HOSPITAL CHAPLAINCY

The hospital chaplain is non-denominational and non-sectarian. This means the chaplain cannot choose those who he or she will minister to. Regardless of race, religious belief, or color, the chaplain will do everything possible to minister to patients, family, and staff.
Balancing Three Worlds - Medicine, Spirituality and Psychology

Medicine –

• The chaplain is part of the interdisciplinary care team.

• The chaplain sits on multiple committees.
Spirituality -

• The chaplain is the spiritual care provider for patients and families during their stay in the hospital.

• The chaplain serves as the spiritual care provider for the hospital and is called upon to serve in many functions.
Psychology –

• The chaplain shall be available for spiritual counseling for patients, families, and staff, which often incorporates limited behavioral counseling.

• The chaplain is expected to make psychological referrals when necessary.
The primary aim of the Department of Spiritual Care is to provide spiritual care and support to patients and their families in their in-patient period of recovery. The chaplain works to develop relationships in which acceptance and comfort are offered to persons as they grieve the various losses brought by the illness or injury of the patient, and also encourages persons to discover potential meaning within this experience that provide empowerment and contribute to facing one’s limits with courage and hope. The chaplain accepts others’ faith traditions and assists persons in using the narratives and practices of their faith as a basis for finding comfort and courage and for generating will and hope in their healing process. Spiritual care in this setting is grounded theologically in a view of human experience that understands healing, not as a cure but as a process, a process of acceptance and living into the possibilities for wholeness and freedom in relationships to oneself, one’s family and community, and to one’s God who calls us to life and hope in the midst of pain and suffering.
WHO WE VISIT –

Chaplain visits are requested in the following ways:

* Requests from patients at admission or during stay
* Referrals from Doctors
* Referrals from Nurses
* Referrals from Case Management
* Referrals from Behavioral Health
* Random Visits – Cold Calls
Physical presence, silence, and sincerity are of utmost importance as we reach out to those who suffer. The wise use of these three elements can communicate genuine care and concern. They can also demonstrate openness to the pain of others.
CHAPLAIN INTERVENTIONS

Pastoral Presence
Spiritual Assessment Tools
   FICA, SPIRIT, HOPE, FAITH, CSI-MEMO
Listening /Processing a Patients Story
Religious/Spiritual Rituals
Facilitate Meaning Making
Coping Skills
Guided Imagery
Storytelling
Creative Activities
Humor and Playfulness
PASTORAL CONVERSATION VS SOCIAL CONVERSATION

PASTORAL CONVERSATION
1. Focuses on the **person** you are talking to
2. Intentionally **listening and hearing** the areas of tension
3. Seeking comfort through **facing** life’s anxiety producing situations
4. Helping the patient share in relationship to a **specific situation** they are facing

SOCIAL CONVERSATION
1. Focusing on **external** topics, i.e. weather, politics, etc.
2. **Avoiding** any topics that may produce tension – maintaining congeniality
3. Seeking comfort through **avoiding** life’s anxiety producing situations
4. Mutual sharing of stories and events that are **external to the situation** that the patient is facing
PASTORAL CONVERSATION

6. Gaining understanding and responding with empathy
7. Finding help through intimate sharing
8. Specific prayer regarding concerns that have been mutually discussed
9. Specific relationships of the patient
10. The meaning of specific events to the patient
11. Responding to the expressed or unexpressed emotions of the patient

SOCIAL CONVERSATION

6. Being pleasant, positive and sympathetic
7. Trying to be helpful by entertaining
8. Generalized prayer concerning God, the church, and generic issues
9. People in general
10. What these events ought to mean
11. Reacting to the patient’s expressed or unexpressed emotions
PRACTICAL VISITATION TIPS

• PRAY – ahead of time
• LOOK – make a quick assessment around the room
• STAND – or sit at an eye to eye level
• ASK – “how are things going”
• FEEL – what the person is saying
• LISTEN – with ears, mind, emotions and heart
• DON’T – be insulted by words or attitudes
• LEAVE – your problems and others out of the room
• KEEP – everything confidential
• AVOID – telling bad or unpleasant news/horror stories
• BEWARE – of sympathy, rather show empathy
• NEVER – give false hope, but listen for their hope
• OFFER – to pray for patient or not
• AVOID – giving advice
“I know how you feel”
“Its for the best”
“Its God’s will”
“Everything is going to be okay”
“God doesn’t give us more than we can handle”
“At least……”
“There’s a reason for everything”
“He/She’s in a better place”
“You need to pray harder”
“Its really not that bad”
“Look at this way”
“I’ve seen this before”
TYPICAL PRESENTING PROBLEMS

EMERGENCY / CARDIAC
- Shock and trauma
- Anger
- Punishment from God
- Grief and loss

MATERNITY
- Family education
- Adjustment to new baby
- Couple treatment

MEDICAL / SURGICAL
- Pain management
- Lifestyle changes
- Stress reduction

PEDIATRICS
- Fear and helplessness
- Family dynamics
- Education of treatment choices

PSYCHIATRIC
- Grief, loss and recovery
- Managing mental illness
- Family and relationships
- Trauma and recovery

SUBSTANCE ABUSE
- Lifestyle choices
- Loss and recovery
SOME CLOSING COMMENTS

“Chaplains offer a supportive presence that serves to remind patients and caregivers that people are more than just their medical conditions or their current collections of concerns”  Raymond DeVries

“Chaplains do what needs to be done, in the setting in which they find themselves, to ensure that care is focused on the emotional and spiritual needs of the patient, particularly in times of suffering, stress, or grief”  Martha Jacobs