

Ideal Intervention Project Newsletter

Volume 2, Number 7

July 31, 2009

John J. Gleason, Editor

Opinion Survey Final Results

Many of our subscribers completed the "Spiritual Care (SC) as an Authentic Profession" informal opinion survey in recent weeks. Final results are attached to this issue of the IIP e-Newsletter as a Word document. The 65 respondents' agreement on a particular item is understood to mean that SC is seen to be fully professional.

In summary, agreement about "A Profession's Practitioners" (Items 1-5) was 84%. Agreement on "A Profession's Knowledge" (Items 6- 12) was 57%. Agreement with "A Profession's Accountability" was 67%. Overall agreement on the 19 items was 68%. The lowest percentage of agreement--in the Knowledge category--tends to affirm a hypothesis of the Ideal Intervention Project, namely, that the creation and use of an international SC technical knowledge base toward testing evidence-based best practices and achieving desired outcomes is critical to SC quality improvement, SC professional credibility, and continued SC paychecks in soon-to-be-implemented health care financial reform.

Revised Ideal Intervention Paper Format Now Ready for Use

A brief instruction sheet for educators and a revised paper introduction and format is provided below. (Practitioners should go directly to the revised paper format. Please discard previous outlines.) Educators, include the paper as a requirement in your fall curricula; chaplains and parish clergy, use this modality in your case-sharing support groups and/or individually. Pastoral counselors and other SC practitioners, please do likewise. PLEASE NOTE AN IMPORTANT CHANGE: Completed papers are now to be sent to mariejohn50@att.net.

Ideal Intervention Project Paper Instructions to Educators

- 1) Give an Ideal Intervention Paper (IIP) introduction and format (below) to a student with the syllabus at orientation and/or just after presentation of a verbatim in the peer group, to be completed within a day or so. (More than one IIP may be required per CPE unit.) The IIP format is on the next page of this document.
- 2) Ask the student to follow the instructions closely.
- 3) Require the student to bring the completed IIP to the next supervisory hour for discussion.
- 4) An important option is to have a seminar in which all peers read their IIPs to the group, thereby building group trust as members realize that their feedback was really heard.
- 5) Assure that the completed IIP is forwarded by the student to mariejohn50@att.net as a Word document attachment for editing and entry into the knowledge base and require a copy of the cover e-mail message to Father Heffernan to assure that this important last step is not overlooked.
- 6) E-mail John J. Gleason at mariejohn50@att.net with questions and comments.

Ideal Intervention Paper Introduction

A suggested format for use by all clergy--including chaplains, pastoral counselors, students and other Spiritual Care practitioners--in describing their proposed "best" approach to addressing the spiritual/religious needs of congregants/patients/clients similar to those of the person (anonymous) that the practitioner encountered in a memorable visit.

Please forward the paper, as an attachment in electronic Word format, to the Ideal Information Paper (IIP) temporary clearinghouse: mariejohn50@att.net. The contributed paper (IIP) will be posted on the ACPE Research Network web site for inclusion with other intervention descriptions suggested by other practitioners. The purpose of these intervention descriptions is to provide an experience and best judgment base for validating evidence-based spiritual care best practices, potentially useful for caregivers addressing the needs of persons that exhibit similar problems, needs, and situations.

Go to <http://acperesearch.net> and click on "Special Section: Ideal Intervention Paper (IIP) Project" to see examples, back e-newsletter issues, and further explanatory information.

The Format

1. A description of the patient's circumstances, problems and needs for spiritual care

(This description can include information about the congregant/patient/client that is considered relevant for the choice of the best approach for providing spiritual/religious care: e.g. gender, ethnicity, age, religious preference, expressed or perceived need, family issues and social support, particular circumstances, and any other aspect that may be relevant for the spiritual care to be provided. For confidentiality, uniquely identifying information should not be included.)

2. Brief phrase stating the spiritual care central issue

(Examples of central issue identifiers are: 'feeling angry and abandoned by God,' 'hope in terminal illness,' 'coping with a fetal demise,' etc.)

3. A description of what the practitioner, upon reflection, considers would be the most appropriate and potentially effective spiritual care intervention for this person

(E.g., a narrative description of how you would do the intervention (possibly differently) if given another opportunity. Write so that another practitioner encountering a similar situation could benefit from your insights. This description may include, at the discretion of the practitioner, reference to details of the original intervention that was provided in the encounter, but the primary interest should be on how the practitioner considers the intervention could have been best handled.)

4. (Optional) Any background information that the practitioner considers useful for understanding the appropriateness of the proposed intervention for the particular needs of this type of person.

(For example, reference to published articles, books, or other sources where this type of need or problem is discussed well.)

Revised 7-21-09

Please...

CPE Supervisors, don't forget to remind your students to forward (after review in individual supervision) their Ideal Intervention Papers as Word document attachments to the NEW temporary IIP clearinghouse at mariejohn50@att.net for processing into the growing IIP knowledge base. Have students give you a copy of the cover e-mail message as documentation.

All clergy--including chaplains, pastoral counselors and other SC practitioners--please forward your completed Ideal Intervention Papers in like manner. Obtain the blank Word format from the e-mail address below.

Contact the Editor at mariejohn50@att.net with your requests, questions and comments.

Spiritual Care as an Authentic Profession An Informal Opinion Survey April - June, 2009

Final Results

N=65. A respondent's agreement on a particular item is understood to mean that Spiritual Care (SC) is seen to be fully professional. Nineteen characteristics of a profession are represented by the first 19 items. References for each characteristic and a condensation of responses to the open-ended Item 20 are included below.

Agreement in "A Profession's Practitioners" (Items 1-5) was 84%. Agreement in "A Profession's Knowledge" (Items 6- 12) was 57%. Agreement in "A Profession's Accountability" was 67%. Overall agreement on the 19 items was 68%.

Please send questions and comments to mariejohn50@att.net.

A Profession's Practitioners

1. At its best a profession is made up of *reflective practitioners* of a body of expertise, those who use interactive techniques to more effectively attain desired outcomes (Ozar, 2004). Spiritual Care (SC) as defined above is also made up of such practitioners. 95% Agreement.
2. *Intelligence* and (again) *reflectiveness* are required of a professional practitioner in order to *make judgments* and *exercise discretion in moving from the familiar to what is different* (Gustafson, 1982). SC practitioners have these qualities. 98% Agreement.
3. These practitioners require *extensive training* based upon a *continuously developing knowledge base* (Bloom, 2004) composed of a *literature of growing solidity and variety* (Flexner, 1915). SC requires extensive training based on this literature. 91% Agreement.
4. Since mastery involves both knowledge and its application, that expertise requires *experiential* as well as cognitive learning (Bullock & Trombley, 1999). SC emphasizes experiential as well as cognitive training. 100% Agreement.

5. Professionals still tend to follow practices based on clinical experiences or theories whose effectiveness has not been progressively refined and validated through systematic, cooperative verification procedures (Garcia, 2007). SC practitioners do not have such *personal resistance*. 32% Agreement.

A Profession's Knowledge

6. A profession is characterized by *mastery of a body of technical knowledge* (Gustafson, 1982). A certified and experienced SC practitioner, educator or pastoral counselor has such mastery. 80% Agreement.

7. A profession's *body of technical knowledge* includes information, concepts and theories that support the "hard skills" of, say, curing or controlling disease vis-à-vis the "soft skills" of caring (deVries, Berlinger, & Cadge, 2008). SC has such a body of "hard skills" technical knowledge. 55% Agreement.

8. Professions have *some degree of monopoly rights*; that is, claims to the exclusive exercise of those "hard skills", such as surgery (Bullock & Trombley, (1999). SC practitioners can define and document certain "hard skills" for their exclusive use. 49% Agreement.

9. With advances in scientific discovery, medicine in particular gained professional status in terms of *the authority of knowledge with civil society's recognition of the social value of its practice of this knowledge* (Freidson, 2001). Clergy in general and SC practitioners in particular have made similar gains related to the authority of their particular knowledge. 39% Agreement.

10. Thus medicine is generally recognized as *applying its knowledge for the welfare of society* (Bloom, 2004). SC is also recognized in this way. 67% Agreement.

11. *Evidence-based (best) practices* integrate the best research evidence: with clinical experiences, with the most current and clinically relevant theory, and with patient/client values (Sexton, 2007). SC interventions are demonstrably integrated in this way. 44% Agreement.

12. Academic-style presentations continue to be the dominant form of professional continuing education, despite the demonstrated effectiveness of interactive techniques (Heffernan, 2009). SC continuing education does not involve such *programmatically resistance*. 63% Agreement.

A Profession's Accountability

13. A profession arises when an occupation transforms itself through the development of *formal qualifications* based upon *education and examinations* (Garcia, 2007). SC has such formal qualifications, education and examinations. 91% Agreement.

14. A profession must have some *institutional means of making sure that its competence will be put to socially responsible uses*, such as the application of medical science to the cure of disease (Parsons, 1968). SC has such institutional means in place. 67% Agreement.

15. Professions are typically *regulated by statute* (Bloom, 2005). SC is also typically regulated by statute. 30% Agreement.

16. In a profession the responsibilities of *enforcement of regulations are delegated to the professional bodies* (Heffernan, 2009). This is true for SC. 75% Agreement.

17. Professions have *regulatory bodies* with powers to admit and discipline members (Bullock & Trombley, 1999). This is the case for SC as well. 80% Agreement.

18. In cases where individuals are not required by law to be qualified by a professional body in order to practice, *most employers stipulate that the individual hold such qualifications* (Bullock & Trombley, 1999). So it is for SC. 41% Agreement.

19. The crisis in U.S. health care delivery will require drastic changes in the effected professions, with particular emphasis upon *accountability for meeting desired outcomes* based upon *evidence-based best practices* (Mowat, 2008). Such changes will be required for SC as well. 84% Agreement.

20. The following characteristic(s) of a profession that apply to SC have not been mentioned above, and need to be included here, with agreement or disagreement, as follows.

Item 20 Responses and Other Commentary

(Ch=Chaplain, Sp=CPE Supervisor, Ac=Academic, PC=Pastoral Counselor, St=Student)

Ch 9 Comments on Items 5 (unclear), 11 (in process), 13 (certification), 18 (in process)

Ch 17 Defines Spirituality (true essence of being; one's essential human capacity to receive and transmit the life of God, realization of the inmost human capacity for relationship, taking into account the state of one's inner self, and more)

Ch 18 Comments on Items 13 (learning must be applied to individuals, each of whom is different re understanding how God is with them in a particular moment) and 19 (hoped for outcomes depend on individuals and their realization of and response to God's presence in their lives)

Ch 23 Comment on Item 19 (to develop evidence-based SC practice for desired outcomes believed very difficult)

Ch 24 Chaplaincy not seen as professional by colleagues; change wished

Ch 29 2 new items (professions and SC should require continuing education) (professions and SC should offer links with others in same field)

Ch 30 Comment on Item 19 (re tension between the authority of science and religious institutions SC can serve a bridging function)

Ch 32 Comments on items 8 (disagree, but don't), 11 (disagree, but need to be), 17 (agree, for ethical misconduct only), and 19 (agree, should be)

Sp 3 Forced choice limiting; need: more evidence-based teaching/learning; need: basic core competency of skills, assessment categories, interventions

Sp 9 Comments on Items 14 (primary issue: chaplaincy has no monopoly on SC), 16 (because of state licensure, legal system also enforces regulations)

Sp 11 3 new items on individuation (outcomes qualitative, difficult to quantify; Best Practices differ from practitioner to practitioner based on personality and theoretical differences; given differences, BP guidelines w specific interventions has great potential to compromise SC)

Sp 16 Items 5 and 12 poorly worded, clouding results

Sp 18 Concerns re secular oversight needing to follow a profession's standards of practice; re whether it is possible to survey outcomes and review success rates without damaging the profession; re SC being woefully inadequate in providing research, hard evidence of outcomes' viability; re loss of good work by SC not documenting significant events

Sp 19 IIPs a right step; meaningful regulation awaits evidence-based Best Practices and their acceptance by professional bodies

Sp 21 Comments on Item 8 (SC practitioners can but don't define/document hard skills because of the chasm between SC members and SC researchers), 15 (JCAHO SC requirements are in Missouri hospice regulations)

Sp 22 whether SC should be fitted into medical model is debatable

Ac 1 Commentary on professionalism (implies the capacity to profess, to provide for the welfare of others; that professed is greater than the profess-or... values now lost)

Ac 2 Two new items: SC training should be conducted within a recognized religious/spiritual tradition, and SC practitioners should be trained and engaged in holistic formation, including personal spiritual growth and healing

PC 1 Two new items: encouragement of and access to a body of research, and requirement of subscription to a Code of Ethics, to be read annually

St None

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JJG 7-23-09