

Spiritual Care Volunteer Training

Spiritual Care Meets Medical Care



Mission Statement

To offer compassionate and nurturing spiritual care to the patients, residents, families and staff of St. John's Health and Sage Living through a ministry of presence while honoring ethnic, cultural, religious and lifestyle diversity.



Spiritual Care in Present Day Context


- Define “Spirit/Spirituality
- Spirit can be defined as “***non- physical reality***”
- *Examples?*



Creating “Safe Space”

A central role of the companion to a patient is related to the art of honoring **stories**. To really listen as people acknowledge the reality of loss, embrace pain, review memories, and search for meaning.

If your desire is to support a fellow human while ill or injured, you must create a “safe place” for people to embrace their feelings of fear, pain and loss. This safe place is a cleaned-out, compassionate heart. It is the open heart that allows you to be truly **present** to another human being. This is what is meant in the Mission Statement when it refers to a “ministry of presence”.



Ministry of Presence

Cure v. Care:

- The word “treat” comes from the Latin root word “tractare,” which means “to drag.” If we combine that with “patient,” we can really get in trouble. “Patient” means “passive long-term sufferer,” so if we “treat patients”, we drag passive, long-term sufferers.
- *Oxford English Dictionary* defines “companion” as “to accompany, to associate, to comfort, to be familiar with.”
- “Companioning” the patient, is in contrast to the medical model. The word “companion,” when broken down into its original Latin roots, means com for “with” and pan for “bread.” Someone you would share a meal with. A friend. An equal. That is the image of companioning—sitting at a table together, being present to one another, sharing, communing, abiding in the fellowship of hospitality.

The Companionship Model

- Being present to another person's pain; it is not about taking away the pain.
- Going to the wilderness of the soul with another human being; it is not about thinking you are responsible for finding the way out.
- Honoring the spirit; it is not about focusing on the intellect.
- Listening with the heart; it is not about analyzing with the head.
- Bearing witness to the struggles of others; it is not about judging or directing these struggles.
- Walking alongside; it is not about leading.



The Companionship Model

- Discovering the gifts of sacred silence; it is not about filling up every moment with words.
- Being still; it is not about frantic movement forward.
- Respecting disorder and confusion; it is not about imposing order and logic.
- Learning from others; it is not about teaching them.
- Compassionate curiosity; it is not about expertise.



Communication & Listening

- When you really listen to someone, more than your ears are involved. Your heart has to be engaged too.
- Listening requires a willingness to suffer silently with the grieving individual, accepting not only the reality, but often, the insolubility of the problem.
- Suspending moral judgment.
- Restraining the impulse to offer good advise.
- Listening is an act of LOVE!



Active & Reflective Listening: Asking Questions

Open ended question:

- An open ended question expands the discussion, allowing another to elaborate on his or her experience. This kind of question does not invite a "yes" or "no" answer but instead encourages the person to fully explore his or her experience. One can often lead into these questions with how, where, when, who, which, etc.

Example: *"Could you tell me more about...?"*



Active & Reflective Listening: Asking Questions

Closed ended question:

- this type of question is used to prompt the speaker for specific answers. It limits the speaker to a short response and usually begins with are, do, is, where, did, or was. Questions of this type probe for motives or justifications and therefore tend to promote a defensive response in another.

Example: *“Did you feel upset when that happened?”*




Active & Reflective Listening: Asking Questions

Reflective question:

- this type of question requires the speaker to examine his or her existing knowledge or information before giving a thoughtful response. It can help the individual understand more about what they said.

Example:

- *Speaker: "I'm worried I won't remember..."*
 - *Volunteer: "It sounds like you would like some help remembering...?"*
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Active & Reflective Listening: Asking Questions

Leading question:

- This type of question is framed in a way which evokes a specific response from the individual being questioned. The questioner uses language which suggests a particular answer.

Example:

- *"You were driving to Maine on the night of December 20, 1967, were you not?"*



Reflecting Feelings

There is great value in hearing both negative and positive feelings:

- When negative feelings are heard, they lessen and heal, room opens for other types of feelings.
- When positive feelings are heard, they deepen and become integrated.

Always keep in mind the companioning model: you are there not to fix, but to hold with compassion whatever information is brought to you.



Reflecting Meaning:

Questions of meaning will likely remain unanswered in the short span of time that you will spend with a patient. Responses such as: “God works in mysterious ways” or “God needed another angel in heaven” are not only insufficient but can be very harmful. Allow questions of meaning to go unanswered.

Questions?

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Understanding the Patient: Identifying Spiritual Distress

Spiritual Distress is a disruption in one's beliefs or value systems.

It affects a person's entire being.

It shakes the basic beliefs of one's life.



Identifying Spiritual Distress

Signs of spiritual distress:

- Anxiety, anger, and/or depression
- Fear of falling asleep at night
- First time in the hospital
- Loss or grief– Not always about dying
- Questioning the meaning of life
- Anger at God or a higher power



Identifying Spiritual Distress

- Questioning own belief system
- Expressions of regret
- Questioning the meaning of the illness
- Feeling a sense of emptiness and loss of direction
- Ethical end of life considerations
- End of life issues



Visitation

Practical Steps to Establishing Rapport:

- Knock and use the patient's name
- Identify yourself with a SMILE
- Make opening statement:
- I'm just stopping by to see if there's anything I can do for you today?
- I'm here as part of the spiritual care team...
- Is this a good time for a brief visit?
- Best not to ask "How are you today?" (They wouldn't be in the hospital if they were doing well)



Visitation

- Prayer should be offered ONLY if requested and ONLY if you are comfortable with praying. You DO NOT need to offer prayer to be a spiritual care volunteer. You may pass prayer requests on to a pastor, or team member who is comfortable with offering prayers. Prayers can be written on a card and placed in the chapel.
- Touch may be offered in the form of a handshake or hand holding if appropriate. This can be powerful gesture in establishing rapport. Again, touch is not required to be a spiritual care volunteer. You may choose not to touch a patient at your own discretion.



Preparing Your Heart:

- Pray
- Focus & Attention (Mindfulness)
- Allow love and compassion to occupy your heart
- Let go of outside concerns for the time being



Building Rapport

- **Pacing:** Is the patient upbeat and a fast talker? The you can mirror that back. Speaking slowly and quietly would make them self-conscious. Are they quiet and reflective, speaking slowly? The you will want to slow down and perhaps lower your voice depending on how well they hear. You would not want to overpower them with a quick tempo and being excessively loud.
- **Commonality:** In every relationship, finding commonality brings us together.



Diversity and Cultural Competency

What are some challenges you might encounter?

- Language Line Available
- Differing customs
- Less in common



Self Test

- Can I lift up other peoples' views of life, death and spirituality, especially when they differ from my own?
- Can I respect others' lifestyles without being judgmental, especially when they differ from my own?
- Is my personal life sufficiently stable that I can be present with others who are hurting and in crisis?
- Can I make the time the program requires, to best serve patients, families, and my fellow volunteers?
- Do I have sufficient boundaries, such that I can be comfortable saying "no" to requests that exceed my abilities?



Conclusion

*If you can love others,
you have all the qualifications you need!*