

# Ideal Intervention Project e-Newsletter

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## **WANTED: Three Chaplaincy Departments to Pilot Brief Effectiveness Survey**

To assure continuing professional chaplaincy services in the emerging pay-for-results paradigm, a brief chaplain effectiveness questionnaire is being piloted in Scotland. Soon a collaborative effort will get underway in the U.S. Your department can be one of three units pioneering this timely project. For more information contact the Editor at [mariejohn50@att.net](mailto:mariejohn50@att.net) today.

## **An Inspiring Look into the Beating Heart of Spiritual Care**

Take an inspiring look into the beating heart of professional spiritual care by accessing the *Knowledge Base of Spiritual Care Samples* at [www.acperesearch.net](http://www.acperesearch.net). The Base now contains 186 actual ministry samples--with healing results and learnings gained--clustered in 23 inductively derived groups. The collection is freely available to you 1) for insights regarding similar situations you face, 2) to require students to consolidate learning after verbatim presentations by putting them into writing in IIP papers, 3) to require students to forward their papers for editing into the Knowledge Base to make their work available for others to study, 4) to illustrate your work to administrators and others, 5) to add your own samples after using the *Ideal Intervention Form* for self-supervision as an experienced practitioner and/or educator, 6) as models for submitting your own samples to certification committees to demonstrate your care giving competence, 7) to justify Medicare reimbursement, and in a later phase 8) for replication toward validation as best practices.

Here is the *Table of Contents* with its categories in caps, followed by the samples' titles. (Knowledge base page numbers for the samples appear online.)

**ADVANCE DIRECTIVE:** Advance Directive Form Completion, Family's Rejection of Chaplain

**AGING:** Aging Issues, Developmental Crisis of Aging

**BAD NEWS:** Belated Receipt of a Death Message, Shock at News of the Murder of a Loved One

**BEHAVIORAL HEALTH PATIENTS** (excluding dementia): Alienation and Stress in a Nine-Year-Old Boy, Anxious Psychiatric Patient Feeling Abandoned, Confronting Codependency with a Team Approach, Gay Bipolar Male with HIV and Alcohol Issues Feeling Victimized, Highly Agitated Patient, Highly Agitated Patient #2, Jail Inmate with High Risk for Suicide, Managing an Agitated, Fearful ER Patient, Ministry to a Religious Bipolar Patient on a Holiday, Multiple Life-and-Death Issues, Multiple Losses and Physical, Mental and Gender Issues, Panic State with Suicidal Ideation, Processing a suicidal gesture, Psychiatric Patient Questioning Self-Worth and Adequacy as a Mother, Psychotic Patient Wishing No Contact with Family, Religious Ideation in a Behavioral Health Patient, Remorse After a Drug Overdose, Situationally Psychotic Adolescent Female with Religious Ideation, Suicidal Male Facing Unwanted Divorce, Suicidal with Guilt Regarding Mother's Death, Team Management of a Chronic Suicidal Patient

**COMMUNICATION DIFFICULTY:** Communication with a Patient on a Ventilator, Confusion Due to an Incorrect Referral, Conversational Dissonance between Patient and Spouse, Dissonance from an Incorrect Religious Preference Listing, Enabling Mourning by Attention to Communication, Preparing to Visit an Alert, Oriented Patient Unable to Speak, Terminally Ill Patient with Difficulty Communicating

**CULTURAL ISSUES:** Communicating Across a Language Barrier, Hmong Mother Grieving Loss of Unborn Child, Interfaith Post-Surgery Family Support, Multiple Fatality Accident with Language and Cultural Issues, Terminally Ill Patient with Little English

**DEATH AND DYING:** Aftermath of a Deadly Accident, Anxiety about Resident's Own Funeral Plans, Care for a Patient and Family at the Moment of Death, Caretaker for Dying Mother Wanting "Magic Words," Confusion at a Deathbed Scene, Critically Ill ICU Patient's Daughter, Discovery of Lifeless Spouse, Displaced Grieving and Denial at a Family Matriarch's Death, DOA Baby, Elderly Patient's Deteriorating Condition, End of Life Issues, Family Request that an Unresponsive, Dying Patient Receive Baptism, Fetal Demise, with Nominal Catholic Parents Requesting a Bedside Service, Managing a Large Family during a Pediatric Unit Code Blue, Ministering to a Minister at the Death of Her Mother, Mother Coping with Daughter's End-Stage Cancer Diagnosis, Mother's Anxiety about Daughters Visiting Seriously Ill Grandfather, Non-Religious Husband in Shock at his Wife's Death, Panicked Spouse of a New Hospice Patient, Rectifying a Mistaken

Cremation, Slowly Dying Mother, Sudden Death of a Child, Timing Visits with the Family of a Dying Patient, Two Simultaneous ICU Deathbed Situations, Wife of a Dying Spouse

DEMENTIA: Appropriate Worship Services for Dementia Patients, Confused Patient, Disoriented Elderly Patient, Singing with Two Terminal Dementia Patients, Special Caring Moment with Non-Verbal Alzheimer's Patient

FAMILY PROBLEMS: Controlling Spouse, Differing religious beliefs at a terminally ill patient's bedside, Distrust of Significant Other, Family avoidance of talk about patient's chronic disease, Family members feeling inadequate as hospice care givers, Feeling Victimized by Family, Impact of Critical Illness on Patient's Role as Caretaker of Elderly Parent, Living Choices, Mediating Family Differences Regarding Burial Arrangements, Tensions among a Dying Mother's Adult Children

FAITH ISSUES: Anger with God, Arranging for the Provision of Faith-Specific Spiritual Needs, Cardiac Patient with Faltering Faith, Considering a Call to Ministry, Dying Patient Wanting to Get Right with God, ER Patient Fearing Death and Judgment in the Afterlife, Feeling Abandoned by and Angry with God, Feeling Abandoned by God, Feeling Abandoned by God and Family, Grieving Widow's Confusion about the Afterlife, Impact of a Medical Crisis on a Church Leader's Faith, Mother of a Critically Ill Newborn's Faith and Fear Issues, Moving from a Here-and-Now Question to a Deeper Spiritual Issue, Son's Concern about Dying Father's Spiritual Status, Stressed staff feeling angry with God and family

GUILT, SHAME, AND SELF-ESTEEM ISSUES: Feelings of Guilt and Shame, Guilt about Not Being Present at the Death of a Spouse, Low Self Esteem, Self-Doubt

HOPE AND HOPELESSNESS: Fear of Cancer Recurrence, Reality-testing Hope in Terminal Illness, Sense of Hopelessness after Terminal Diagnosis, Terminal Patient of Faith Hope-Filled until Death

LONELINESS, ABANDONMENT, AND ANGER: Anger after Attempted Suicide, Developmental Issues of a Critically Ill Teenager, Lack of Support Systems, Loneliness, Lonely Rehab Patient, Managing obstructive anger, Pastor/Parishioner Conflict

LOSS, GRIEF, AND DESPAIR: Complicated Grief, Despair, Despair over Multiple Losses, Distressed Daughter of a Terminally Ill Patient, Facilitating Staff Grief and Response to a Difficult Family Member, Finding Meaning after Significant Losses, Finding No Meaning in Life and Wanting to Die, Frustrated and Grieving Son of a Patient, Grief at the Death of a Young Mother, Grieving and Distressed Staff, Grieving Patient as "Difficult Patient," Long-term Grief over Spouse's Unexpected Suicide, Loss of Personal Independence, Resistance in Anticipatory Grief

MISCELLANEOUS: Avoiding False Assurance, Dilemma about Whether to Share Concerns, Discerning and Responding to the Primary Concern, Fears about Diagnosis and Family Concerns, Gift of Light Moments to a Discouraged Patient, Ministry to Three Family Members Simultaneously, Ministry to Two Patients Simultaneously, Mother Okays the Blessing of Her Special Needs Newborn, Overwhelmed Parent of an Adult ICU Patient, Overwhelming Need, Panic Attack in the Emergency Room, Providing a Last Will and Testament for a Patient, Unplanned Holiday Weekend Hospice Admission, Use of Literature to Enable Insight, Healing

PAIN ISSUES: Child in Severe Pain, Chronic Pain, Intellectualizing Pain and Suffering, in, Guilt and Independence Issues, Stoic Critical Illness with Increased Pain

RELATIONSHIP BUILDING AND TRUST: Establishing a Relationship with a Terminal Patient, Establishing Basic Trust

SINGLE VISITS: Forgiveness Offered in a Critical Moment, Patient's Honesty Enabling Insight and Healing, Pause and Key Question in Mid-prayer Enhancing Healing, A Perceived Miracle through Intercessory Prayer, Perfunctory Initial Visit with a Hint of Racial Prejudice, Provision of a Healing Insight

SPIRITUAL ASSESSMENT: Addressing dying patient's husband's doubts, Spiritual assessment initial visit

SPIRITUAL CARE RESISTANCE/REFUSAL: Family's Rejection of Chaplain, Non-Receptive Patient and Family, Unwelcoming Staff Nurses

SPIRITUAL CAREGIVER SELF CARE: Acceptance of Patient's Spirituality, Chaplain and Staff Burnout, Chaplain Countertransference, Chaplain Guilt, Clergy Burnout, Countertransference with the Mother of an Alcoholic Patient, Establishing the Chaplain's Own Authority with Authority Figures

STAFF ISSUES: Aftermath of a "Doctor Stat" Call, Caretaker Needing Care, Chaplain Triangulation by Staff, Confidentiality Issues for Chaplain on Clinical Team, Conflict with Staff, Co-Worker with Anxiety re Stressful Environment, Educating Staff to Chaplaincy, Hospital Administrator as Patient, Interruption While with a Terminal Patient, Managing Inappropriate Requests by Staff, Ministry to Staff Regarding Grief, Ministry to Staff upon the Sudden Death of a Colleague, Ministry to Staff upon the Sudden Death of a Colleague #2, Nurturing Staff Trust, Offering Critique to Administrators Effectively, Pain Plus Frustration with Staff, Patient and Nurse's Aide Conflict, Patient, Family and Staff Disagreement, Staff Burnout, Staff Compassion Fatigue with Specific Fears, Staff Critique of Chaplain's Comment

TENSION WITH HOSPITALIZATION: Administrative Ministry When Family and Physician Disagree, Anxiety about Transfer to Another Facility, Dying Man's Grieving Family Upset with His Care, Frustration at Hospitalization

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

Experienced SC practitioners, please know that you can use the five-step outline below to do painless self-supervision AND then to make your most memorable interventions available for study by others in complete anonymity. Cut and paste the form below 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.

### 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 and CPE Students)

- 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.)