

# Ideal Intervention Project e-Newsletter

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John J. Gleason, Editor

## **On-Line Spiritual Care (SC) Knowledge Base Breaks the 100 Samples Barrier**

Thanks to the good work of a few dedicated SC educators, practitioners, students, and the [www.acperesearch.net](http://www.acperesearch.net) web site manager John Ehman, the on-line SC Knowledge Base of totally-inductively-arrived-at, anonymized, actual SC situations with learnings gained now contains 100+ samples. Go directly to the above site at no charge when you and your students wish to prepare more fully for current SC work in the areas of: Bad News, Behavioral Health (excluding dementia), Communication Difficulty, Death & Dying, Dementia, Family Problems, Guilt-Shame-Self Esteem Issues, Hope & Hopelessness, Loneliness-Abandonment-Anger, Loss-Grief-Despair, Pain Issues, Relationship Building-Trust, Resistance or Refusal of SC, Tension with Hospitalization, and Miscellaneous.

## **Narrative Based Practice and Evidence Based Practice: a “both/and”**

Ideal Intervention Project (IIP) goals are: to improve the overall quality of SC; to help SC practitioners and students consolidate learnings by brief, disciplined writing; to forward writer-approved edited versions of this writing to an inductively organized, case-oriented, anonymized, on-line, free-access SC knowledge base of samples intended to assist all SC practitioners facing similar situations; to ultimately validate effective replications of these samples as evidence based SC best practices' desired outcomes; and, in so doing, to insure a continuing place for SC professionals at the clinical table as a new paradigm emerges for health care delivery in which pay will be based upon achievement of those effective desired outcomes.

Despite these impeccable goals, over the past five years few SC educators and practitioners have chosen to participate in the IIP, perhaps because the IIP is associated with the Evidence Based Practice (EBP) model. SC utilizes the Narrative Based Practice (NBP) model, in which anecdotal experience and intuition are primary in clinical decision making. In this model health care practitioners interpret the client's problems with elements of that client's individual story. (see Trisha Greenhalgh, “Narrative based medicine in an evidence based world,” *British Medical Journal*, Vol.318, 30 January 1999)

Many SC practitioners and educators have felt called to their work by powerful narratives in their own lives. Alas, psychological research shows that such personal narratives make it very difficult to consider ideas, opinions, possibilities, and facts that run counter to that narrative, such as might be found in the EBP model. (see Dan P. McAdams, George W. Bush and the Redemptive Dream. Oxford, 2010)

EBP is a thoughtful integration of the best available evidence, coupled with clinical expertise. EBP does not rigidly assume that all clinical observation is totally objective and therefore should, like all scientific measurements, be reproducible. EBP also does not assume that clinical decisions should be based solely upon the knowledge of results of many comparable cases. (see [www.biomed.lib.umn.edu](http://www.biomed.lib.umn.edu))

The IIP does not require anyone to abandon the rich SC Narrative Based heritage. To the contrary, the IIP is intended to integrate the best features of both models. Conflict arises only when one abandons the narrative-interpretive paradigm and tries to get by on evidence alone, or vice versa.

The IIP research design asks only that SC situations and learnings be captured on paper, that those papers be edited into an anonymized, freely available knowledge base so that others can peruse that base for possible insights that would improve their own interventions in similar situations. Later, recipients of such care will decide on its effectiveness in careful steps toward validating Evidence Based (in the best sense of that phrase) SC best practices.

Again, IIP participants do not have to choose between NBP and EBP. In the IIP those models are not an “either/or,” they are a “both/and.” With this in mind all SC practitioners and educators are hereby invited to give the IIP a trial run. Simply follow the guidance below and/or contact the Project Coordinator at [mariejohn50@att.net](mailto:mariejohn50@att.net) for more details.

## **Educators, Join the IIP Today!**

Help students consolidate learning. Help them contribute to the free-access, anonymous national SC knowledge base. Add the material below the dotted line to your next student handbook and/or syllabus as a requirement. Confidentiality is assured.

----- *Cut Here and Paste the Following Material into Student Handbook/Syllabus* -----

### **THE IDEAL INTERVENTION PAPER**

You will consolidate your learning by selecting a verbatim previously presented to your peer group. Then, prepare an Ideal Intervention Paper (IIP) in light of insightful comments and suggestions made by those peers and supervisor. Use the simple five-step Ideal Intervention Form below.

Write the IIP in such a way that you or another chaplain could make a more effective intervention with patients, families or staff with similar spiritual/pastoral needs. *Do not address your learning issues.* The IIP should be prepared as a Word document suitable for forwarding as an e-mail attachment, and should include the following elements. Copy your supervisor with the forwarding cover e-mail message as evidence of your IIP submission to the national knowledge base editor.

#### **Ideal Intervention Form**

(For Use by All Spiritual Care Practitioners)

- 1. Statement of the Spiritual/Pastoral Care Central Issue** (e.g., Feeling Angry and Abandoned by God; Hope in Terminal Illness, etc.)
- 2. Narrative Summary of the Actual Spiritual/Pastoral Care Intervention** (No more than two paragraphs of narrative description. Take confidentiality precautions.)
- 3. Narrative Summary of the Ideal Spiritual/Pastoral Care Intervention** (No more than two paragraphs of narrative description of how you would do the intervention differently if given another opportunity. Write so that another practitioner with a similar situation could benefit from your insights.)
- 4. Resources that you would recommend to other spiritual care givers regarding this topic.** (Books, journal articles, pamphlets, etc.)
- 5. Forward a copy of this completed form to Knowledge Base Editor John Gleason at [mariejohn50@att.net](mailto:mariejohn50@att.net)** as a Microsoft Word attachment for inclusion with similar data toward validating evidence-based spiritual care (SC) best practices. Confidentiality precautions will be taken. You will approve the edited version for entry in the SC Knowledge Base. Thanks for your contribution!

(Please go to [www.ACPEResearch.net](http://www.ACPEResearch.net) and click on "Ideal Intervention Paper (IIP) Project" to view the free-access national SC Knowledge Base and for further information on the Project.)

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### **Experienced SC Practitioners: Make a Professional Contribution for the Greater Good**

Experienced SC practitioners, please know that you too can use the five-step outline above to make your most memorable interventions available for study by others in complete anonymity. Cut and paste the above form into your files. Then create and submit your own IIPs as a vital part of your reflective practice. Confidentiality is assured, and you must okay any revision before its entry into the national SC knowledge base. Please remember, the ethical imperative and the professional challenge is to join in these timely efforts to learn at a deeper level, to contribute to the cause of eventually identifying, testing, and validating SC best practices, to keep getting paid, and most importantly, to better serve the SC needs of patients, family members and staff. Your IIPs will contribute significantly in these vital ways.