

“An Outlandish Idea: Evidence-based Spiritual Care Best Practices”
A Spiritual Care Collaborative Summit '09 Workshop
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First, the Ideal Intervention Paper (IIP) consolidates learnings gained from the traditional CPE peer group presentation of a verbatim record of pastoral care. The original IIP protocol was adapted from a structured description template devised by cognitive behavior therapists to establish the effectiveness of their interventions by allowing another therapist to replicate the intervention. This adaptation was the work of Henry G. Heffernan SJ, a clinical chaplain with 40 years' experience.

In preliminary studies fifteen chaplain interns at St. Vincent Hospital, Indianapolis under the supervision of Gleason completed IIPs based upon the traditional group presentation of their verbatims in three Level 1 extended units (2006, 07, 08) as part of their CPE curricula. Nine chaplain residents at Clarian Health, Indianapolis under the supervision of Kwong completed IIPs and offered their critiques of the exercise in a Level 2 CPE program (Summer 2007 and Winter 2008). The St. Vincent interns' IIPs include these central issue identifiers: fear of surgery, patient and family guardedness, patient need to express spiritual and emotional concerns, infant death, respiratory distress, guilt regarding spouse's death, coding infant, undiagnosed illness, end of life issues, sudden death, and pastoral etiquette (regarding the presence of the family pastor). The Summer 2007 Clarian residents' central issue identifiers were: triangulation (by an uninvited pastor), advocacy for the hospital, end of life issues (twice), extreme pain (twice), amputation issues, and faith as a resource. Each resident's IIP had multiple identifiers. The IIP protocol has been revised based on feedback from these preliminary studies.

Second, certified spiritual care clinicians edit the IIPs into potential best practices (PBPs). Before PBP trials and replications by certified spiritual care clinicians take place, veteran chaplains take ownership of the material and provide an intradisciplinary credibility boost by shifting each IIP from the student's intervention ideal toward what can be understood (and believed) by experienced practitioners to represent a real-world intervention. Editing—a meticulous, step-by-step transformation of each IIP description into potential best practices (PBPs) from the knowledge of certified and seasoned spiritual care clinicians representing all six of the spiritual care and education professional associations—is necessary.

Third, an interactive database inductively organized by central issue identifiers such as “preparing to die” is created. PBPs are submitted to an interactive database inductively organized by central issue identifiers, such as “preparing to die.” This inductive approach is a departure from the usual common factors/deductive spiritual research approach of Paul Pruyser, Gregory Stoddard and Jean Burns-Haley, George Fitchett, George Handzo, Gary Berg, Kenneth Pargament, and Arthur Lucas.

Fourth, a brief effectiveness questionnaire is created. A qualified tests and measurements expert develops a brief effectiveness questionnaire to be used with recipients of the PBP interventions, in the context of current client satisfaction surveys.

Fifth, Institutional Review Boards (IRBs) approve the use of the effectiveness questionnaire. Participating spiritual care clinicians take the necessary steps within their respective institutions to gain the approval of their Institutional Review Boards (IRBs) for the use of the brief effectiveness questionnaire.

Sixth, spiritual care clinicians whose IRBs have approved the use of the effectiveness questionnaire access the database by central issue identifiers and allow the appropriate PBPs to inform their interventions. Upon completion of the transformation of the IIPs into PBPs by the editing process, after their entry into the interactive database, and after participating spiritual care clinicians gain IRB approval of the brief effectiveness questionnaire, they access the database for intervention descriptions pertaining to current actual spiritual care situations and “test” the appropriate PBPs described therein.

Seventh, the recipients of that care rate effectiveness using the effectiveness questionnaire. Effective interventions are designated as tentative best practices (TBPs). Shortly after the PBP intervention has been made, the spiritual care clinician or a representative administers the brief effectiveness questionnaire and scores the results using accepted statistical procedures. PBP interventions deemed effective by the recipients of that care are designated as tentative best practices (TBPs).

Eighth, other spiritual care clinicians replicate TBPs, and rate effective using the questionnaire. Effective TPB interventions are designated as evidence-based spiritual care best practices (SCBPs). Other spiritual care clinicians replicate effective TBPS, following the seventh step procedure. Consistently successful replications, as determined by use of the brief effectiveness questionnaire, are designated as evidence-based spiritual care best practices (SCBPs).

Ninth, SCBPs are made widely available through the six professional associations comprising the Spiritual Care Collaborative via the database and the process of refinement and validation of effective interventions. SCBPs are made widely available through the six professional associations comprising the Spiritual Care Collaborative via the interactive database and the process of refinement and validation of effectiveness interventions as determined by use of the brief effectiveness questionnaire.

Concluding Statement and Invitations

The initial efforts of this project have confirmed the value of the Ideal Intervention Paper exercise in CPE curricula, the first step of the project. Given sufficient professional cooperation from the six associations in the Spiritual Care Collaborative, and provided adequate financial support from appropriate granting authorities, this initiative will provide for the development of evidence-based spiritual care best practices throughout the disciplines of chaplaincy, pastoral counseling and clinical pastoral education. Training supervisors seeking to include the IIP in their curriculums and persons from all six SCC member associations willing to serve on the team editing IIPs into PBPs are invited to contact Jack Gleason at mariejohn50@att.net for further details.

*Gleason is an Emeritus ACPE Supervisor. Recently ACPE Supervisor Kwong was named Director of Spiritual Care at Howard Regional Health System, Kokomo, Indiana.