
- Reading nonverbal signs and energy levels
- Clarifying directions





Benefits of Reflective Listening

- Speaker knows he/she was heard
- Check for accuracy of the message
- Prevents “mental vacations”
- Avoids the illusion of understanding
- Helps the other ventilate, express feelings, sort out issues, find answers



Listening Do's and Don't's

DO

- Show genuine interest
- Express empathy
- Accept the patient's feelings
- Encourage the patient to address problems
- Cultivate the capability to be silent

DON'T

- Interrupt
- Pass judgement too quickly or in advance
- Prod for more information than the patient sees as comfortable
- Give unsolicited advice
- Preach to the patient on feelings or actions

Ideas for Improving Listening

- Do not discount perceptions or experiences of patients
- Alleviate boredom and isolation where you can
- Do not say “I know how you feel” – you don’t
- Beware the “advice trap”
- Overdo talking about your experiences
- Respect family use of euphemisms
- Become comfortable as an initiator
 - Some techniques
 - Can you tell me?
 - Honest compliments
 - Mutual interest?

Responding Skills

- Acknowledgement responses
- Reflecting content
- Reflecting feelings
- Reflecting meanings
 - Combination of content and feelings
- Summarizing

These are all helped by “door openers” – reflections of what you already observe





Final Thoughts on Listening

- Show genuine interest
- Accept feelings (good or bad)
- Attentively listen to “the story”
- Express empathy
 - Knowing V. Understanding
- Always encourage/affirm
- Cultivate silence





Role Play Exercise





The Older Patient



Myths and Facts about Older Adults

Myths:

- Older people are “all the same”
- Older people are generally lonely
- Older people are a burden
- Aging physical and mental decline
- Most elderly live in institutions
- Old age is a time of tranquility

Facts:

- Very diverse age group
- Older can maintain close contacts with family
- Most older people are very active
- Decline is a slow process. Most decline occurs between 30-40
- Most live in communities (90%)
- Old age is a time of great stress

Keep in Mind these Changes

Sensory Changes

- Vision
 - Visual sharpness drops
 - Vivid colors are easier to see
- Hearing
 - Don't shout – voice distortion
 - Eliminate background noise
- Touch
 - Sensitivity to touch decreases and temperature increases



Other issues...

Mental Health

Anxiety

Depression

Dementia

Symptoms:

- Sleep disturbances
- Change is appetite
- Feelings of hopelessness
- Difficulty concentrating





Physical Health Issues

Cancer

Arthritis and Osteoporosis

Congestive Heart Failure,
Congestive Artery Disease and
Chronic Hypertension

Emphysema, Bronchitis, COPD

Diabetes

Stroke

Neurologic conditions





Special Issues and the Elderly

Alcohol and Drug Abuse

- Decreasing tolerance (even Rx drugs)
- Mixing of Rx/over the counter meds

Suicide

- Take talk of self-harm seriously
- Contact staff, family or pastor



Elder Abuse

Fastest growing threat to the elderly. Takes various forms:

1. Physical – hitting/pushing
2. Psychological – cruel language
3. Neglect – absence of food or care
4. Financial – money mismanaged or stolen

If you believe elder abuse is occurring notify authorities!!





Remember Three Things in Providing Care

1. Different is different; it is neither right nor wrong

- 1. All of us are unique because of our experiences.
- 2. It's OK to be uncomfortable.

2. I am not afraid to ask

- 1. We don't want to look incompetent BUT asking makes us look interested and caring.

1. It's not about me

- 1. It's not about our "to-do" lists; patients and families come first.





Spiritual Care and the Dying Patient

Prerequisites for Working with the Dying

- Beginning to come to grips with one's own morality
- Understanding of the grief process
- Effective listening skills
- A commitment to giving oneself
- A knowledge of personal limits





Changes in the Patient



- Physical changes
- Mental changes
- Emotional changes

But Also

- Worldview change
- Relational change
- Capacity change
- Homeostatic change



Tasks of the Dying Patient

“The friend who can be silent with us in a moment of *despair* or *confusion*, who can stay with us in an hour of *grief and bereavement*, who can tolerate **NOT** knowing... **NOT** healing, **NOT** curing... that is a friend who cares.”

Henri Nouwen

1. Deal with functional limitations
2. Management of treatment stressors
3. Developing/maintaining relationships with caregivers
4. Preserve emotional balance
5. Preserve self-image
6. Preserve family relationships
7. Preparing for the future

Family of the Dying Patient

- Open Family System

- Clear direct communication style
- Freedom to speak is honored
- Flexible boundaries and roles
- Alliances within the family are balanced – no one group dominates
- Rules are obvious
- Change is accepted as part of life

- Closed Family System

- Unclear and indirect communication style
- Freedom to speak is earned
- Boundaries are inflexible and run over each other
- Alliances are covert with groups seeking to gain dominate position
- Rules are secret
- Change is something to be feared or stalled at all costs.

Family Coping and the Dying Patient

Denial v. acceptance of illness

1. “Adaptive denial” is OK
2. Family communication to iron out issues within relationships is essential
 1. Family conferences beneficial
3. Balancing Love and Care of the dying person
4. Functional role shifts need to be negotiated



Family Coping and the Dying Patient



Regulating the emotional environment

1. Deal with negative emotions before there is a problem
2. Negotiate “extra-familial” relationships
 1. Social support is a huge issue for families
 2. Lack of it is painful
3. Coping with post-death phase



The Grief Cycle



Grief Recovery – Moving Along in Life

1. Accept grief as a part of life
2. Deal with grief within the family or social circle
3. Come to terms with guilt
4. Eat healthy, exercise more, and have a regular sleep cycle
5. Be good to themselves everyday
6. Postpone major decisions
7. Get creative and seek social interaction (religious and otherwise)



Confidentiality



HIPPA and HIPAA Compliance

- What is HIPPA?
 - The Health Insurance Portability and Accountability Act of 1996:
 - Restricts the use and disclosure of health information
 - Greater access by patients to their medical records
 - Increased protection of medical records
- Who has to comply? All hospitals (volunteers included), health plans, healthcare clearing houses and hospital vendors



What is PHI (Protected Health Information)

1. Patient Name and address
 2. Name of relatives
 3. Name of employer
 4. Birthdate
 5. Telephone numbers
 6. Fax numbers
 7. E-mail addresses
 8. Social security number
- Medical record number
 - Health plan numbers
 - Medical account number
 - Certificate or license number





“Minimum Necessary Rule”



The “Minimum Necessary Rule” states that:

- Those working on a patient’s case are entitled to the “minimum necessary” information to perform their particular job
- i.e. a chaplain would not know about a patient’s medications because they don’t need to know



Any Questions??

