a study:

SPIRITUAL COPING PLANS IN HOSPITAL CHAPLAINCY

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I. INTRODUCTION

PURPOSE

- to present a system of pastoral care that I have developed for ministry as a hospital Chaplain that involves
- eliciting the patient Story,
- performing a professional Spiritual Assessment,
- using Solution Focused Brief Counseling
- and producing a Daily Spiritual Coping Plan.

EPIGRAPH

- “See therefore, brethren, how you walk circumspectly: not as unwise, But as wise: redeeming the time…” Saint Paul.
- [DRA, EPHESIANS 5:15-16]
- Time is especially precious in hospital Chaplain ministry,
- when the length and number of visits to patients and families is typically limited.

HOW TO REDEEM THE TIME

- There are many times outside of the emergent crisis and immediate grief support needs in hospital Chaplaincy
- when empowering patients to identify their own solutions
- and helping them develop a daily spiritual coping plan
- has the potential to bear much fruit.

DAILY SPIRITUAL COPING PLAN

- Just as the hospital Nurse is not going home with the patient to make sure he takes his pills,
- the hospital Chaplain is not going home with the patient to make sure he says his prayers.
- For the daily spiritual coping plan to be effective,
- those placed in our care must be in a spiritual state capable of this daily work
- and have the motivation to be sufficiently invested in carrying it out.

A MODEL OF PASTORAL CARE

- 1. Empathetically listening to the patient's story.
- 2. Doing a competent and professional spiritual assessment.
- 3. Providing solution-focused brief counseling.
- 4. Helping the patient identify and build a simple daily spiritual coping plan.

II. THE NURSING DIAGNOSIS OF "SPIRITUAL WELL-BEING"

A NURSING DIAGNOSIS

- The Nursing Diagnosis of “Spiritual well-being” offers a 4-point sense of life principle that is defined as “Ability to experience and integrate meaning and purpose in life through connectedness with self, [with] others, [with] art-music-literature… [and] a power greater than oneself.” [1]
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[1] Nursing Diagnosis Handbook, “Spiritual well-being,” Definition, p 1153.

RHMC SLIDING SCALE OF SPIRITUAL HEALTH

- RHMC Chaplains are trained to identify the state of Spiritual well-being of patients and families, placing them on a sliding scale of spiritual health, which helps guide Chaplain pastoral care: [1]
- ***Spiritually Coping Well - Spiritual Concerns - Spiritual Distress - Spiritual Despair***
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[1] 2008 RHMC Chaplain's Orientation Manual, p 13. The spiritual health scale used at RHMC.

Spiritually Coping Well

- This person is "…coping well with their circumstances by using well-rooted spiritual resources and emotional maturity, even in dire circumstances. People in this category are often a low priority for the Chaplaincy Services." [1]

- [1] 2008 RHMC Chaplain's Orientation Manual, p 13. The spiritual health scale used at RHMC.

Spiritual Concerns

- This person has “emerging spiritual concerns” that “present as pre-crisis states, where people rely increasingly on existing spiritual resources, as they feel more at risk. Chaplaincy here focuses on mobilizing existing resources.” [1]

- [1] 2008 RHMC Chaplain’s Orientation Manual, p 13. The spiritual health scale used at RHMC.

Spiritual Distress

- This person is "…most likely to benefit from their initial conversation with a Chaplain. Spiritual Distress is a crisis state requiring a pastoral response that helps draw out and identify points of distress, and helps the person reframe their beliefs and values to better meet the current challenge." [1]

- [1] 2008 RHMC Chaplain's Orientation Manual, p 13. The spiritual health scale used at RHMC.

Spiritual Despair

- This person is experiencing a deep hopelessness of withdrawal and failure of spiritual coping of the soul. They generally "…do not respond well to conversation based, short-term Chaplaincy involvement. The Chaplain must gauge how deeply into despair the person has withdrawn. Chaplaincy with persons in despair requires a longer-term plan, involving regular contacts with the Chaplain, identification of the points of despair, reframing ideas of hope, and a greater degree of interdisciplinary cooperation." [1]
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[1] 2008 RHMC Chaplain's Orientation Manual, p 13. The spiritual health scale used at RHMC.

III. THE MOUNT CARMEL SPIRITUAL ASSESSMENT INSTRUMENT

THE "Mount Carmel Spiritual Assessment Instrument" [MCSAI]

- "…a systematic method of spiritual assessment, care planning and evaluation. …utilizes a four-dimensional model for assessing spirituality… informed [by] the framework… [of] Paul Pruyser's diagnostic terminology:" [1] [2]

Assessment Area	Pruyser's Diagnostic
Concept of GOD	Awareness of The Holy
Subjective Meaning of Illness	Sense of Providence, Grace & Repentance
Approach to Hoping	Faith & Vocation
Relation to Support Systems	Communion

[1] Mount Carmel Medical Center, Pastoral Care Department, "Spiritual Assessment Instrument [SAI]." 1980.

[2] Pruyser, "The Minister as Diagnostician." Chapter V, "Guidelines for Pastoral Diagnosis," p 60-79.

- RHMC Chaplains elicit and listen to the patient Story using The MCSAI: [1]

- **Initial Question:**
- "What has happened that you are in the hospital?"
- **Meaning Making:**
- "What sort of thoughts have you had about why this might be happening?"
- **Sustaining Hope:**
- "What is your hope in all of this?"
- **Community Support:**
- "How are the people closest to you handing (doing with) your situation?"
- **Concept of GOD:** (If there has been no mention of GOD)
- "What sorts of thoughts have you had about GOD or a higher power here in the hospital?

- [1] 2008 RHMC Chaplain Handbook, p 12. "Step Two – Exploring Assessment Themes." [See The Caregiver Journal. 1990]

- I have modified these for my own hospital Chaplain practice, typified by the following questions:

- **I. Concept of GOD or The Holy [Religion & Spirituality]**
- *"Do you have a sense that GOD is somehow with you through your illness? Do you have a particular Faith?"*
- **II. Relation to Support Systems [family, friends, Faith community]**
- *"I am wondering what kind of support you have from family, friends and community?"*
- **III. Approach to Hope [hope for and hope in]**
- *"What do you hope for? Where do you put your hope in?"*
- **IV. Meaning of Illness [finding purpose]**
- *"Are you able to find meaning or make sense of all this in some way?"*

IV. SOLUTION FOCUES BRIEF COUNSELING, SMART GOALS & DAILY SPIRITUAL COPING PLANS

RUSSEL SABELLA'S "SOLUTION FOCUES BRIEF COUNSELING"

- **Focus is not on the problems but on the solutions.
- Clients are "encouraged to think about times when their problems did not exist…
- and how to recreate such circumstances in their present situations.
- Focus is on the client's strengths and abilities, rather than their weaknesses.
- Solutions are derived by clients themselves and therefore,
- not only are they more involved in their success,
- but the solutions fit their unique lifestyles.
- Finally, because the clients find their own solutions that work, often self-esteem is increased." [1]
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[1] Sabella, "Solution Focused Brief Counseling." "How does this approach differ from other counseling approaches?" p 2.

Arina Nikitina's "SMART Goal Setting

- Goals need to be down to earth, relevant and doable in the sufferer's real world of daily struggles.
- Specific; Measurable; Attainable; Realistic; Timely."
- Specific – goals should "focus our efforts and clearly define what we are going to do."
- Measurable – goals should "establish concrete criteria for measuring progress."
- Attainable - goals should "stretch you slightly so you feel you can do it and it will need a real commitment from you."
- Realistic - goals should "be realistic for you and where you are at the moment."
- Timely - goals should set in a time frame that "gives you a clear target to work towards." [1]
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[1] Nikitina, "SMART Goal Setting."

Daily Spiritual Coping Plans

- should be focused on the patient's proven life practices
- that have been effective in the past,
- and may be hopefully applied in the present,
- to meet a specific primary goal
- to overcome a clearly defined primary emotional or spiritual problem.
- Therefore the acronym "SMART" is most fitting in such pastoral care:
- Simple; Measurable; Attainable; Reasonable; Timely.

V. THE OVERALL SPIRITUAL ASSESSMENT SCORE [OSAS]

OVERALL SPIRITUAL ASSESSMENT SCORE

- I graded each of the 4 quadrants of the MCSAI [The Holy; Support; Hope; Meaning] on a scale of 4 to 1.
- A score of 4 of 4 in any given quadrant represents ***Spiritually Coping Well*** in that area.
- A score of 3 of 4 in any given quadrant represents ***Spiritual Concerns*** in that area.
- A score of 2 of 4 in any given quadrant represents ***Spiritual Distress*** in that area.
- A score of 1 of 4 in any given quadrant represents ***Spiritual Distress*** in that area.

- I then added the total number of points.
- Since there are 4 quadrants of spiritual assessment in the MCSAI model, I divided the total point score by 4.
- This gives the average or “Overall Spiritual Assessment Score,” the OSAS.
- I then took the RHMC Chaplain sliding scale of Spiritual well-being and assigned each category a score of 4 to 1 out of 4.
- I then plotted the OSAS of each patient on the RHMC Spiritual well-being scale:

- I placed patients with an OSAS of 3.6 and above as ***Spiritually Coping Well.***
- Those with an OSAS of between 3.5 to 2.5 as ***Spiritual Concerns.***
- Those with an OSAS score of 2.4 to 1.5 as ***Spiritual Distress.***
- And those with an OSAS of 1.4 or less as ***Spiritual Despair.***
- This method helped to confirm and quantify my more subjective impressions of the state of Spiritual well-being of my patients, as well as direct my pastoral care.

- **RANGES ASSIGNED FOR CATEGORIES OF SPIRITUAL WELL-BEING**

- ***4.0 - 3.6**3.5 - 2.5**2.4 - 1.5**1.4 – 1.0***

- ***Spiritually Coping Well = 4.0 – 3.6***
- ***Spiritual Concerns = 3.5 – 2.5***
- ***Spiritual Distress = 2.4-1.5***
- ***Spiritual Despair = 1.4 – 1.0***

VI. CHOOSING PATIENTS FOR THIS STUDY

CHOOSING PATIENTS FOR THIS STUDY

- Patients who were ***Spiritually Coping Well*** [OSAS 3.6 and above]
- have a Spiritual well-being that is fully intact and functioning in spite of duress.
- They are fully able to process the situation without unresolved spiritual duress remaining.
- They already have a daily spiritual coping plan and are effectively carrying it out, even if they are not aware that they are doing so formally.
- They don't need a new one.
- Scarce hospital Chaplain resources and time are better spent on other cases.
- I therefore excluded such patients from my study.

- Patients who were in a state of ***Spiritual Despair***
- [OSAS 1.4 or less]
- have a Spiritual well-being that is completely compromised and not functional in the presence of the duress.
- They are totally unable to process the situation and overwhelming spiritual duress remains.
- Such patients are typically suddenly face emergent crisis situations, such as initial stages of serious trauma or a life-threatening medical emergency, as in the Emergency Room.
- Or typically they are suddenly confronted by an unexpected terminal diagnosis and imminent death for which they are not prepared.
- Such patients and their families need clear structure and simple supportive pastoral presence.
- They are typically not ready to initially begin to cope spiritually without outside help
- and are in no condition to identify a daily spiritual coping plan.
- I therefore excluded such patients from my study.

- Patients in a state of ***Spiritual Concerns***
- [OSAS between 3.5 to 2.5]
- have a Spiritual well-being that is fully intact and functioning in the presence of duress.
- They are able to process the situation fully, but some spiritual duress remains.
- Clearly identifying and putting into practice a daily spiritual care plan will likely help such patients and families continue to process their through situations.
- Such pastoral care is most likely to help prevent deterioration of Spiritual well-being and facilitate resolution of spiritual stress.
- I therefore included these patients in my study.

- Patients in a state of ***Spiritual Distress***
- [OSAS between 2.4 to 1.5]
- have a Spiritual well-being that is partly compromised and partly functional.
- They are approaching or at their limits of being able to cope with and process the situation, with significant spiritual duress remaining unresolved.
- Such patients and families likely need more active pastoral care, support and guidance.
- Identifying and facilitating a daily spiritual care plan in such cases is a priority to help prevent deterioration of Spiritual well-being into Despair.
- Such pastoral care is most needed to help move people towards a more effective Coping.
- I therefore included these patients in my study.

- I informally screened cases over a 3 month period during my daily hospital Chaplain duties on various units.
- Guided by this model, I excluded initial contact cases that were major trauma or life threatening medical emergencies in the Emergency Room.
- I excluded cases where an unexpected terminal diagnosis was just received and where an unexpected death was imminent.
- I arbitrarily stopped after finding 6 cases that met my criteria of being in a state of ***Spiritual Concerns*** or ***Spiritual Distress.***

VII. METHOD FOR CARRYING OUT THIS STUDY

CARRYING OUT THE STUDY - STEP 1

- ***Eliciting the patient's Story***
- First, I elicited the patient's story
- attending closely using empathetic listening
- validating and making sure I heard the patient correctly
- using reflecting back, redirecting, rephrasing, challenging, probing and summarizing.
- I listened for the patient's history, experience and feelings

CARRYING OUT THE STUDY – STEP 2

- ***The Spiritual Assessment:***
- Second, I listened for the strength versus weakness of the 4 quadrants of spiritual assessment of the MCSAI:
- I. The Holy. What is the patient's religion and spirituality?
- II. Support. What and how deep is the patient's support from family, friends, Faith community or support groups?
- III. Hope. What does the patient hope for and where do they place their hope in?
- IV. Meaning. What purpose do they see in their illness?
- The patient's OSAS score was then calculated.
- I correlated this with the category of spiritual health on the RHMC sliding scale of Spiritual well-being.

CARRYING OUT THE STUDY – STEP 3

- ***Solution Focused Brief Counseling & Goal Setting***:
- Third, I helped the patient identify and explore these 5 questions:
- 1. What is your primary problem?
- 2. What is the impact of this primary problem in your daily life?
- 3. What is the primary goal you need to set to overcome this problem?
- 4. What is the "SMART"-est way to frame this goal? [1]
  5. How is your own care plan to be carried out day to day to meet this goal?
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[1] Nikitina, "SMART Goal Setting." "SMART" goals – Simple; Measurable; Attainable; Reasonable; Timely.

CARRYING OUT THE STUDY – STEP 4

- ***Form The Spiritual daily Coping Plan:***
- Fourth, I then helped the patient state and crystallize up to 6 items
- as part of a daily spiritual care plan.
- After review and editing by the patient,
- I provided them with a simple, easy-to-read printout of their daily spiritual coping plan.

TO SUMMARIZE THE METHOD

- 1. THE STORY
- 2. THE SPIRITUAL ASSESSMENT
- 3. THE SOLUTION FOCUSED BRIEF COUNSELING
- 4. THE DAILY SPIRITUAL COPING PLAN.

VIII. THE CASES PRESENTED

CASE ONE

- *MW is a 59 y/o female, admit with severe hematuria & blood loss. I visited twice for 40 minutes and 60 minutes.*
- OSAS = 10/4 = 2.5.
- ***SPIRITUAL CONCERNS.***

- **1. THE STORY**
- **History**
- *Multiple Sclerosis, unable to walk, wheelchair bound & otherwise bedridden since 1990. Husband died cancer 1990. Was living alone in marital home x 40 years until forced to sell due to tax foreclosure. Family had to dispose of pt's cats due to same. Forced to live in nursing home since then. Estranged from her children x 1 year.*
- **Experience**
- *Multiple painful losses. Widowhood and loss of independence due to MS has led to increasing isolation. Loss of marital home was painful. Blames children for loss of cats, which she valued highly.*
- **Feelings**
- *Feels alone and forgotten by her children. Feels she is slowly adjusting to nursing home. Talks rapidly, shares freely, "What else will I loose next?"*

- **2. THE SPIRITUAL ASSESSMENT**
- **The Holy – score = 3/4**
- **religion - *Lutheran. Lifelong member of local Church, but distant last several years due to MS condition and increasing withdrawal.***
- **spirituality - *Finds prayer of comfort, but no longer prays as regularly as she use to.***
- **Support – score = 2/4**
- **family - *As noted, widowed 1990 after many decades of happy marriage. Estranged from 3 children x 1 year.***
- **friends - *Making some friends slowly at nursing home.***
- **community - *Slowly opening to becoming part of community at nursing home.***
- **Hope – score = 2/4**
- **hope for - *Hopes for more and closer friendships at nursing home community and reconciliation with children.***
- **hope in - *Strong sense that GOD is listening, but questions why GOD has allowed so many losses.***
- **Meaning – score = 3/4**
- **making sense of illness - *Searching for meaning in midst of multiple painful losses and limitations. Finds purpose and fulfillment in being friend to those she sees as worse off than herself in nursing home. Finds increasing joy in taking part in community activities and deepening friendships.***
- Points = 10/16. OSAS = 10/4 = 2.5. ***SPIRITUAL CONCERNS.***

- **3. THE SOLUTION FOCUSED BRIEF COUNSELING**
- ****What is your primary problem?**
- *Feeling alone and forgotten by others and at times by GOD.*
- ****What is the impact of this problem in your daily life?**
- *Makes pt sad and withdrawn, discouraging her from reaching out to new relationships.*
- ****What is the primary goal you need to set to overcome this problem?**
- *Reach out in some way every day to overcome isolation and feelings of aloneness.*
- ****What is the SMART-est way to frame this goal? [1]**
- *What can I do every day in my new community to be open to new friendships?*
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[1] Nikitina, "SMART" goals - Simple; Measurable; Attainable; Reasonable; Timely.

- **4. THE DAILY SPIRITUAL COPING PLAN**
- 1. *Pray daily, as with The Serenity Prayer.*
- 2. *Listen to calming music.*
- 3. *Being with new friends in my new community.*
- 4. *Look for opportunities to encourage and help others.*
- 5. *Take part in social activities, such as playing cards.*
- 6. *Talking and sharing experiences my burdens, feelings & joys with others.*

CASE TWO

- *LO is a 64 y/o male, admit for total occlusion right superficial femoral artery. Diabetes and Coronary Artery Disease, s/p right femoral artery surgery, anticipates similar surgery left leg. I visited twice for 60 minutes and 40 minutes.*
- OSAS = 6/4 = 1.5.
- ***SPIRITUAL DISTRESS.***

- **1. THE STORY**
- **History**
- *Pt experienced severe post-op pain right leg. Discharge home delayed due to "sugar sky high in 700's." Married with 1 son, daughter-in-law and 2 grandchildren who moved away to Colorado in 2005. Several marital separations r/t pt's "drinking problem." Lost high paying successful job in nuclear power plant in 1998. Drove truck for some time thereafter, severe financial strains on family that resulted in loss of 30 year marital home due to tax foreclosure.*
- **Experience**
- *Pain now well controlled with narcotics. Fearful he "can not handle" undergoing similar level of post op pain for pending future surgery left leg.*
- **Feelings**
- *Feels weary from multiple losses last 10 years. Had been self sufficient most of his life, but now "can't hold it all in any more." Arterial blood clot in leg "just too much." Cries bitterly on/off as he shares story.*

- **2. THE SPIRITUAL ASSESSMENT**
- **The Holy – score = 1/4**
- **religion - *Protestant. No Church or Faith community support.***
- **spirituality - *"I believe in GOD." Loss of Faith in face of losses last 10 years.***
- **Support – score = 2/4**
- **family - *Lives with wife. Several marital separations r/t pt's ETOH abuse as noted. Feels distant from son and his family after they moved away out-of-state 4 years ago. Dreams of moving in with son & family.***
- **friends - *Not discussed***
- **community - *Not discussed***
- **Hope – score = 2/4**
- **hope for - *That future pain r/t femoral artery surgery to be managed better. That he and his wife might be closer to their son and his family, possibly going to live with them.***
- **hope in - *Lacks optimistic hope in the future. Believes in GOD, but does not put hope in Him.***
- **Meaning – score = 1/4**
- **making sense of illness - *Is unable to find meaning in life losses, or in present and anticipated future physical suffering. Uses alcohol to cope, at times resulting in marital separation.***
- Points = 6/16. OSAS = 6/4 = 1.5. ***SPIRITUAL DISTRESS.***

- **3. THE SOLUTION FOCUSED BRIEF COUNSELING**
- ****What is your primary problem?**
- *Wounded relationships with wife, son and his family.*
- ****What is the impact of this problem in your daily life?**
- *Retreat into alcohol, past marital separations and son moved his family out-of-state*
- ****What is the primary goal you need to set to overcome this problem?**
- *Finding peace that will allow relationship healing.*
- ****What is the SMART-est way to frame this goal? [1]**
- *What can I do on a daily basis to find greater peace?*
-

[1] Nikitina, "SMART" goals – Simple; Measurable; Attainable; Reasonable; Timely.

- **4. THE DAILY SPIRITUAL COPING PLAN**
- 1. *Reach out to GOD in prayer.*
- 2. *Share feelings with others.*
- 3. *Reconnect with wife with Church of their choice.*
- 4. S*cripture verses on GOD's Peace, such as PSALM 23.*

CASE THREE

- *AV is a 71 y/o male with End Stage Liver Failure. I visited once for 30 minutes.*
- OSAS = 9/4 = 2.25.
- SPIRITUAL DISTRESS.

- **1. THE STORY**
- **History**
- *Grew up in 7 foster homes. Retired USMC career NCO. Happily married, 3 children, 4 grandchildren. Never defeated in life. Previously healthy. Deep love of family, which is his primary source of joy and life purpose.*
- **Experience**
- *Poor risk for liver transplant. Realistic. Sees illness as a defeat. Shocked at discovering, "This I can't beat."*
- **Feelings**
- *Loss of control, powerlessness, feels very discouraged.*

- **2. THE SPIRITUAL ASSESSMENT**
- **The Holy – score = 3/4**
- **religion - *Lutheran. Attends several Churches with family sporadically.*
- **spirituality - *Talks to GOD and prays privately often.*
- **Support – score = 2/4**
- **family - *Children have grown and moved out of home. Lives alone with wife, who is RHMC RN who works nights. Wife does not feel pt is safe to be alone at night. "Close family."*
- **friends - *Not discussed.*
- **community - *Not discussed.*
- **Hope – score = 3/4**
- **hope for - *To return home, spend as much time as possible with loved ones, especially grandchildren.*
- **hope in - *Love of family, sense that GOD is always listening.*
- **Meaning – 1/4**
- **making sense of illness - *Struggling to accept his illness is terminal and there is no cure. Understands intellectually that there is nothing he can do to overcome illness, but does not yet accept this in his heart.*
- Points = 9/16. OSAS = 9/4 = 2.25. SPIRITUAL DISTRESS.

- **3. SOLUTION FOCUSED BRIEF COUNSELING**
- ****What is your primary problem?**
- *Accepting that his illness is terminal.*
- ****What is the impact of this problem in your daily life?**
- *Feels "defeated," which makes him feel deeply sad, bewildered and discouraged.*
- ****What is the primary goal you need to set to overcome this problem?**
- *To spend remaining time celebrating & loving his family. To find greater peace in acceptance of reality of his terminal condition.*
- ****What is the SMART-est way to frame this goal? [1]**
- *To find 1 way to enjoy his family every day.*
-

[1] Nikitina, "SMART" goals – Simple; Measurable; Attainable; Reasonable; Timely.

- **4. THE DAILY SPIRITUAL COPING PLAN**
- 1. *Be with 1 family member every day – wife, children & their spouses, grandchildren.*
- 2. *Explore reconnecting with Church together with his family.*
- 3. *Work on accepting reality of his situation re terminal illness.*
- 4. *Continue to be open to sharing feelings with family daily.*
- 5. *Pray or meditate on Serenity Prayer daily*

CASE FOUR

- *SK is a 77 y/o female, admit for Acute Myocardial Infarction, Diabetes (blood sugar high of 1,000), Acute Renal Failure. I visited once for 30 minutes.*
- OSAS = 12/4 = 3.0.
- ***SPIRITUAL CONCERNS.***

- **1. THE STORY**
- **History**
- *Previously active & relatively healthy lady experiencing chest pains due to heart attack. Faces making choice within 24 hours for coronary stents vs. CABG vs. new experimental coronary procedure at distant hospital.*
- **Experience**
- *Does not know which treatment to choose, is agitated, talks nonstop, does not want to die, wants more time to be with family, is primary caregiver for husband at home with Alzheimer's.*
- **Feelings**
- *Overwhelmed and paralyzed with fear. Feels nobody but she can adequately care for husband. "I don't want to die. Is it selfish to say that, to pray to not die now?"*

- **2. THE SPIRITUAL ASSESSMENT**
- **The Holy – score = 4/4**
- **religion - *Catholic. Places high value and receives great peace in Sacraments.***
- **spirituality - *Prays often using Rosary. Feels GOD is always with her and family. Looks for signs of Providence and direction in daily life circumstances and events.***
- **Support – score = 4/4**
- **family - *Happily married for many years. Close relationships to children.***
- **friends - *Close friend visited yesterday, gave pt prayer card.***
- **community - *Good Church support. Taught Church CCD ("Catholic Christian Doctrine") to school children for many years.***
- **Hope – score = 3/4**
- **hope for - *GOD to "show" her which choice to make for treatment; to live longer to be with family. "Is it okay to pray to not die yet?"***
- **hope in - *Life vocation is caring for her family. Strong Faith in GOD, The Sacraments and prayer.***
- **Meaning – score = 1/4**
- **making sense of illness - *Re what treatment choice to pick, "I'm praying, but I'm not getting any answers."***
- Points = 12/16. OSAS = 12/4 = 3.0. ***SPIRITUAL CONCERNS.***

- **3. THE SOLUTION FOCUSED BRIEF COUNSELING**
- ****What is your primary problem?**
- *Fear and agitation related to having to decide within 24 hours what coronary treatment to choose. Fears she may die soon if she chooses the wrong one.*
- ****What is the impact of this problem in your daily life?**
- *Constant paralyzing worry that robs her of peace, to care for sick husband at home, to be with other family.*
- ****What is the primary goal you need to set to overcome this problem?**
- *To have greater peace, which will help her choose best care decision tomorrow and to heave peace "no matter what each day brings."*
- ****What is the SMART-est way to frame this goal? [1]**
- *"What can I do daily to have more peace and decide which treatment choice I should make?"*
-

[1] Nikitina, "SMART" goals – Simple; Measurable; Attainable; Reasonable; Timely.

- **4. THE DAILY SPIRITUAL COPING PLAN**
- 1. *Pray The Rosary daily, stopping at each decade to speak out a one-sentence intention to GOD.*
- 2. *Be open to sharing your feelings with Pastor, family, friends & caregiver.*
- 3. *Give yourself permission to cry when you need to.*
- 4. *Give thanks for one blessing each day.*

CASE FIVE

- *MC is a 26 y/o female, admit early 2nd trimester pregnancy with vaginal bleeding and threatened premature delivery. I visited x 30 minutes.*
- OSAS = 14/4 = 3.5.
- ***SPIRITUAL CONCERNS.***

- **1. THE STORY**
- **History**
- *Pt admitted 11 days ago with danger of premature delivery of then 22-week gestation pre-borne baby girl. First pregnancy. "I was 4 cm dilated, membranes were visible. If baby born now, not likely they could save her." Non Insulin Dependent Diabetes, on oral anti-hyperglycemic prior to pregnancy.*
- **Experience**
- *Pt placed on bed-rest, "bleeding better until yesterday." Baby is now "24 weeks" gestation.*
- **Feelings**
- *Afraid she & her husband may still loose the baby, her 1st pregnancy.*

- **2. THE SPIRITUAL ASSESSMENT**
- **The Holy – score = 4/4**
- **religion - *Catholic.*
- **spirituality - *Reads daily Catholic inspirational material & Scripture devotional - "Magnificat." Prays often. Finding greater peace. Sees miraculous healing of GOD as pregnancy becomes more stable in answer to prayers of herself & husband.*
- **Support – score = 3/4**
- **family - *Pt reports husband and family are loving and encouraging.*
- **friends - *Not discussed.*
- **community - *Local Catholic Church supportive. Husband is Catholic. Pt is not formally Catholic yet, was attending weekly RCIA [Right of Christian Initiation for Adults] new membership study class at Church, which Priest is continuing for pt by personally visiting her weekly in hospital. Pt is not able to receive Sacraments of The Church yet, but Priest personally prays for pt, husband and baby during each visit to pt.*
- **Hope – score = 4/4**
- **hope for - *Sees increasing hope for unborn baby to be safely delivered at or near due date. Hopes that she and husband will continue to be drawn closer to one another and to GOD through course of pregnancy.*
- ***hope in - Places hope in GOD, Who pt sees as answering her prayers for baby's safety. The Teachings & Sacraments of The Catholic Church. The Word of GOD, which she reads eagerly and with a strong Faith.*
- **Meaning – score = 3/4**
- **making sense of illness - *Pt feels she and her husband are being drawn closer to each other and to GOD through present trial. "At first it was overwhelming. Now closer to GOD. All things happen for a reason."*
- Points = 14/16. OSAS = 14/4 = 3.5. ***SPIRITUAL CONCERNS.***

- **3. THE SOLUTION FOCUSED BRIEF COUNSELING**
- ****What is your primary problem?**
- *Fear that unborn baby will be born prematurely and die.*
- ****What is the impact of this problem in your daily life?**
- *Carries worry for baby every minute of every day.*
- ****What is the primary goal you need to set to overcome this problem?**
- *Stay close to GOD.*
- ****What is the SMART-est way to frame this goal? [1]**
- *What things can I do daily to stay close to GOD to feel less worried?*
-

[1] Nikitina, "SMART" goals – Simple; Measurable; Attainable; Reasonable; Timely.

- **4. THE DAILY SPIRITUAL COPING PLAN**
- 1. *Follow orders of Doctors and Nurses for bed-rest and self care.*
- 2. *Continue to pray and read devotional daily.*
- 3. *Continue to study in preparation for officially joining The Catholic Church.*
- 4. *Continue to share feelings with husband and Priest.*

CASE SIX

- *LP is a 63 y/o female, admit for Short Bowel Syndrome, chronic abdominal pain. I visited twice for 30 minutes and 60 minutes.*
- OSAS = 10/4 = 2.5.
- ***SPIRITUAL CONCERNS***.

- **1. THE STORY**
- **History**
- *Awoke in hospital ICU 3 years ago after rupture of bowel aneurysm, "1/2 of my stomach and intestines gone." Repeated GI surgeries, loss of much of bowel, iliostomy, malabsorption syndrome & marked emaciated body wasting, "not absorbing nutrition."*
- **Experience**
- *"Lived in hospital most of time for last 3 years, lost 86% of body fat, watching myself self digest."*
- **Feelings**
- *Feels increasingly fretful re welfare of her loved ones and of her Church as she sees her death slowly approaching.*

- **2. THE SPIRITUAL ASSESSMENT**.
- **The Holy – score = 2/4**
- **religion - *Lutheran. Deeply religious.*
- **spirituality - *Strong sense of GOD's call on her life. Prays daily for blessings, family and for her Church. Seems to lack inner peace r/t seeing her slowly approaching death & having increasingly less time to live.*
- **Support – score = 3/4**
- **family - *Lives alone. 1st husband "died as a drunk driver" in MVA 1981 Daughter & grandchildren nearby and all actively supportive. Separated from 2nd husband, lives nearby, also supportive. Alienated from brother, who is a Catholic Priest.*
- **friends - *Stays in touch with several High School girlfriends.*
- **community - *Church Elder and on Church council, deeply involved in Church, "my Second Home."*
- **Hope – score = 2/4**
- **hope for - *Loss of ability to be deeply involved in work of her Church directly due to lengthy hospitalizations. Loss of this has been painful. Deeply worried for her Church, now without a permanent Pastor. Hopes to see her Church again more stable and thriving.*
- **hope in - *In GOD for daily strength in time left to live.*
- **Meaning – score = 3/4**
- **making sense of illness - *Taking inventory of what is of comfort, important and life priorities. Rediscovering purpose in ministering to healthcare workers caring for her during lengthy hospitalizations. "GOD has a purpose."*
- Points = 10/16. OSAS = 10/4 = 2.5. ***SPIRITUAL CONCERNS***.

- **3. THE SOLUTION FOCUSED BRIEF COUNSELING**
- ****What is your primary problem?**
- *Lengthy and now seemingly terminal condition.*
- ****What is the impact of this problem in your daily life?**
- *Prevents pt from being actively involved in her Church, her "Second Home."*
- ****What is the primary goal you need to set to overcome this problem?**
- *How do I spend the time left?*
- ****What is the SMART-est way to frame this goal? [1]**
- *What spiritual things can I do to care for myself every day?*
-

[1] Nikitina, "SMART" goals – Simple; Measurable; Attainable; Reasonable; Timely.

- 4. THE DAILY SPIRITUAL COPING PLAN
- 1. *Continue daily prayer.*
- 2. *Continue to celebrate relationships with loved ones.*
- 3. *Do 1 thing every day to help my Church survive and thrive.*
- 4. *Stay connected with High School girlfriends.*
- 5. *Periodically visit Humane Society animal shelter.*

IX. ANALYSIS OF THE CASE DATA

NATURE OF THE CASES

- There are 6 patients in this study.
- 4 patients are female and 2 male.
- 5 are Caucasian and 1 Hispanic.
- All are English speaking.
- All are Christian – 3 Lutheran, 2 Catholic and 1 Protestant with no Church affiliation.
- There were no family members present during my visits.
- The age range of the patients is 28-75 years old.
- The average age is 61 years.
- 5 cases were on medical/surgical units and 1 case on the maternity unit.
- 4 cases were acute and 2 were chronic.
- 2 cases were medical in nature, 2 surgical, 1 cardiac and 1 obstetrical.
- None were Emergency Room cases, either trauma or medical.
- None were imminently dying.

CASE DIAGNOSES

- Case 1
- acute medical case with uncontrolled hematuria with severe blood loss and bedridden with Multiple Sclerosis.
- Case 2
- acute surgical case, post surgery x several days for correction of an occluded Superficial Femoral Artery with pain control issues.
- Case 3
- chronic medical case, diagnosed with End Stage Liver Failure, where death was expected but not immediately imminent.
- Case 4
- acute cardiac case who suffered an Acute Myocardial Infarction and Acute Renal Failure, with a history of Diabetes and Coronary Artery Bypass Graft Surgery possibly pending.
- Case 5
- acute obstetrical case, a 1st pregnancy early in the 2nd trimester with vaginal bleeding and threatened premature delivery.
- Case 6
- chronic surgical case with Short Bowel Syndrome, chronic abdominal pain and severe body wasting, after suffering a ruptured bowel aneurysm several years prior, with several bowel resections and multiple surgical and Gastro-Intestinal complications.

VISIT DATA

- I saw 3 patients once and 3 patients twice.
- The range of visits was from 30 to 60 minutes, with an average visit time of about 45 minutes.
- Support and Hope averaged lowest at 2.7 each out of 4.0.
- Sense of The Holy scored a higher average of 2.8 out of 4.0.
- Finding meaning scored the highest with an average of 3.0 out of 4.0.
- The range of the OSAS [Overall Spiritual Assessment Score] was between 1.5 to 3.5.
- The average OSAS for the 6 cases was 2.8.
- 4 cases were ***Spiritual Concerns*** (OSAS of 3.5 to 2.5)
- 2 cases were ***Spiritual Distress*** (OSAS of 2.4 to 1.5)

MCSAI sub-scores, average scores and OSAS

	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Average
The Holy (of 4)	3	1	3	4	4	2	2.8
Support (of 4)	2	2	2	4	3	3	2.7
Hope (of 4)	2	2	3	3	4	2	2.7
Meaning (of 4)	3	1	1	1	3	3	3.0
Total points (of 16)	10	6	9	12	14	10	10.2
OSAS	2.5	1.5	2.25	3.0	3.5	2.5	2.8

A BREAKDOWN OF SOLUTION FOCUSED BRIEF COUNSELING PROCESS

- ***Patient identified their primary life problems as follows:***
- Case 1 – aloneness & isolation; feeling forgotten
- Case 2 – wounded relationships
- Case 3 – acceptance of terminal illness
- Case 4 – fear of dying; making the best immediate major care choice
- Case 5 – fear of death for unborn baby; paralyzing constant worry
- Case 6 – lengthy illness; terminal condition

- ***<u>Patients identified how their primary life problems impacted their daily life as follows:</u>***
- Case 1 - Sadness, withdrawal, being closed to relationships
- Case 2 – withdrawal; substance abuse; marital stress; alienation from family
- Case 3 – Feeling defeated, sad, bewildered, discouraged
- Case 4 – worry, loss of peace, inability to care for family; unable to be with family
- Case 5 – nonstop worry for unborn baby that excludes everything else
- Case 6 – separation from Church

- **<u>Patients set the following primary goals to overcome primary life problem as follows:</u>**
- Case 1 - Reaching out
- Case 2 – finding greater peace, healing broken relationships
- Case 3 – using remaining time to live wisely; celebrating and loving family
- Case 4 – finding greater peace; making an immediate major care decision
- Case 5 – staying close to GOD
- Case 6 – using remaining time to live wisely

- **How patients framed their primary "SMART" goals:**
- Case 1 – What can I do daily in my new community to be open to new friendships?
- Case 2 – What can I do daily to find greater peace?
- Case 3 – Find 1 way to enjoy family every day.
- Case 4 – What can I do daily to find more peace and decide which care choice to make?
- Case 5 – What can I do daily to stay close to GOD and feel less worried?
- Case 6 – What spiritual things can I do daily for myself?

EVALUATION OF DAILY SPIRITUAL COPING PLANS

- **Patient listed categories of daily spiritual coping plans:**
- Case 1 – prayer, calm music, connection with friends, helping others, social activities, share feelings
- Case 2 – reaching out, prayer, share feelings, connection with Church, Scripture/devotionals
- Case 3 – family relationships, connection with Church, acceptance, share feelings, prayer, meditation
- Case 4 – prayer, share feelings, self permission to cry, thankfulness for blessings
- Case 5 – compliance to medical/nursing orders, prayer, Scripture/devotional, connection with Church, share feelings
- Case 6 – prayer, family relationships, connection with Church, connection with friends, time with animals

- **Frequency of categories listed by patients in their daily spiritual coping plans:**
- 6 of 6 cases: prayer
- 5 of 6 cases: share feelings
- 4 of 6 cases: connection with Church
- 2 of 6 cases: Scripture/devotionals; family relationships; connection with friends
- 1 of 6 cases: calm music; helping others; social activities; reaching out; acceptance; meditation; self permission to cry; thankfulness for blessings; compliance to medical/nursing orders; time with animals.

X. CONCLUSIONS

VALIDATIONS OF MY PASTORAL CARE PRACTICE

- This study suggests validation of the two most common things I do in my pastoral care as a hospital Chaplain:
- 1. providing an empathetic listening pastoral presence to invite people to share their feelings
- 2. the use of prayer.

- It also validated the importance for many of my patients
- 3. to stay connected or reconnect to Faith communities while in the hospital.
- I place great value in facilitating this, when it is desired, and with the consent of the patient or family.
- This includes making sure those placed in my care have their religious and Sacramental needs met
- which often are beyond my means and authority to provide,
- but which are frequently available from Church and other Faith communities to hospital patients.

- This study also validated of my conviction and practice
- 4. that speaking The Word of GOD in some form during many of my patient visits
- is a source of comfort to those patients of Faith
- and a duty of my pastoral care.
- 5. Celebrating and maintaining relationships with family and friends while hospitalized was also listed in several spiritual coping plans by patients
- which validates my pastoral practice of respecting and making space for family and friends at the patient bedside as much as possible.

- Less commonly used in my pastoral care
- are many skills and resources that appear least often in patients' spiritual coping plans in this study,
- but are not unimportant or ineffective.
- 6. This suggests validation, in select cases
- of my use of singing hymns and chanting PSALMS at the bedside
- of exploring issues through a patient's favorite hymn in print form
- of enabling outlets for altruistic activities for patients
- of facilitating limited social activities at the bedside.

- of encouraging patients to reach out
- particularly regarding issues of forgiveness and reconciliation
- of the use of guided image meditation of typically PSALM 23 for calming purposes
- of giving patients permission, space and validation for their tears
- of being open to sharing my own restrained tearfulness with patients in select cases
- of encouraging patients to talk openly with their Doctors and Nurses about questions and issues related to medical/nursing care
- of select use of arranging for pet therapy visits.

CRITIQUE

- All of the patients in my study were very close to my Faith world view in religion and spirituality.
- This is partly a function of the more traditional community in which I minister, which is largely Christian, both Protestant and Catholic.
- I need to be prepared for openness with patients and families that have a dissimilar Faith from mine, who are spiritual but not religious or who are neither.
- This is increasingly the case with younger patients and as our society becomes more multicultural.
- All of my patients were English speaking. The changing nature of our society calls for hospital Chaplains to be able to use the resources available to effectively minister across language barriers as well.

- The sample size of this study was extremely limited.
- The choosing of cases to include in my study was not fully objective
- but also influenced by my own subjective empathetic connectedness that I felt towards some patients more so than others.
- I was not able to follow up any of the patients in this study before discharge to evaluate the effectiveness of their daily spiritual coping plans,
- nor to see if they were in fact putting them into practice,
- nor to offer opportunities to revise them.
- I further did not design any post discharge contact to evaluate the effectiveness of daily spiritual coping plans with patients.

- My own more traditional and narrower view of support systems caused me to overlook an important possible area of spiritual assessment and connectedness.
- I assessed “Support” in Quadrant II of The MCSAI for “Family, Friends and Faith community.”
- However, I did not assess for “other support groups,” whether formal or informal, that might be a crucial component of the patient’s support network.
- This might include a grief recovery group, an informal prayer group or a formalized recovery group like Alcoholics Anonymous.
- Support might actually be stronger than appreciated in some cases.

- Lastly, the measuring of Spiritual well-being in each of the 4 areas of spiritual assessment in The MCSAI was subjective.
- I did not design objective measurable criteria for each score of 4, 3, 2, or 1.
- Nor did I design objective measurable criteria for placing the OSAS on the RHMC sliding scale of Spiritual well-being.
- This does not however, make this method invalid.
- If it causes a pastoral caregiver to listen more carefully and more empathetically to the patient's Story,
- and more professionally identify and address the spiritual needs present,
- then my proposed method I think is well worth while.

IN CONCLUSION

- I began with The Word of GOD recorded by Saint Paul in EPHESIANS 5:15-16,
- “See therefore, brethren, how you walk circumspectly: not as unwise, But as wise: redeeming the time…” [1]
- Time is especially precious in hospital Chaplain ministry, when the length and number of visits to patients and families is typically limited.
-

[1] DRA, EPHESIANS 5:15-16.

- There are many times outside of the emergent crisis and immediate grief support needs in hospital Chaplaincy
- when empowering patients to identify their own solutions
- and helping them develop a daily spiritual coping plan
- has the potential to bear much fruit.
- For such pastoral care to be effective, those placed in our care
- must be in a spiritual state capable of this work
- and have the motivation to sufficiently invest him in such an effort.

- I believe the model of pastoral care has much promise:

- ***1. Empathetically listening to the patient's story.***
- ***2. Doing a competent and professional spiritual assessment.***
- ***3. Providing solution-focused brief counseling.***
- ***4. Helping the patient identify and build a simple daily spiritual coping plan.***

- I found this system caused me to listen more carefully to patient's Story, which itself is a foundation for more effective pastoral care.
- This study suggests validation my pastoral practice,
- in that the patients in this study most often prescribed for themselves the two things that I most commonly offer those placed in my care as a hospital Chaplain:
- 1. providing an empathetic listening pastoral presence to elicit the sharing of feelings
- 2. and the use of prayer.

XI. REFERENCES

- **"Douay-Rheims American Bible 1899 Edition." Bible Works 7. Bible Works, LLC. Norfolk, Virginia. 2006.
- **"Chaplaincy Services Department, Chaplain's Orientation Manual." Chaplain Gregory A. Stoddard, D.Min, BCC, Director of Chaplaincy Services. The Reading Hospital Medical Center, West. Reading, PA. 2008.
- **"Nursing Diagnosis Handbook – A Guide to Planning Care, 7th Edition." Betty J. Ackley, MSN, EdS, RN and Gail B. Ladwig, MSN, RN, CHTP. Mosby, Inc, St. Louis, Missouri. 2006.
- **"Mount Carmel Spiritual Assessment Instrument [SAI]." Pastoral Care Department, Mount Carmel Medical Center, Columbus, Ohio. 1980.
- **"The Minister as Diagnostician – Personal Problems in Pastoral Perspective." Paul W. Pruyser. The Westminster Press, Philadelphia, PA. 1976.
- **"Solution Focused Brief Counseling – From Problem Solver to Solution Seeker." Russell A. Sabella, PhD. Florida Gulf Coast University, College of Education, Fort Myers, Florida. 2006. Retrieved 3/25/2009. http://coe.fgcu.edu/faculty/sabella/sfbc-handout.pdf
- **"SMART Goal Setting." Goal Setting Guide. Arina Nikitina. 2008. Retrieved 3/25/2009. http://www.goal-setting-guide.com/smart-goals.html