

Addendum to Ideal Intervention Paper Project (IIP) Reports

— IIPs yet to be incorporated into the Main List —

(5/19/10, updating the 4/27/10 version)

Reports selected and edited Dr. John Gleason

For more information, contact Dr. John Gleason: mariejohn50@att.net

NOTE: Each sample uses the student's own organization of content. Personal identifying information has been removed.

CONTENTS (by thematic category, according to categories in the Main List):	Page:
BAD NEWS	
BEHAVIORAL HEALTH PATIENTS (excluding dementia)	
Young Adult Caucasian Male in a Panic State with Suicidal Ideation	2
Jail Inmate with High Risk for Suicide	3
Alienation and Stress in a Nine-Year-Old Boy on a Behavioral Unit	9
Ministry to the Mother of an Alcoholic Patient with a GI Bleed	12
COMMUNICATION DIFFICULTY	
DEATH AND DYING (not covered elsewhere)	
Family Request that an Unresponsive, Dying Patient Receive Baptism	6
DEMENTIA	
FAMILY PROBLEMS	
Feeling Victimized by Family, with Associated Anger, Frustration and Sadness	8
Impact of Critical Illness on Patient's Role as Caretaker of Elderly Parent	13
GUILT, SHAME, AND SELF-ESTEEM ISSUES	
HOPE AND HOPELESSNESS	
Searching for Meaning, Vocation, and Hope during a Health Crisis	5
LONELINESS, ABANDONMENT, AND ANGER	
Anger in a Married Caucasian Baptist Female after Attempted Suicide	4
LOSS, GRIEF, AND DESPAIR	
Ministry to a Difficult Patient -- Grief, Family, Church, and Health related	7
Ministry Regarding Grief at the Death of a Young Mother	11
Ministry to Staff Regarding Complicated Grief in the Family System	13
MISCELLANEOUS	
Ministry to Staff Burnout	8
Moving from a Here-and-Now Question to a Deeper Spiritual Issue	10
Ministry to Three Family Members: Patient, Brother, and Distressed Wife	11
Managing an Interruption while Intensely Involved with a Terminal Patient	14
PAIN ISSUES	
Chronic Pain with Exacerbation That Is Overwhelming	2
RELATIONSHIP BUILDING AND TRUST	
RESISTANCE OR REFUSAL OF PASTORAL CARE	
TENSION WITH HOSPITALIZATION	

Young Adult Caucasian Male in a Panic State with Suicidal Ideation

1) Central Issue Identifier:

Young adult Caucasian male in a panic state with suicidal ideation

2) Description of the client's circumstances, problems and needs for spiritual care:

A young man, about 30, trim-looking, and Caucasian, asked to see a chaplain at the hospital admissions desk at 6:00 a.m. He had been up all night and desperate for help. His wife told him the previous night that she wants a divorce.

The man is a licensed mortician in a southern state and was employed at a mortuary there. Since his move to the upper Midwest eight months ago, he had only been able to find menial jobs. His wife is a salaried accountant with a major bank. Her job is secure. The couple has two children. He could have his job back if he returned to the South, but he doesn't want to leave his two children, who are two and six.

He said he never had good modeling at home and that his family was basically dysfunctional. He went to a college in the Midwest hoping for an athletic scholarship. It never materialized, so he left after a semester. He found a school in the South where he could get training to become a mortician, so he and his wife moved. His wife appears to come from a close-knit family. Since their move to the upper Midwest, she has family nearby who are able and willing to help her out.

He seemed naïve, inert, and a dreamer. He hopes things will turn out, drifts along, and then finds himself in a helpless position. He had no social life and consequently no one to turn to for help. Getting custody of the children was most unlikely. He didn't have the money for an attorney, nor could he make a case that he'd be able to support and care for them. He was working two jobs, both without benefits.

3) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

I handled the problem by listening to the man and eventually referring him to an assessment counselor at a facility with both in-patient and out-patient behavioral health treatment. I made sure that someone would be able to see him within an hour.

If I were to do it again, I would make sure that I knew exactly who would be seeing him and at what time. This would let the man know that he is expected to show up. It would also make him feel as though he has an identity.

4) Background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person:

A Failure of Nerve by Edwin Friedman (Seabury)

Chronic Pain with Exacerbation That Is Overwhelming

1) Central Issue Identifier:

Chronic pain with exacerbation that is overwhelming

2) Description of the client's circumstances, problems and needs for spiritual care:

The Chaplain read the patient's chart before entering the patient's room so as to better understand the reason for her admittance into the hospital. The Chaplain then entered the room and introduced himself as "the chaplain." As the patient began to tell her story, the chaplain sat in a chair near the patient so as to relay to the patient that he is willing to listen to her and spend time hearing her concerns.

While the patient was telling her story, the chaplain frequently interrupted her to ask about details that were unrelated to the theme of her story. Also, as the patient complained repeatedly about pain, the chaplain felt helpless and did not know how to respond to the patient's complaints of pain.

Instead of responding to her concerns about pain, the chaplain reacted by offering prayer and then exited the room shortly after. During the course of the visit, the patient also told the chaplain about only having one family member that visited her in the hospital. The chaplain reacted by telling the patient that "it is good" that she had the family member without knowing if the patient thought the visits from the family member were "good."

3) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

During the course of the visit, it would've been helpful for the chaplain to focus on the main theme of the patient's story (pain) instead of asking for small details. Ideally, the chaplain would've responded to the patient's concerns about pain instead of reacting by offering prayer.

Further, entering into conversation about the patient's helplessness and intense pain might have helped the patient express her feelings about pain and experience of pain. The chaplain might have realized that there was a theme of helplessness in the patient's story.

At the same time, the chaplain might have asked the patient about her family and support system instead of labeling her family member's visitation as "good."

Finally, prayer would've been offered as a method of summing up the patient's concerns and as an intercession for her before God rather than a reaction because the chaplain felt helpless.

4) Background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person:

At the Will of the Body, by Arthur Frank

Jail Inmate with High Risk for Suicide

1) Central Issue Identifier:

Jail inmate with high risk for suicide

2) Description of the client's circumstances, problems and needs for spiritual care:

This 34-year-old Caucasian male who is separated from his wife had been brought to the hospital from jail as a high risk for suicide. A guard was posted outside his room, and he was handcuffed to the bed. He continued to express the desire to kill himself while in the interview.

Spiritual care was provided by listening and following the patient in his story about his wife and family. The chaplain tried to walk with him in his anger. In observing his pain, the chaplain wanted to offer him some hope, so spoke to his situation, offered encouragement and help from the hospital, and prayed for him.

3) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

Input from a psychiatrist:

Ask, "What is the reason for you being in the hospital?" to give the patient opportunity to tell his story.

Rather than standing up during the whole interview, the chaplain might sit down next to the patient in a chair so as to convey to the patient sharing on his level.

Clarify the chaplain's role. Example: I'm one of the chaplains and I'm here to make myself available to you if there are any spiritual concerns that you have at this time.

Provide direction/context for the intervention.

If the patient gets loud, speak softer.

Don't lean forward if the patient is leaning forward. This communicates that the chaplain is being drawn into his transference.

Watch the body language of the patient carefully. It will tell you a lot.

Input from chaplaincy peers:

Open the actual prayer to peer review by writing it out in future presentations

Ask before praying, "Would you be willing to share what I could pray for that would be helpful to you?"

Anger in a Married Caucasian Baptist Female after Attempted Suicide

1) Central Issue Identifier:

Addressing anger in a married Caucasian Baptist 59-year-old female after attempted suicide

2) Description of the client's circumstances, problems and needs for spiritual care:

Coping issues: anger, feelings of helplessness, feelings of hopelessness, attempted suicide

After introducing myself as the chaplain and letting her know I was there to check in on her, patient immediately began to weep. She continued to weep during our visit. She expressed anger with her husband and "other things".

P5: Yes, I took some pills.

P7: Because I was angry with my husband and there's a lot of stuff going on in my life.

P8: Yes. (still weeping)

P9: I wanted to die.

3) A Brief Summary of the Intervention

Ministry of presence, support made available, life review, listening, prayer

Spiritual Issues/needs: coping issues, anger, feelings of helplessness, feelings of hopelessness, attempted suicide

Patient's need was to explore her anger.

P10: Yes, I just needed an escape from the pressure of everything. I've had to deal with a lot before and I was able to deal with it, but this time I wasn't able to do it.

P11: (still tearful) I don't know. It's just hard.

P12: I really don't want to be here.

P13: No, my husband brought me in here.

P14: Yes it has, there's so much on my mind and being here, all I have time to do is think about everything.

P18: I'm feeling broken.

P19: (quiet for a few moments and continued to shed tears.) I don't know. It's just hard.

4) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

C8: I hear that you are angry. Can you tell me more about your anger?

C8: Sounds like the anger is difficult for you.

C8: What is the anger about?

C8: Why are you angry with your husband?

These example ideal responses are given so the chaplain can journey with patients where they are. The root cause of the patient's spiritual issue is anger. These responses will allow the patient to explore anger.

5) Background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person:

No books or articles were suggested.

Searching for Meaning, Vocation, and Hope during a Health Crisis

1) Central Issue Identifier:

Searching for meaning, vocation, and hope during a health crisis

2) Description of the client's circumstances, problems and needs for spiritual care:

The chaplain read the patient's chart before entering the room so as to know the reason for her current hospitalization. From the chart he learned that the patient was a white 69 year old female who had several orthopedic surgeries in the past. During the visit, he revealed to the patient that he read about her past surgeries and the patient responded by stating "Oh, then you know everything about me."

The chart also informed the chaplain that he and the patient shared a common religious tradition. Upon entering the room, the chaplain introduced himself and the patient inquired about the chaplain's religious experience. When she learned that the background was common, she told the chaplain that she was "a convert to the faith" (meaning that she changed from one religious tradition to this current one) and then she shared her views about those things that are wrong with the church. Throughout the visit, the chaplain agreed with the patient's statements about church teachings and the problems she mentioned. This agreement resulted in the patient's long and continued story about the ideal church atmosphere.

During the course of her story, the chaplain reacted to the patient's story by became judgmental towards the patient. The chaplain also became bored with the patient's long story and ended the visit without entering into the theme of the meaning that her background as a convert has for her during her current hospitalization.

3) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

Ideally, the chaplain would not have shared with the patient that he knew about the patient's health history. This may have helped to avoid the patient's feeling of being exposed or her feeling that the chaplain knew "everything" about her. Further, he would've been more interested in the patient as a "living human document", placing less emphasis on the facts of the paper chart and more emphasis upon the patient's story.

During the visit, the chaplain would've focused on the patient's background as a convert and the meaning, vocation, and hope that her faith has for her. Further, instead of agreeing with the patient (concerning her views of the church), the chaplain would respond with statements in order to invite the patient to speak about her role as a convert and the meaning that this role has during her current hospitalization.

Finally, the chaplain would've closed the visit with prayer so as to follow the theme of the faith being important to the patient.

4) Background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person:

Hospital Ministry: The Role of the Chaplain Today, Lawrence E. Holst, ed.

Family Request that an Unresponsive, Dying Patient Receive Baptism

1) Central Issue Identifier:

Family request that an unresponsive dying patient receive baptism

2) Description of the client's circumstances, problems and needs for spiritual care:

An elderly male patient in respiratory failure had been in ICU for 15 days when the chaplain was called. The patient had a DNR in place. All machines except for oxygen, an IV, and monitoring equipment had been removed. The family had recently been told by the doctor and nurses that it would not be long. The family was concerned that the patient, though he had a willingness to do so, had not been baptized by immersion because of a disability that prevented him from entering the baptismal pool. The patient's family wanted to know if the chaplain could baptize the patient. The chaplain worked out a compromise with the family, with the nurse's okay: immersion not feasible, but pouring water upon the patient's head, hands, and feet could be done. The family agreed, and the patient was indeed baptized in that way, with the family--who had strongly affirmed the patient's deep faith and spiritual mentoring--responding on the patient's behalf to the questions read from the United Methodist Book of Worship. The patient roused and seemed to understand the significance of the pouring. It was a time of tearful appreciation by all.

3) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

The chaplain could have encouraged the lead family member to more completely articulate the family's faith and the patient's own faith journey, so as to better understand their concept of baptism and how they might interpret the ritual performed.

4) Background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person:

None

Ministry to a Difficult Patient -- Grief, Family, Church, and Health related

1) Central Issue Identifier:

Ministry to a difficult patient -- grief, family, church, and health related

2) Description of the client's circumstances, problems and needs for spiritual care:

The chaplain was called by nursing staff to visit a patient who was considered "difficult." Upon arriving on the floor, the chaplain was notified that the patient's mother died on the previous day. The chaplain entered the patient's room and introduced himself. The patient appeared angry and was attempting to get out of bed to plug in his cell phone. The chaplain helped him plug in the phone and he asked the patient if the cell phone's battery was dead. The patient responded that "things have been dying all [his] life." After the patient's statement, the chaplain laughed at his description of death in his life related to the battery's death. However, the patient became very angry, yelled, and used foul language. During the course of the visit, the chaplain listened to the patient's story of grief related to his mother's death, his own health problems, including hepatitis C, and his concerns and anger towards his family and people he thought were taking advantage of them. Along with this story, the patient spoke about getting more closely connected with his church and with God. He expressed disappointment with this relationship. During the patient's story, the chaplain did not meet the patient's intensity. As the patient yelled, the chaplain tried to respond in ways that would calm the patient. The chaplain also did not respond to the patient's disappointment about not being able to be part of the planning of his mother's funeral because of his own health and lack of finances. Also, when the patient threatened to cause harm on those that interfere with his family, the chaplain began to judge the patient.

3) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

Ideally, the chaplain would've been more perceptive about the patient's hurt and grief. Instead of laughing at the patient's metaphorical statement about the death of his cell phone battery as related to death in his own life's experiences, the chaplain would've noticed that the patient was grieving. Next, the chaplain would've met the patient's powerful angry statements and yelling with more responsive and intense statements instead of immediately trying to calm the patient. Further, he would've heard the patient's disappointment, anger, and grief related to being excluded from planning his mother's funeral as a result of his own health struggles. He would've noticed that the patient's threats to harm others were related to his own helplessness and desire to feel powerful during a critical time in his life. Further, the chaplain might've focused more on the patient's relationship with God and the disappointment that he feels in himself as related to this relationship. Furthermore, the chaplain would've engaged the patient on his statements concerning his experience in church life and he would've explored the meaning of these life giving experiences. Before ending the visit, it would've been helpful to offer prayer at the patient's bedside.

4) Background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person:

It may be helpful to other providers in a similar situation to read Ministering to the Grief Sufferer by Charles Bachmann.

Ministry to Staff Burnout

1) Central Issue Identifier:

Ministry to staff burnout

2) Description of the client's circumstances, problems and needs for spiritual care:

The patient was a one-day-old infant totally dependent on the nurses for food and physical care. He was in an infant bassinet in the nurses' station. He was a ward of the state because he was removed from his mother's care and was going to be going into a foster home.

The central issue is the attitude of the nurse who was one of the caregivers for the infant. She seemed to be having "compassion fatigue" or burn-out. I don't believe that she or any of the other nurses would have been abusive to him, but the negative attitude, I believe, could translate through the body language or psyche of the nurse to the infant, creating a negative spiritual emotion for him.

CH: Oh, listen to that poor little thing crying. Newborn babies have the sweetest cry.

N1: I'm glad you think so. I'm sick of hearing him cry.

CH: What? (I was sure that I heard her correctly.)

N1: Oh, nothing, it's not important.

3) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

I should have thought twice about commenting on the sweetness of the crying. But since I did make the comment, I could have been an advocate for the infant by immediately addressing the nurse's comment to me about his crying. In a future similar situation I could say, "Hey, this *is* hard work... for me too. Let's talk on your next break."(with a smile, and maybe a hug.)

4) Background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person:

None

Feeling Victimized by Family, with Associated Anger, Frustration and Sadness

1) Central Issue Identifier:

Feeling victimized by family, with associated anger, frustration and sadness

2) Description of the client's circumstances, problems and needs for spiritual care:

Three visits with a 51-year-old Caucasian married female took place in a behavioral health unit. In the first visit with this pt. in the recreation room her husband was sitting across from her at a game table. He did not acknowledge my presence. The patient had a towel wrapped around her head like she had just gotten out of the shower. She was wearing the hospital clothes (This usually means they are on suicide watch).

When I went back to see her the second time she was standing up, brushing out her hair and looked like she had been crying. This was still in the recreation room.

This intervention included emotional release, anger and feelings of victimization. The pt. felt hopeless, angry, alone, and she blames her husband, past relationships and herself for being in this position. Pt. is aware of the issues that have brought her to this point but does not know how to empower herself to change.

3) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

After presenting my verbatim and receiving feedback from my peers and supervisor I see that I could have done the following:

I could have recognized the homeostasis environment of the pt.

Instead of withdrawing when the pt. shared about her being abused, I could have asked her to tell me more about her feelings.

In response to her sharing her pain and frustration at her husband "just not getting it," I could have said "I can see that this has been very painful for you. Supposing you *could* change these relationships in your life, what would that look like?"

I could have developed a care plan that would give the pt. some resources to empower herself and give her a new vision for her life (outside of her husband and son). Examples: support group for abused women, outpatient therapy provided by the hospital, church support groups, special interests, etc.

4) Background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person:

None

Alienation and Stress in a Nine-Year-Old Boy on a Behavioral Unit

1) Central Issue Identifier:

Alienation and stress in a nine-year-old boy on a behavioral unit

2) Description of the client's circumstances, problems and needs for spiritual care:

The patient was a nine-year-old Caucasian male in an adult unit for patients with psychological/ behavioral challenges. This was an initial visit to assess and address the patient's spiritual needs. In the visit the chaplain attempted to help the patient process his guilt as a coach, teacher or counselor to help him through confrontation regarding the incongruence of his desire to help people and the reality of his aggressive behavior that hurt another person. The chaplain missed a chance to connect in a playful, imaginative exercise of super powers when that topic arose in the conversation.

3) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

The chaplain focused on the patient's lack of self control, without properly addressing his stress and alienation from others. Helping him to explore imagining what it would be like to have God-given super powers to help people would have been the most appropriate and possibly the most effective approach.

The chaplain could have asked patient to tell what specific super powers he would like to have. They could then imagine together and even create their own story with the patient as the central character. This active learning approach would be more appropriate and effective for a patient of this age. It would even give the patient a chance to shape his own “story,” which he is unable to do in the present.

Since the patient would be talking with other mental health professionals and possibly a legal consultant, speaking with the chaplain could have been a freeing, comforting, relaxing and enlightening experience in which the patient might have been able to work on improving his self-image and his ability to self-control.

4) Background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person:

None

Moving from a Here-and-Now Question to a Deeper Spiritual Issue

1) Central Issue Identifier:

Moving from a here-and-now question to a deeper spiritual issue

2) Description of the client’s circumstances, problems and needs for spiritual care:

The patient was in the hospital due to a traumatic incident resulting from complications from a tonsillectomy: a torn stitch and loss of blood. He was resting post-surgery in the room with his wife at the time of the visit. The trauma had been a scary experience for the patient’s entire family, and was related to the chaplain. This triggered the patient’s also sharing some of his spiritual experience in dialogue with the chaplain.

The patient requested suggestions for a church, a here-and-now question with deeper spiritual significance. Beyond the need for a church relationship, a deeper spiritual need that went unidentified by the chaplain was strongly implied.

2) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

There was a three-fold need for spiritual care within the patient. First was the traumatic experience of the torn stitch with all of the blood. Second was the verbalized desire for church. Third was the strongly implied deeper spiritual need.

The chaplain should have continued to engage the patient about his feelings from the traumatic experience, and should also have probed the deeper meaning behind some of the patient’s comments, as in “You say it’s been awhile; tell me more”. Or “What is it that makes you sense a need for church?” Or possibly an even more direct approach would be to ask, “Where is God in your life right now?”

3) Background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person:

None

Ministry Regarding Grief at the Death of a Young Mother

1) Central Issue Identifier: Ministry regarding grief at the death of a young mother

2) Description of the client's circumstances, problems and needs for spiritual care:

The chaplain walked with an older sister of a comatose patient and the patient's 7-year-old son on a four-day end-of-life journey. During that journey they talked of goodbyes and the chaplain helped the 7-year-old say goodbye to his mom. The sister talked with the chaplain of her process with obtaining guardianship of her nephew. She reflected on the life of the patient, which included all of her "should haves." Lastly, the patient's code status was discussed, including the inevitable decision about the withdrawal of all life support as the health care surrogate.

The sister was transparent with her emotions and anxieties about losing her sister. She was tearful as she related all of her losses (both parents, 2 siblings, 2 cousins within the past 3 years) and now this unexpected crisis with her baby sister. She related her grief for her 7-year-old nephew and the responsibilities of raising him that now would be hers. She questioned how she should talk to him about his mom. The chaplain shared with her that children are quite resilient, and that often they can see the black and white of a situation better than can adults. The chaplain was able to speak with the patient's son outside the room and then assisted him in saying his goodbye, in his way, to his mom at her bedside.

The role of the chaplain was that of a minister. This role embodies those qualities that care for the person in an open and non-judgmental way. The chaplain offered herself and her caring in valuing this sister and all of her losses and grief. The chaplain was frustrated afterward with not having resources about grief for both the sister and the son.

3) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

After feedback from peers and supervisor, the following approaches were agreed to be ideal: care for the person in an open and non-judgmental way; listen to the sister's lament and be present to her during the code status talk; listen to the son's lament; and follow up with a sympathy card along with a packet containing grief resources for reading, grief support groups for both adults and children, and parenting tips.

4) Background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person:

Recommended readings on grief:

Kenneth R. Mitchell and Herbert Anderson, *All Our Losses All Our Grievs*

Alan D. Wolfelt, *Healing a Child's Grieving Heart: 100 Practical Ideas for Families, Friends and Caregivers*

Ministry to Three Family Members: Patient, Brother, and Distressed Wife

1) Central Issue Identifier: Ministry to three family members: the patient, his brother, and his distressed wife

2) Description of the client's circumstances, problems and needs for spiritual care:

During the visit, the patient's wife did most of the talking. The chaplain heard the patient's wife's story of how the patient was always the one who was in control of everything and her dependence upon the patient. The chaplain also heard the patient's wife express her frustration with the patient's decline in health. The

patient's brother expressed appreciation that the patient, his older brother, took care of him after their father died.

The chaplain ignored the patient's wife's feelings about how the patient declined in health and tried to focus more on the patient. As the patient's wife expressed her feelings, the chaplain began to judge her (due to misunderstanding the feelings behind her words) and directed his attention to the patient.

3) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

In preparation, the chaplain would look over the consultation sheet and glean what the consultation/referral was about, and then try to engage all three persons in the room. Instead of moving away from the patient's wife's feelings when she made statements about her husband's transition from total control to helplessness, the chaplain would empathize with her feelings due to the decline in her husband's (patient's) health, thereby joining her in her journey. The chaplain would help the wife name her feelings and use more reflective statements instead of directing his attention solely to the patient.

4) Background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person:

None

Ministry to the Mother of an Alcoholic Patient with a GI Bleed

1) Central Issue Identifier: Ministry to the mother of an alcoholic patient with a GI bleed

2) Description of the client's circumstances, problems and needs for spiritual care:

The patient's aunt asked the chaplain to visit the patient's mother. The patient's mother shared that she was relieved that her daughter had survived the night, but added that her daughter wasn't quite out of danger. The patient's mother expressed her fear of possibly losing her daughter, due to her feeling that God had spared her daughter's life twice but her daughter refuses to stop drinking alcohol. The patient's mother expressed her distress at this behavior, at her loss of jobs, at the thought that the patient was going to have to drop out of school because of her health, and at her daughter's financial problems -- including wonder about whether she had done the right thing by supporting the patient financially.

The chaplain focused on the daughter's alcoholism and the mother's thoughts regarding the enabling her daughter's habit.

3) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

Ideally, the chaplain would have recognized that his own family of origin was affected by alcoholism, thereby remembering that this visit was not the chaplain's experience but that of the patient and her mother. Therefore, instead of focusing on the patient's alcoholism and the mother's thoughts about enabling the daughter's problems, the chaplain would have focused more on the mother's distress and possible ongoing support options for her.

4) Background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person:

Ministry to Staff Regarding Complicated Grief in the Family System

1) Central Issue Identifier: Ministry to staff regarding complicated grief in the family system

2) Description of the client's circumstances, problems and needs for spiritual care:

The chaplain approached the desk of the unit secretary within the main staging area of the Emergency Room anticipating referral to critical patients. The secretary was busy with papers, directing and responding to various medical personnel needs, monitoring the computer screen and answering the phone. The chaplain greeted the secretary and turned from the desk to make rounds. The secretary stopped her work and asked the chaplain if the recent Memorial Service held by the hospital was for staff as well as patients. The chaplain's affirmative response led the secretary to engage in a personal discussion regarding the death of her sister-in-law, concerns for her brother's well being, and the impact on her nephew.

The secretary shared that her sister-in-law had died recently, and that she had mixed emotions since all attempts on her part to be friends with the sister-in-law had been rebuffed. She also mentioned that her brother had additional issues besides the death of his wife. He had been seriously injured when a piece of granite fell on him and he was involved in a vehicular homicide. She also mentioned a concern for her nephew since at age six he couldn't actually grasp his mother's death.

Since the area is a busy public hub within the unit and the secretary's attention is crucial to the operation of the department, the chaplain limited the conversation by extending an offer of material resources and an invitation for follow-up on the secretary's break or around her work hours. The secretary accepted materials and indicated she would call the chaplain for follow-up.

3) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

Ideally, every staff lounge would have materials/posters outlining the services of Pastoral Care, complete with contact information and listing of upcoming events. This would include opportunities for pastoral care of the staff.

Elements of an ideal intervention for this situation would be to: acknowledge lack of privacy and busyness of place; consider whether to sit down now or later with staff member; if later, negotiate time and place to continue the conversation; extend an invitation to meet privately at her break; offer printed resources; and follow up.

4) Background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person:

Donna Reilly Williams and JoAnn Sturzl, *Grief Ministry*

Impact of Critical Illness on Patient's Role as Caretaker of Elderly Parent

1) Central Issue Identifier: Impact of critical illness on patient's role as caretaker of elderly parent

2) Description of the client's circumstances, problems and needs for spiritual care:

The chaplain was informed by the patient's duty nurse that patient was lonely and had suffered a number of medical missteps at another facility which led to severe infection, toe amputation and an extensive recovery time. The nurse also noted that due to treatment and stress the patient appeared several years older and had not showered nor combed her hair since her arrival the previous day. The patient's main support is her 92-year-old father, for whom she is the primary caregiver.

After introducing herself at the doorway and ascertaining permission to enter, the chaplain gowned and gloved before entering the patient's isolation room. Per patient's invitation, the chaplain located a chair and moved it closer to patient's bed before sitting down. After patient thanked chaplain for coming, she stated she was very depressed, and shared a lengthy litany of pain and loss covering a decade-and-a-half--including her divorce and her spiritual searching.

At the end of almost an hour, the patient finally arrived at her current loss, concerns and fears about the impact her medical condition has on her role as primary caretaker for her father. By this time the patient was tired and stated that she needed to get ready for her father's visit.

Patient also noted that having had chaplain listen and spend time with her, she was feeling much better, more hopeful, and at peace. During the visit the chaplain had listened intently to the patient and had offered little direction.

3) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

Ideally the chaplain would have acknowledged the patient's long list of losses, demonstrating care, compassion and concern. Then, instead of addressing the patient's list in chronological order, the chaplain would have assisted the patient in addressing the present and immediate future concerns. The chaplain would have 1) made arrangements for a future visit if the patient wanted to further explore her other areas of grief; 2) given the patient information about resources for grief counseling; and 3) alerted the floor social worker regarding the patient's critical medical needs and the ramifications for the patient's caregiver role.

4) Background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person:

Jeff Kane, *The Healing Companion*

Managing an Interruption while Intensely Involved with a Terminal Patient

1) Central Issue Identifier: Managing an interruption by a social worker while intensely involved with a terminal patient, his spouse and his nurse

2) Description of the client's circumstances, problems and needs for spiritual care:

The patient came to the facility as a "respite" patient, which means that the social worker from the home team works with the patient and family if/when necessary. The patient's nurse told the chaplain that the patient's spouse was also in the room crying, and asked him to talk with her. The nurse also told the chaplain that the patient had signed a Do Not Resuscitate Order (DNRO) that morning. When the chaplain arrived and introduced himself, the spouse began to cry. She explained that the social worker had told her she needed to make arrangements with a long term care facility. She was stressed because she was unable to find one that accepted their insurance. In addition, the patient had called her that morning and told

her that he had signed the papers to be removed from all support, and that she needed to come over right away. He was receiving oxygen. The chaplain learned that the patient thought that once the oxygen was removed he would die nearly immediately.

The chaplain asked the nurse to help the patient understand what it would mean to his health if oxygen was removed. The chaplain then encouraged the patient to explain how he had reached his decision. During the conversation the home team social worker arrived and immediately began to talk with the couple about making arrangements for outside placement. The chaplain left the room at that point.

3) Description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person:

Ideally, instead of leaving the room the chaplain would stay and place his chair so that he could be included in the discussion. He would then update the social worker on the situation, including the plan that the nurse had to help the patient understand what it would mean to his health if the oxygen were removed.

The chaplain would further explain to the social worker what the patient was just saying and ask the patient to continue. Following that the chaplain would help facilitate a discussion encouraging the patient and spouse to share their feelings concerning their experience to date.

4) Background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person:

None