FULL CIRCLE SPIRITUAL CARE
CENTURA CHAPLAINS

Presenters for Today

- Sister Rita Cammack
  - Vice President for Mission Integration
  - St. Anthony Summit Medical Center, Centura Health
- Reverend Steve Gomes
  - Director of Spiritual Care
  - Littleton Adventist Hospital, Centura Health
- Reverend Glenn Sackett
  - Pastoral Care
  - Porter Adventist Hospital
Our Goal for Today

As a result of the workshop, you will:

• Be able to identify the major components of Full Circle Spiritual Care.
• Understand how the medical model of “assess, plan, intervene, evaluate” translates into Pastoral practice in the hospital setting (i.e. taking apart our “ministry”).
• Understand what it means to be outcome oriented.
• Identify how caring for the soul might be documented in an electronic charting system.

Through the Ages

• Anton Boisen, Richard Cabot, Russell Dicks
• The Pastoral Care Movement – ACPE, APC, CAPPE, NACC, NAJC, etc.
• Paul Pruyser
• Elisabeth McSherry, M.D., Greg Stoddard, George Fitchett, Larry VandeCreek, et.al.
• Art Lucas – “The Discipline for Pastoral Care Giving”
• Gordon Hilsman
• Full Circle Spiritual Care
When we provide “Full-Circle Spiritual Care” we’re offering to walk with another person, from needs-based problems to resource-based outcomes, all within a spiritual & theological context.

“Full-Circle Spiritual Care” is an outcome-oriented spiritual care model.
**Full-Circle Spiritual Care**

**Overview**

- **What’s Next?** Chart person's assessment and outcome.
- **Spiritual Assessment** Identifying the results of your full-circle spiritual care and what the two of you have accomplished.
- **Spiritual Intervention** Assessing the person in choosing, from their perspective, an appropriate “next step” supporting their needs/desires/resources.
- **Spiritual Care Plan** With the person’s “consent,” develop a plan of care. (Spiritual & religious needs, faith, spiritual & relational support/Change, interventions & the patient’s treatment plan - and advance care planning.
- **Empathy** Bringing empathy and understanding to the situation. Withholding judgment. Being self-aware and reacting appropriately. Bringing a compassionate objectivity for both the individual/family and the care-givers.
- **Feelings & Emotions** Identifying the person’s emotions and feelings. Using your understanding of the situation, story and empathy to enable the person to begin identifying, naming and accepting their feelings and emotions.
- **Story Listening** Focus, follow, and ask open questions around the person’s story. Explore the content and emotions presented. Revealing, sharing and expressing empathy.
- **Engaging** Finding a relational way to connect with the patient, family member or associate. Two-way engagement with an awareness of what I bring to the relationship. Engaged/active listening.
- **Being Present** Attend to the person’s needs, rather than only our own thoughts, feelings, or our need to help/minister/fix.
- **Showing Up** Determine need and timing of visit. What is the person’s need? Self-Awareness of what I bring to the situation.

Special thanks to Steve Gomes for the stair step concept and initial categories.

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**Our Full-Circle (Spinning)* Care**

- We constantly move through the five phases of “Full Circle Spiritual Care”. They are
  - Rapport Building
  - Spiritual Assessment
  - Spiritual Care Plan
  - Spiritual Interventions, and
  - Identifying Outcomes
- **Skills**
  - Engaged communication
  - Understanding and acceptance of process
  - Intuition
  - Curiosity, Critical thinking & Creativity
  - Presence, self-awareness, mindfulness
- * Remember the analogy of the beach ball, blown up to spin and play with, deflated and flattened to examine the intricacies of the design. It is like this with Full Circle Spiritual Care. We do “spiritual care” without taking apart the steps. However, in order to understand, discuss and learn more about the spiritual care we provide, we must flatten the process for examination.
RAPPORT BUILDING

Full-Circle Spiritual Care

Rapport Building

- Empathy: Bringing empathy and understanding to the situation. Withholding judgment. Being self-aware and reacting appropriately. Bringing a compassionate objectivity for both the individual/family and the care giver.

- Storytelling: Identifying the person’s emotions and feelings. Using your understanding of the situation, story and empathy to enable the person to begin identifying, naming and accepting their feelings and emotions.

- Engaging: Finding a relational way to connect with the patient, family member or associate. Two-way engagement with an awareness of what I bring to the relationship. Engaged/active listening.

- Showing Up: Attend to the person’s needs, rather than only our own thoughts, feelings, or our need to help/minister/fix.

- Showing Up: Determine need and timing of visit. What is the person’s need? Self-awareness of what I bring to the situation.
Rapport Building

“We’re offering to walk with the other person.”

Showing up

- Receive Referral - as appropriate, check chart and talk with care team
- Assess Patient Need - “Spiritual Acuity”
  - Spiritual Strengths
  - Spiritual Concerns
  - Spiritual Distress
  - Spiritual Despair
  - Spiritual Crisis - Code Blue, etc.
- Which need is priority?
- Assess the timing - When to show up
- Assess other care giver needs (nurses, techs, etc.)
- Self awareness - What agenda, emotions you bring to situation
Being Present

• Attend to the person’s needs, rather than only my thoughts, feelings or my need to minister/help/fix.
• Active vs. Passive presence?
• Present for whom - patient, family, staff, etc.?
• Who is available to engage?
• What are the relational dynamics?
• Self-assessment - what is competing for my attention?
• What else is going on?

Engaging

• Finding a relational way to connect with the patient/family or the associate.
  – Who am I engaging with?
  – What is the most effective way to engage?
• Two-way engagement – self and other awareness.
Story listening

- Around the person’s “presented material,”
  - Focus
  - Follow
  - Open questions unwrapping the person’s story
- Exploring content
- Discovering emotions presented

Identifying Emotions & Feelings

- Identifying and naming the person’s emotions and feelings
- Self-awareness, the specific feelings generated within yourself
- Using this self-awareness to walk with the patient into the issues they are presenting
- Getting to the “heart” of the matter
Empathizing

• “Feeling into” the persons situation\(^\text{Heinz Kohut}\) – Empathy rather than judgment
• Journeying into their experience, while being aware of how it touches your own
• Appropriate use of self
• Bringing a compassionate objectivity for individual, family, loved ones and care givers

SPIRITUAL ASSESSMENT
(IN-DEPTH)
**Spiritual Assessment**

"From needs-based problems, to resource-based outcomes."

**Full-Circle Spiritual Care**

**Spiritual Assessment**

<table>
<thead>
<tr>
<th>Spiritual Assessment</th>
<th>Assessing the person’s needs, resources &amp; desires within the context of meaning, hope, relationship/community &amp; holy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feelings &amp; Emotions</td>
<td>Identifying the person’s emotions/feelings. Using your understanding to enable the person to begin identifying, naming and accepting their feelings and emotions.</td>
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<td>Focus, follow, and ask open questions around the person’s story. Explore the content and emotions presented. Revealing, sharing and expressing empathy.</td>
</tr>
</tbody>
</table>
Needs, Desires & Resources

The complexity that people bring to the hospital is greater than these concepts –

<table>
<thead>
<tr>
<th>Feelings</th>
<th>Community</th>
<th>Relationships</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocation</td>
<td>World View</td>
<td>Life Script</td>
<td>Will</td>
</tr>
<tr>
<td>Ability to</td>
<td>Religious Dreams</td>
<td>Shoulds</td>
<td>Ought</td>
</tr>
<tr>
<td>Trust</td>
<td>History</td>
<td>Practices</td>
<td>Present</td>
</tr>
<tr>
<td>Family</td>
<td>I-Thou</td>
<td>Transcendent</td>
<td>Beauty</td>
</tr>
<tr>
<td>Purpose</td>
<td>Story</td>
<td>Ultimate</td>
<td>Values</td>
</tr>
<tr>
<td>Faith</td>
<td>Journey</td>
<td>Identity</td>
<td>Culture</td>
</tr>
</tbody>
</table>

Spiritual Assessment

• **Specifically identifying the person’s**
  – Needs/resources
  – Desires/goals

• **Within the context of**\(^1\);
  – Meaning,
  – Hope,
  – Relationship/Community, and
  – Holy (be willing to explore the two aspects of ‘divinity’ & ‘humanity’).

• **Important components of the assessment will include**
  – The term assessment derives from Latin “ad”, *next* to, and “sedire”, *to sit*. Therefore, “first to quietly sit close.”
  – Spiritual assessment is a partnering endeavor between the person(s) receiving care and the spiritual care giver.

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\(^1\) Acknowledgement: Our framework for spiritual care utilizes Arthur Lucas’s categories (Meaning, Hope, Community and Holy) and several concepts identified by Larry VandeCreek in *The Discipline for Pastoral Care Giving.*
Sense of Meaning

- Sense of identity and self awareness
- Sense of purpose and direction
- Ability to contribute
- Find meaning in present situation
- Role and purpose within surroundings
- Sense of value and participation within existing relationships

From the Patient’s Perspective

Meaning – Desires & Resources

- I have places to go, people to see, things to do and plans to accomplish. I can make a difference, whether in work, play or interaction with others.
- I don’t like what is happening, but I can think through the situation.
- With my limitations and gifts, even if it is less, I have something of value to offer.
- What can I learn and how can I be transformed by my experience?
- My life will end, but I’m full of curiosity, adventure, wonderment and willingness to explore possibilities. I remain engaged with God, family and community.
From the Patient’s Perspective

Meaning – Need

- No interest in tomorrow.
- I don’t understand. All the old answers don’t work.
- What difference does it make? I’m worthless.
- This is meaningless suffering, nothing but random acts of badness or unfairness.
- I’ll just give up, I’ll deny reality and fail to live honestly with others.

Sense of Hope

- Future worth having
- Resilience over despair
- Hopeful
- Will to continue
- Sense of future possibilities
- One day at a time & endurance in the moment
From the Patient’s Perspective

Hope – Desires & Resources

- I discuss and plan for the positive things I’ll do when I get out of here.
- I’m committed to getting better, no matter what it takes.
- I’m willing to invest in the future. I expect good to happen.
- I can make what I need happen.
- There are so many possibilities yet to achieve.
- I’ll take the challenges a piece at a time and life will be OK.

From the Patient’s Perspective

Hope – Need

- I don’t have any reason to get better.
- Nothing is going to make any difference, limited possibilities.
- There is no reason to invest energy in the future.
- I’ve given up.
- Futility of the past and futility of the future.
- Immobilized and overwhelmed by obstacles.
Sense of Community

- Connectedness
- Sense of belonging
- Relationships contribute to my well being
- Sense of forgiveness
- Integration of grace and reconciliation
- Sense of gratitude and thankfulness

From the Patient’s Perspective

Community – Desires & Resources

- My relationships are positive, they support & strengthen me.
- My relationships are important; I’m engaged in give-and-take.
- Relationships are present, constructive, supportive and bring out the best in me and others. I’m loved and cared for in a way that helps me grow.
- Life is too short not to forgive. I readily give and receive forgiveness.
- I live in the experience of grace and restored relationships.
- I live in appreciation for what others do and how they care.
From the Patient’s Perspective

Community – Need

- Distant, destructive relationships, excommunicated or ignored
- No one will miss me when I’m gone.
- Relationships are absent, destructive and bring more pain and suffering which enables my self-destructive behavior.
- Revenge is the answer for me! I can’t give or receive forgiveness.
- No hope for relationships and I hold onto betrayals from the past or present.
- Life is judgmental and full of disruptive, broken relationships.

Sense of Holy

- Relationship with something/someone greater, beyond or within.
- Sense of Holy as a resource.
- Sense of connectedness with Holy.
- Comfort with human limitations.
- Sense of being forgiven, grace & reconciliation.
- Sense of gratitude.
From the Patient’s Perspective

Holy – Desires & Resources

- I have a sense of awe, wonder and appreciation for being a part of a Divine plan that I bring into my awareness, my conversations and relationships.
- My understanding of the Holy is a resource for the betterment of myself and my community. My Holy provides me with good things and positive experiences.
- God is there for me, available to help, surrounding me with his/her presence.
- I’m blessed with “What I have,” and am full of appreciation and gratitude.

From the Patient’s Perspective

Holy – Need

- Unresolved guilt and shame.
- I identify the Holy as negative, unpleasant or destructive and I have a direct sense of alienation which is manifested as absence or conflict with the Holy.
- Prayers aren’t answered; God’s gone & isn’t interested in me.
- I just can’t do enough; I’m so imperfect and judgmental of myself. I’ve probably committed the unpardonable sin.
- Nothing but a fear of judgment and condemnation.
- Which in turn renders me judgmental, critical and unable to be appreciative or thankful.
Spiritual Assessment

Resources, Desires & Needs

- Meaning
- Hope
- Community
- Holy

SPIRITUAL CARE PLAN
With the person’s “consent,” develop a plan of care. (Spiritual & religious support; Ethics, advocacy & communication support; Change, adjustment & loss support; Emotional support; and Leadership & advocacy support)

- An action or set of actions;
  - Identified by the spiritual care provider,
  - Agreed upon by the patient, family and loved ones,
  - Implemented in response to spiritual needs, desires and resources, and
  - Identified in the spiritual care assessment.
- The creation of this plan is an intermediate stage of the spiritual care process.
- This plan guides the ongoing provision of care and assists in the evaluation of this spiritual care.
Characteristics of a Spiritual Care Plan

• Designed with the awareness, collaboration and consent of the patient, family and loved ones
• Focused on actions which are identified to respond to the patients existing resources, needs and desires
• Emerges from a deliberate, systematic spiritual care assessment
• Relates to the future
• Is holistic
• Stated in the positive and communicated as patient and family focused
• Outcome focused

Aspects of Creating a Spiritual Care Plan

• Awareness
• Collaboration
• Consent
• Communication
Awareness

• What interests and issues play into the development of a spiritual care plan (SCP)?
  – My level of rapport, preconceptions, biases and level of personal awareness
  – What theological/philosophical and behavioral basis am I operating from
  – Care Team perspective(s)
  – The Physician(s) perspective
  – My role within the Care Team
• What we’ve learned from the spiritual assessment

Collaboration

• Who is involved and who needs to be involved?
  – Patient
  – Family/loved ones
    • All or some?
    • Who is the spokesperson?
    • How are decisions made?
  – Care team
    • Role of the chaplain in being aware of the team’s issues?
    • Of aligning the team?
  – Physician
  – Faith community
Consent

- Implied & Implicit
  - Willingness to enter into a conversation, to “dance”, to continue talking
  - Following up on a referral, walking in the room
- Implied & Explicit
  - “I want to create an end of life ritual for your family, is that OK?”
- Informed & Explicit
  - Anointing of the sick
  - Donor Requestor
- Informed & Implicit
  - Ethics consult
  - Life review

Communication

- Formal
  - Electronic records
  - Notification
- Informal
  - Conversations with
    - Patient and family
    - Care team
    - Physician

Centura Health
Spiritual Care Plan

• A set of goals and planned interventions based upon the patient’s assessed needs, resources and desires
  – Patient and family/loved ones focused
  – Action-oriented & stated in the positive
  – Informed by rapport building, the spiritual assessment and within the context of awareness, collaboration, consent and communication

The Spiritual Care Plan has been the most invisible aspect of this spiritual care model, however we believe it may be the most crucial aspect to inform actions and outcomes.

INTERVENTIONS
(SPIRITUAL ACTION)
Full-Circle Spiritual Care

Intervention

Assisting the person in choosing, from their perspective, an appropriate “next step” supporting their resources, needs & desires.

Interventions

Outcome / Evaluation
Rapport Building
Assessment
Spiritual Care Plan

Spiritual & Religious Support
Ethics, advocacy & communication support
Change, adjustment & loss support
Emotional support

Organizational Care
Getting Started

• **intervention**
  – Interference so as to modify a process or situation.
  – To involve oneself in a situation so as to alter or hinder an action or development.
  – Any measure whose purpose is to improve health or alter the course of disease.
  – An intervention designed to improve the health of a patient or change the conditions which have negative impact on the well-being of the patient.

Spiritual & Religious Support

• Patient received sacramental / ritual care
• Patient able and willing to use their religious support system
• Chaplain helped patient clarify values and beliefs relevant for situation
• Chaplain attended to confession, forgiveness and reconciliation
• Chaplain provided spiritual guidance
• Chaplain and patient discussed patient’s spiritual journey
• Patient was referred to appropriate spiritual resources
### Spiritual & Religious Support (Meditech)

- Provide sacrament/ritual
- Offered religious support
- Explored values/beliefs
- Attended to forgiveness
- Explored spiritual life
- Spiritual guidance
- Given spiritual resources

### Ethics, advocacy, & communication support

- Patient discussed and addressed relevant ethical issues
- Chaplain provided appropriate care for family and loved ones
- Chaplain advocated for patient
- Patient received appropriate mental health and/or addiction care
- Patient was referred to the appropriate resources
- Patient received Advance Directive education
- Chaplain facilitated care discussion
Ethics, advocacy, communication & support (Meditech)

- Discussed ethical issues
- Supported pt’s loved ones
- Advocated for pt.
- Mental health support
- Addiction support
- Resources given
- Adv. Directive review
- Ethics consult
- Family conference
- Care discussion (could be interdisciplinary rounds)

Change, Adjustment & Loss Support

- Patient and chaplain discussed and identified changes in present life stages/journey
- Chaplain provided grief support and counseling
- Patient and chaplain discussed end of life issues and care
- Chaplain provided loss, change, and adjustment support
- Patient & chaplain discussed change that is taking place & necessary support
- Patient was referred to appropriate resources
Change, Adjustment & Loss Support (Meditech)

- Discussed life stages
- Provided grief support
- End of life discussion
- Loss/change support
- Support systems explored
- Provided referral

Emotional Support

- Chaplain provided crisis support and ministry
- Chaplain provided support and validation of care
- Chaplain provided information and answered questions
- Patient and chaplain identified networking and resources
Emotional Support (Meditech)

- Crisis support
- Emotional support
- Provided information
- Resources identified
- Supported pt’s loved ones
- Companioned

Organizational Leadership, Advocacy & Support

- Organizational soul care
- Organizational conscience
- Mentor and confidant to leadership
- Mission and value education
- Staff support and debriefing
- VIA support & training
- Leading Rituals
Working Together

- Inter-disciplinary approach
  - Chaplain’s role as coordinator/facilitator of the care team.
  - Chaplain’s role with patient, family and others

- In the context of Meditech
  - Attended to forgiveness

Comment section:
  - Patient will talk with brother regarding . . .

MOVING TO OUTCOMES
Identify the observable change following and resulting from a spiritual intervention. This change may be connected to the patient’s spirituality, religious belief(s), religious practices, the effective engagement with members of the care team or the treatment regime itself.

**Outcomes**

- **Rapport Building**
- **Assessment**
- **Spiritual Care Plan**
- **Intervention**
- **Outcome / Evaluation**

**What difference did this interaction make? To whom?**

**How will I communicate what needs to be shared? To whom?**

**Are there any further recommendations or referrals?**

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**Why Outcomes are Important**

- **Outcomes:**
  - Are the focus of what we do
  - Allow us to report the impact we’ve had
  - Enable us to provide relevant and helpful information to the care team, using their language, being a part of our overall care to the patient and their family/loved ones.
  - Care Team’s move toward Evidence Based Measurements
  - We’ll integrate where appropriate
    - See the next two slides
    - Watch for additional ideas and training
Full-Circle Spiritual Care

Outcomes

Identifying Outcomes

- Observation – Sensory Report(s)
  - What is observed by chaplain or interdisciplinary team
    - Changes in: facial expression (relief, smile, grimace)
    - Changes in affect:
      - Changes in: rate of breathing, agitation, patient goes to sleep

- Reports (we hear)
  - Patient self-report
    - Expression of gratitude
    - Reports relief, peacefulness
  - Family/Loved One(s) report
    - Expression of gratitude
    - “Your visits mean so-much”, etc.
  - Team report(s)
    - “Patient is so much calmer since your visit”, etc.

- Opportunity in documentation to identify what we’ve done
Documenting Outcomes

• Centura Chaplain Charting – Sentences, plus free text
• Criteria for documenting what was done
  – Ability to be communicated in a single sentence
  – Sensory based (we can identify what happened)
  – Integrated into the medical plan of care
  – Less than 35 words

Outcomes

• Categorized in the areas of:
  – Initial, Meaning, Hope, Community, Holy and Ethics
• Reflective of Spiritual Care Plan and Interventions
• Communicated
  – Sensory based, who is responsible for what, shared & accepted, integrated
  – Statement completion less than 35 character
Outcome:
(Sensory based, communicated, responsible? Shared & Accepted, Integrated, <35 words)

- **Initial**
  - Engaged in conversation; regarding . . .
  - Prayer with chaplain; resulting in . . .
  - Personal issues expressed and explored; including . . .
  - Feelings and emotions expressed; leading to (sadness/joy) . . .
  - Personal resources explored; leading to . . .
  - Mental health concerns/issues discussed; including . . .
  - Information received and understood; regarding (facial or verbal responses) . . .
  - Appreciation expressed; regarding . . .
  - Referral/follow-up on resources; such as . . .
  - Options/solutions identified; such as . . .

Outcome:
(Sensory based, communicated, responsible? Shared & Accepted, Integrated, <35 words)

- **Meaning**
  - Purpose and meaning expressed; leading to . . .
  - Something or someone to live for; expressed as . . .
  - Loss and emotional/spiritual pain expressed; . . .
  - Life review, memory recall; including . . .
  - Change and adjustment being accepted . . .
  - Increased awareness and acceptance; around (life, death, situation, limitations, etc.) . . .
  - Needs/desires expressed; regarding . . .
Outcome:
(Sensory based, communicated, responsible? Shared & Accepted, Integrated, <35 words)

• **Hope**
  - Hope expressed; including . . .
  - Resilience expressed; as . . .
  - Loss and pain issues discussed; including . . .
  - Limitation awareness expressed; such as . . .
  - Options/solutions expressed and/or planned for; including
  - Will to live expressed; leading to . . .
  - Gratitude for life expressed; including . . .

Outcome:
(Sensory based, communicated, responsible? Shared & Accepted, Integrated, <35 words)

• **Community**
  - Relationships explored; leading to . . .
  - Relational resources; resulting in . . .
  - Relational support appreciated & conveyed; resulting in...
  - Reconciliation with others possible; resulting in . . .
  - Conflict resolved; around . . .
  - Trust expressed and demonstrated; toward . . .
  - Loss and emotional/spiritual pain expressed; by . . .
Outcome:
(Sensory based, communicated, responsible? Shared & Accepted, Integrated, <35 words)

• Holy
  – Faith being restored/deepened; as indicated by . . .
  – Spiritual conversation regarding; accomplishing . . .
  – Spiritual questions/issues/comfort identified; including...
  – Spiritual practices renewed; leading to . . .
  – Spiritual ritual participation; specifically . . .
  – Forgiveness/grace received; through . . .
  – Awareness of limitations expressed; including . . .
  – Prayed with chaplain; resulting in . . .

Outcome:
(Sensory based, communicated, responsible? Shared & Accepted, Integrated, <35 words)

• Ethics
  – Advanced Directives finalized
  – End of life issues explored; resulting in . . .
  – Alternative care - decision made; regarding . . .
  – Ethical issues discussed; including . . .
  – Ethical decisions made; including . . .
Acknowledgements Belong to Many

• Susan Hébert and Stephen King, Vice Presidents for Mission & Ministry at Centura Health who provided the financial support and encouragement of Centura Health.

• Our framework for spiritual care utilizes Arthur Lucas’s categories (Meaning, Hope, Community and Holy) and several concepts identified by Larry VandeCreek in The Discipline for Pastoral Care Giving.

• The work of Gordon Hilsman’s and his presentation to Franciscan Health System.

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• And to those who moved on to other assignments; Robert Eaton, James Gunn, and Garrett Starmer.

• And finally Steve Charbonneau for herding cats.

FOR ADDITIONAL INFORMATION
WWW.CENTURACHAPLAINS.ORG