

Train & Sustain: A Model for Volunteer Spiritual Support in Long Term

Quality Palliative Care in Long Term Care (QPC-LTC) Alli-



Social Sciences and Humanities
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Resident Need for Spiritual & Religious Care

- The provision of spiritual care is especially important for older adults living in long term care as they deal with end of life issues. (Luff et al 2011, Sinclair 2011, Edwards et al 2010, Jolley et al 2010, Marsten 2010, and Hamilton et al 2009)
- A link between spirituality, aging and palliative care is affirmed in the research literature. (Mowat et al 2010, Marsten 2010, Edwards et al 2010, Bushfield 2010, Netting 2010, Goodall 2009 and Stranahan 2007)
- Spirituality and meaning-making are considered integral to the major developmental tasks common in older adults. (Goodall 2009)

A Sustainable Model for Spiritual Care Provision

- LTC homes, especially municipal homes, may have funding constraints in meeting the spiritual and religious needs of their residents.
- Funding for a qualified chaplain/spiritual care provider may be unavailable.
- Many homes turn to volunteers to provide spiritual and religious care for their residents.

Volunteers: Balancing Care

- The field of spiritual and religious care or Pastoral Ministry attracts volunteers who are dedicated to serving others in need.
- Many volunteers come from formalized faith communities and visit LTC residents as part of living their faith.
- LTC homes must have proper training and supports for volunteers to ensure resident protection from religious proselytizing.

The Train & Sustain Model



Three Distinct Elements of Providing Care

The model relies on three inter-connecting elements to provide comprehensive spiritual care for LTC communities: volunteer training that is supported and overseen by an internal Spiritual Care Circle and a community-based Pastoral Support Committee.



Pastoral Training and Spiritual Support

Volunteer Training is divided into three sessions and led by a professional chaplain:

I. Volunteers in the Circle of Care

- History, Meaning and Theology of Spiritual Care in Long Term Care
- Protection of the Public and Regulatory issues
- Model for Spiritual Care in Long Term Care
- Volunteer Identity in the Caregiving Team

II. Building Volunteer Skills for Spiritual Support

- Family Systems Theory and Client Centred Care
- Visiting Ministry Skills (Active Listening, Empathy, Prayer)
- Compassion Fatigue and Self-Reflection on Ministry Practice
- End of Life Issues for Long Term Care Residents

III. Diversity & Cultural Training

- Culturally Sensitive Care and Communications
- Power Differentials
- Faith/Cultural Fact Sheets

Spiritual Care Circles



The design suggested for Spiritual Care Circles brings spiritual care theory and practice together through consultation on a monthly basis. See Appendix A for Spiritual Care Circle Terms of Reference.

Professional Chaplaincy Support

- Led by a professional chaplain the regular monthly meetings will be an opportunity for trained spiritual support volunteers and staff to review their pastoral encounters with residents.
- Meetings are held in a 'rounds' format to discuss the active caregiving issues that arise for the spiritual support volunteers.



Volunteer Oversight & Support

- Having a consistent consultative group that meets regularly and is focused on provision of spiritual care should meet the need for appropriate volunteer oversight.
- Volunteers can develop fruitful spiritual support relationships with long term care residents and their families.

Self-Care & Ongoing Education

- Spiritual Care Circles can also support the volunteer spiritual support visitors with leadership from a professional chaplain and include a measure of self-care for volunteers, an aid to volunteer retention. (Scott & Howlett, 2009)
- Ongoing education concerning issues of importance for volunteers can also be offered at these sessions.
- Participants in the Spiritual Care Circle are bound by ethical and confidentiality requirements regarding the residents they are visiting

Volunteer Boundaries



- The need to assess appropriate boundaries for volunteers is an important consideration and central to any training provided.
- Legislation regarding therapeutic spiritual care interventions in Ontario, Canada is forthcoming as part of a Registered College of Psychotherapists.

Provincial Regulation of Spiritual Care

- Some provinces include professional chaplains/spiritual care providers under their legislation to regulate psychotherapy.
- In forthcoming changes to the Ontario Health Act, 1990, the practice of psychotherapy (chaplains, pastoral counsellors, family and marital counsellors) will adhere to a competency model for registration.
- This means all who engage in providing spiritual care psychotherapy, whether working in a volunteer capacity or as a paid professional, must hold membership in the Registered College.

Volunteer Role Clearly Defined

- Volunteers may still provide spiritual support in a pastoral helping context and not require membership in a regulatory body.
- The Train & Sustain model makes a clear delineation between what a spiritual support volunteer provides for residents and what a certified chaplain/spiritual care provider can offer.

Professional Leadership

- Volunteers need someone who can respond to their pastoral questions through practical knowledge of spiritual care therapeutic interventions and professional competency requirements.
- The Train & Sustain model requires a lead professional chaplain who is proficient in the kinds of spiritual issues that arise for residents living in long term care homes.
- If funding is not available for a certified spiritual care provider, then the LTC home has to assure that any volunteer leading the Spiritual Care Circle has appropriate regulatory and professional credentials.
- Meetings of the Spiritual Care Circle call for about two hours per month of a professional chaplain's time.

Staff Involvement

- Bringing both social workers and chaplains together in the Spiritual Care Circle could be very workable for municipally funded homes.
- Any resident need for counseling could be discussed at regular Spiritual Care Circle meetings and brought forward to the Social Work Coordinator for psychotherapeutic referral, if a professional chaplain is not available to assist the resident.

Life Enrichment Support

- Life Enrichment Staff generally supervise all volunteers who assist residents in LTC.
- The Spiritual Care Circle will not change this, but given the practice boundaries of spiritual care provision, certified chaplaincy oversight will assist Life Enrichment programs in maintaining a high level of quality care for residents.

Flexibility

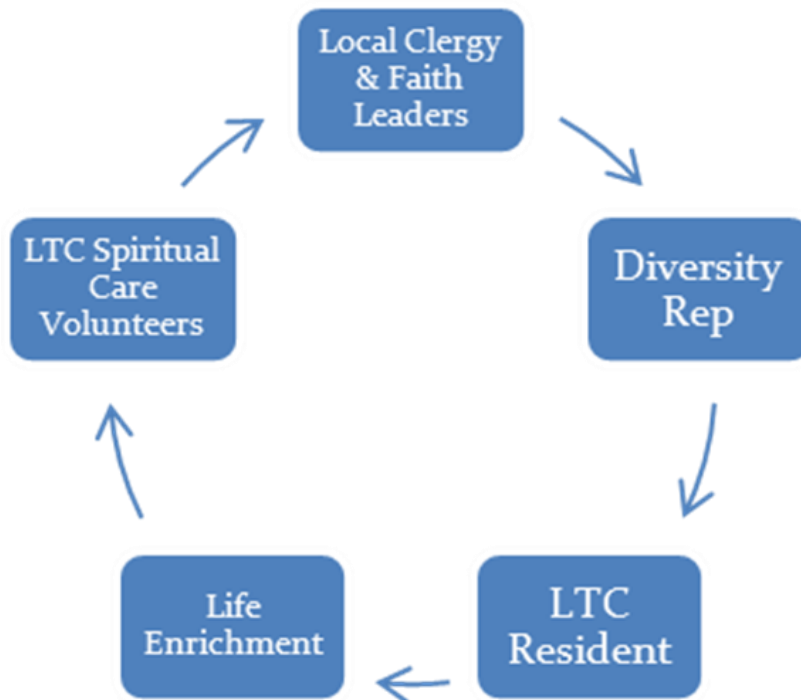
Of course, in homes where chaplaincy is fully funded and part of the interdisciplinary care team, this model is also a useful means to retain and support volunteers active in spiritual and religious support.

Diversity Issues

As issues of religious and cultural diversity arise within long term care settings, Spiritual Care Circles can actively identify resources for volunteers and staff so optimal care is provided within the home, care that is respectful of different cultural backgrounds and faith perspectives.



Pastoral Support Committee



- The Pastoral Support Committee is a community based group which promotes inclusive spiritual and religious care for the home's residents and family members.
- The group meets quarterly and can plan special commemorations for the LTC home.
- See appendix B for Pastoral Support Committee Terms of Reference

Reflecting Diverse Community Values

- Chaired by a local faith representative, membership includes community clergy/faith leaders, a resident from the home, the Life Enrichment Supervisor and the home's religious support volunteers who lead regular worship services.
- The Pastoral Support Committee can reflect community demographics by inviting visible minorities to attend.
- The home's professional chaplain would also be invited to attend regular meetings.

Recruiting Volunteers

- The Pastoral Support Committee could be an effective source for recruiting new spiritual support volunteers from the community.
- These volunteers, once trained, would increase the number of one-to-one visits with residents and also receive support and oversight through the Spiritual Care Circle.
- Pastoral visiting in faith communities would also benefit from members trained in offering spiritual support.



Administration Involvement

- The LTC home's administrator can participate in both the Spiritual Care Circle and Pastoral Support Committee as an ex-officio member to maintain accountability.
- The home's administrator would also have responsibility to oversee the professional chaplain position.



How to Implement Train & Sustain

- Step 1: Meet with the home's current spiritual support volunteers to assess their perception of the Train & Sustain model and gain their support.
- Step 2: Actively recruit a professional chaplain.
- Step 3: Form the Pastoral Support Committee, first approaching clergy who are already visiting residents and providing worship services in the LTC home.
- Step 4: Offer the Train & Sustain volunteer training in three separate sessions, starting with the home's established volunteers. Training can be repeated annually.
- Step 5: Establish regular monthly meetings of the Spiritual Care Circle



Comprehensive Spiritual Care

It is hoped that the three different components of the Train & Sustain model - Volunteer Training, the Spiritual Care Circle and the Pastoral Support Committee will provide long term care homes with comprehensive spiritual care for their residents.

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Enhanced Volunteer Skills for Spiritual Support in Long Term Care

Enhanced Spiritual Caregiving Skills for Long Term Care

- Session I: Volunteers in the Circle of Care
- Session II: Building Spiritual Caregiving Skills
- Session III: Diversity & Cultural Awareness

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Section 1: Volunteers in the Circle of Care

- Definition of Spirituality
- Training for Professional Chaplains
- Protection of the Public and Regulatory issues
- Model for Spiritual Care in Long Term Care
- History, Meaning and Theology of Spiritual Care in Long Term Care
- Volunteer Identity in the Caregiving Team

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Spirituality is Not the Same as Religious Faith

- Spirituality is more than a function of religious faith.
- *“Spirituality is the aspect of humanity that refers to the way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self – to others, to nature and to the Significant or Sacred”.¹*
- Trained spiritual and palliative support volunteers provide for both spiritual and religious needs within the Long Term Care community.

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Protection for the Public: Who Oversees Spiritual Care?

Canadian Association for Spiritual Care/ Association Canadienne des Soins Spirituels (CASC/ACSS) provides education and certification for spiritual and religious care to endorse Certified Spiritual Care Professionals. Members adhere to a strict Code of Ethics and are endorsed for pastoral care and counseling by a specific faith community.

Certified spiritual care professionals possess the knowledge, skills, judgment and experience to facilitate a spiritual care program, deliver quality assurance in spiritual care provision and engage in ongoing professional development.

Providing education, training and support for volunteers in a spiritual and religious care program falls under the domain of a CASC trained chaplain.

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<http://www.cappe.org/members/standards.html>

Chaplaincy Training

- In most jurisdictions, chaplains or professional spiritual care providers have earned a Masters of Divinity or its equivalent before registering for chaplaincy training.
- While many clergy may receive basic chaplaincy training, professional chaplaincy or spiritual care requires years of training and 'Specialist' certification.



CASC / ACSS

Canadian Association for Spiritual Care
Association canadienne de soins spirituels

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Regulation of Spiritual Care

- In some Canadian provinces, Psychotherapy will be regulated by the government. Ontario will be using a competency model, rather than specific qualifications in its forthcoming legislation
- The professional groups under legislation include psychotherapists, certified chaplains/spiritual care providers and certified pastoral counsellors, acute mental health counsellors, and family & marital counsellors, among others.
- The public will be better protected under this legislation.

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Legislation in Ontario

The Canadian Association for Spiritual Care is one of the lead stakeholders working collaboratively with the Ministry of Health & Long Term Care in the Transitional Council of Registered Psychotherapists and Registered Mental Health Therapists of Ontario to regulate the above professions under the provisions of the pending Psychotherapy Act.



CASC / ACSS
Canadian Association for Spiritual Care
Association canadienne de soins spirituels

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Competency Model

- In Ontario, anyone providing spiritual care therapeutic interventions must be regulated under the Psychotherapy Act, whether or not they are paid for their work.
- This will also include volunteers as well as professional care providers Long Term Care, Acute Care, Hospice, Prison Ministry and other settings.
- Clergy/faith leaders are not regulated under the act if their work is concentrated within their own denominational boundaries.

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What This Mean for Volunteers? Does

- The precise role for volunteers has yet to be defined in terms of the Psychotherapy Act. To the extent that volunteer involvement with the public does not involve therapeutic interventions, they will not have to be regulated and they will not have to join an association.
- However, institutions who encourage volunteers in a role of providing spiritual support or palliative care will have to arrange for appropriate oversight for their volunteers.

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The Train & Sustain Model



Training & Sustaining Model for Spiritual Care in Long Term Care

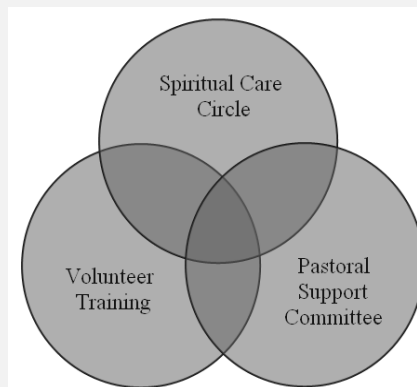
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Three distinct Elements of Providing Care

- The model relies on three interconnecting elements to provide comprehensive spiritual care for LTC communities: volunteer training plus regular oversight and support from an internal Spiritual Care Circle, complimented by a community-based Pastoral Support Committee.

Elements of Providing Care



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What will oversight for spiritual care and palliative care look like?



Spiritual Care Circles: Sustainable Model for Long Term Care

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Membership in the Spiritual Care Circle

- Long Term Care homes can form a 'Spiritual Care Circle' that meets monthly in a 'rounds' format to discuss issues that arise for spiritual support volunteers.
- This consultative group would include:
 - A certified chaplain/spiritual care provider (clergy/faith leader with some professional chaplaincy training are also acceptable)
 - Life Enrichment Coordinator
 - Social Work Coordinator
 - Volunteer weekly worship coordinator
 - Volunteer Sunday worship coordinator
 - One-to-one volunteer visitors who have completed specific training for spiritual support

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History, Meaning and Theology of Spiritual Care

Who Started Spiritual Care as a Therapy?

- The provision of spiritual care as a therapeutic process is rooted in the seminal work of Anton Boisen (1876 - 1965).²
- His work marks the beginning of Supervised/Clinical Pastoral Education as a means to challenge seminarians to explore their study of the human experience by thinking theologically.

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Care of the Soul

- Boisen believed that the care of the soul can begin in a traumatic event and he pioneered 'narrative therapy' as a kind of therapeutic 'God-talk'. He integrated both mental and spiritual difficulties into a theological methodology.
- The action or praxis of spiritual care involves narrative therapy which creates opportunity to be transformed by new insight arising from self-reflection on the ministry/therapeutic encounter. Both the client and care provider can be enriched through the spiritual care relationship.

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Who Benefits in Spiritual Care?

- Being privileged to provide care is as important as receiving the care. The dynamic of spiritual care represents an in-breaking of the realm of God for both the care provider and the care receiver.

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Theological Reflection in Spiritual Care

- Thinking theologically or Theological Reflection is integral to the education and clinical practice of chaplains/spiritual care providers.
- The rapport between spiritual care provider and client becomes an interpretive or hermeneutic circle, as both client and chaplain are seen, in Boisen's language – as “living human documents” or as texts, akin to the Bible, open to interpretation.

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What is the Role of a Professional Spiritual Care Provider?

- The professional spiritual care provider or chaplain facilitates a meaning-making conversation to articulate grief and sorrow into a new reality of hope.
- They are trained in psychotherapeutic modalities and provide counselling. Chaplains also create and lead religious rituals and engage with the interdisciplinary health care team.

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What is the Role of a Spiritual Support Volunteer?

- Trained volunteers provide prayer, comfort, encouragement and support to residents, staff and families in the Long Term Care Community.

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Resident Needs

- Optimal person centered spiritual care is based on relationship and correlates with basic tasks in aging individuals:
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 - • To be connected
 - • To be respected and appreciated
 - • To be compassionate
 - • To give and to share
 - • To have hope⁴

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Being Present

- Just being present with a resident is providing spiritual support. Our intentional presence tells them they are important, valued and worthy of respect.
- Once they sense that you are there just for them, they can start to feel better about themselves. It also makes the staff and families feel good that someone is spending genuine time with the residents.
- We may be motivated by our own faith to serve God by serving others, but we don't need to share our faith, we just need to be fully present to others and God will look after the sharing!

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Becoming a Non-Anxious Presence

- The term ‘non-anxious presence’ was coined by psychiatrist/psychologist Henry Stack Sullivan and developed by Family Systems therapists. They recognized the importance of being self-differentiated, non-anxious yet fully present with clients.³
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- The same quality can be very useful for the spiritual support and palliative care volunteer. It requires an intentional awareness of our presence with others and how they perceive us.
- As God-centered visitors, we do not walk alone. We are ministers of God’s love and caring. When we allow the Creator’s love to shine through us, we will project a non-anxious presence.

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Resident Confidentiality

- Safeguarding the personal information of residents is of the utmost importance.
- We are bound by law not to disclose any private information about a resident in a public way. If a resident dies, that information is not private and can be shared within the home and in the community.
- Pertinent information can be freely shared amongst appropriate staff or within the Spiritual Care Circle, especially if it relates to providing best care for residents.
- If a resident asks us to contact someone on their behalf, say a medical specialist or their priest, we should refer the request to the registered staff on duty as they may be aware of specific care provisions.

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Safety First

- Anxiety attacks are not uncommon in Long Term Care and there is always a possibility that someone could build in their frustration and strike out.
- During a visit, sit at arm's length from the resident and always make sure you have clear access to the door.
- Keeping a reasonable distance from the resident is respectful and helps lower anxiety.

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Elder Abuse

- Residents can come to trust spiritual support and palliative care visitors. Sometimes they will tell us very private stories, things they've not shared with anyone else.
- There is nothing wrong with that as long as you are clear that the resident is safe from harm or abuse.
- If you suspect elder abuse, you must report it to the staff

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When a Resident Says “No” to a visit

- If a resident declines our visit, we still maintain an attitude of unconditional positive regard for that resident and we leave their room promptly but with warmth.
- Living in Long Term Care is a great equalizer and many folks rightfully cling to their former status and independence. Saying ‘no’ to a visit is an exercise of personal choice and let’s face it – LTC can be limited when it comes to personal autonomy.
- Residents may do a little ‘size-up’ of us as visitors. It may take them more time to check us out and figure out if they really want to open up to someone else. There can be a lot of self-disclosure in a spiritual care visit and some folks are just more reserved.
- The consistency of how you model Person Centered Care will build confidence in others. Stay positive and they may just invite you in!

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Referrals for Visits

- Affirming the dignity and worth of each person is an important aspect of overall care.
- Awareness of resident spiritual care needs should be everyone’s business: chaplains, nurses, social workers, personal support workers, life enrichment, administrative and other staff.
- Please accept referrals from friends, family and staff regarding visits to residents. It is recognized that spiritual support visitors who are also residents will not be visiting other residents in their own home area.
- If something arises in a visit with a resident that you think the staff on duty should be aware of, please share it with them at the end of your visit.

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Section 2: Building Spiritual Caregiving Skills

- Family Systems Theory and Client Centred Care
- Visiting Ministry Skills (Active Listening, Empathy, Prayer)
- Compassion Fatigue and Self-Reflection on Ministry Practice
- End of Life Issues for LTC Residents

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What is Person Centred Care?

- The term Person Centred Care has evolved from Client Centered or Rogerian Counseling as developed by founder Carl Rogers (1902 - 1987).
- Carl Rogers believed that the client is the best authority on their own experience and that the client is fully capable of personal change. However, the client - like all of us - needs favorable conditions in which to blossom and bloom.

If I can provide a certain type of relationship, the other person will discover within themselves [sic] the capacity to use that relationship for growth and change and personal development will occur. - Carl Rogers⁵

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What's Involved in Person Centred Care?

- Spiritual care or palliative care visitors do not have an 'agenda' in mind when visiting a resident. The resident's needs and concerns will be the focus of any visit.
- In a successful person centered session, the following characteristics will prevail:
 - Empathy
 - Unconditional Positive Regard
 - Genuineness (Authenticity) ⁶

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Empathy

- Our goal is to accurately understand the resident's thoughts and feelings from the resident's own perspective.
- When we are willing and able to experience the world from the resident's point of view, it shows the resident that their perspective has value and that she/he is accepted
- This helps boost a resident's self-esteem as they feel worthy of being heard.

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Unconditional Positive Regard

- We accept the resident without conditions, without judgment. This frees the resident to explore her/his thoughts and feelings, positive or negative, without danger of rejection or condemnation.
- Sometimes residents feel guilty about complaining with their close family members and may have concerns about expressing dissatisfaction to staff. Letting residents blow off a little steam with us can bring them real relief.
- Even if the resident is making stories up or intentionally lying, we still listen without judgment. They need us to be fully present with them and this need outweighs the need for truth-telling.
- In an environment where dementia is normative, telling the whole truth may not even be possible!

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Authenticity- Being Genuine with Another

- The spiritual care is authentic and does not put on a professional “I know best” façade. You are “there” for the resident and are “real”. In this way, the resident is the center of attention.

“I’m interested in you as a person, and I think that what you feel is important. I respect your thoughts, and even if I don’t agree with them, I know that they are valid for you. I feel sure that you have a contribution to make. I’m not trying to change you or evaluate you. I just want to understand you. I think you’re worth listening to, and I want you to know that I’m the kind of a person you can talk to.”

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Invitational

- Our stance is invitational towards residents, staff, family members and other volunteers.
- By being open, genuine and caring, residents will relax and trust us and our ministry will be more effective.

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Self Disclosure

- As we are not the focus of the visit, it's important to limit how much we say about ourselves. It's a tricky area, because too much self-revelation and the resident may lose respect for you; not enough and they may think you are not a fellow human.
- A good idea is to share personal stories in disguise, saying, "A friend of mine once had this happen to them too.....". Telling brief stories can be helpful to affirm the resident and reduce anxiety.

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Active Listening in Person Centered Care

- There are several key elements of active listening. ⁷ This will help you ensure that you hear the other person and that the other person knows you are hearing what they say.
- **Introduce yourself and ask permission for a visit**
- You are entering the resident's home and it's polite to first ask if they'd like a visit.
- Make sure your identity badge is visible and be sure to use the antiseptic squirt before you enter and after you leave their room. They will notice that you are treating them with respect.

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Be Attentive

- **Pay attention**

Look at the resident directly. Give the resident your undivided attention, and acknowledge what they say.

Recognize that non-verbal communication also "speaks" loudly.

Looking at their photos and items on display helps to show you have a sincere interest in the resident. As a spiritual support visitor, you need to see the world from the resident's point of view.

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Distractions

- **Set aside distracting thoughts**

Saying a quiet prayer before entering a resident's room can be very helpful in keeping your focus entirely on them.

You are also in a role of ministering to others, including the staff, family members and other visitors.

If you are interrupted by staff or other residents, be gracious and keep the resident's needs in mind. Tell them you can come back later for a visit.

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Be Responsive

- **Show that you are listening**

Ask if you can sit down for the visit; it conveys genuine interest and is more relaxing for you too.

Use your own body language and gestures to convey your attention.

Nod occasionally. Smile and use other facial expressions.

Note your posture and make sure it is open and inviting.

Encourage the speaker to continue with small verbal comments like yes, and uh huh.

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Reflective Comments

- **Provide feedback**

Reflect on what has been said by paraphrasing: "What I'm hearing is..." and "Sounds like you are saying..." are great ways to encourage the resident to tell you more.

Ask questions to clarify certain points. "What do you mean when you say...?" "Is this what you mean?"

Summarize the speaker's comments periodically. Our personal filters, assumptions, judgments, and beliefs can distort what we hear. As a listener, your role is to understand what is being said.

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Assessment

- **Hear what is not being said**

- While you are visiting, think about the meaning of what it is they are really trying to say. For example, if a resident keeps asking you to move things in their room, perhaps they feel frustrated that they can't place things they way they want to any more.
- Offer compassion and support by acknowledging how difficult it can be not to be fully independent any more.
- Active listening is a way to communicate that you care and hearing what's 'unsaid' is very affirming for residents.

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Prayer with Residents and Staff

•Prayer with residents can be formal or informal, depending upon the resident need. Formal prayer is usually written down or may involve reading from sacred texts such as the Bible. You may write your own prayers to share with residents. Singing hymns is another form of prayer.

•Informal prayer is recommended during each visit. Asking the resident if they would like you to pray with them is a nice way to wrap up a visit.

•Your posture can change, moving closer to the resident, holding their hand and bowing your head is very effective in creating a holy space for the prayer.

•Summarize the concerns shared by the resident in your prayer and offer them a blessing before you leave. If the resident is a member of a faith group, then, by all means include references to religious figures as suitable for them.

•If a staff member or family member has had a difficult day, you can offer to pray with them as well. Sometimes this opens them up to too much emotion during their workday and just sharing their concern with you may be enough.

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Be Aware of your Own Emotions

- As most of us form attachments to the residents we visit frequently, be aware of how involved you are becoming.
- There is nothing wrong with feeling close to a resident, just make sure that you keep the rapport warm, friendly and professional.
- It's tempting to assist a resident by helping them run errands or to go on outings. This is not your primary role, however, you are present with them to provide companionship and spiritual support.

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Depression in Long Term Care Residents

- From your sharing in the Spiritual Care Circle, you may be aware that a resident is depressed.
- Depression is not part of the aging process.⁸ However, it is often seen concurrently with dementia and is frequently associated with suicide in later life.
- If a resident is experiencing depressive episodes, their quality of life is reduced.
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- Nevertheless, depression is one of the most treatable of mental illnesses of older adults.

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Evidence Based Care

- A study of pastoral care for depression in long term care residents by Baker in 2000,⁸ supported the hypothesis that intentional pastoral care which nurtures the spiritual dimension, may reduce the prevalence and degree of depression.
- The study included a period of therapeutic support from a chaplain and they noted an increase in depression levels after the support concluded.
- This highlights the need to examine ways of implementing long-term spiritual care for residents.

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Treatment of Depression

- The best outcomes result from accurate identification of clinical depression, followed by pharmacological treatment that is supported by psychotherapy.
- There is also a recognized role for spiritual care in treating depression in older adults, alongside of medications.⁹ Spiritual care provides a meaning-making conversation that helps the person find useful resources and hope in the midst of their trials.
- The spiritual support visitor is well situated to bring comfort, encouragement and support to a depressed resident.

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Experience of Grief in Long Term Care

- Grief is a natural process; it's how our psyche handles the changes and chances that this life brings. In Long Term Care, grief is normative and will be an aspect of many spiritual support visits. It does not matter how long ago a resident experienced a loss, they may still need to explore their feelings many years later.
- Christian theologians have long challenged the idea that grief is a therapeutically manageable process that moves towards any kind of resolution. Thomas G. Long maintains that as believers, we do not seek 'closure' but rather look to God to "gather all of our lost loves into that great unending story fashioned by God's grace."¹⁰
- Most residents will agree that they already engage in an inner dialogue with their deceased loved one, a kind of 'spiritual conversation'. Affirming that experience for them helps them to feel normal about their grief and loss. It also keeps them open to the primacy of that love relationship, to see that it's not lost, just transformed.

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Anticipatory Mourning

- Anticipatory mourning is an ongoing process that includes losses from the past, present and the future. Healthy anticipatory mourning is important because it offers an individual and their family the chance to adapt to changing circumstances of living with illness, dying and death.

Dr. Therese Rando's Seven Generic Operations:

- Grief and mourning
- Coping
- Interaction - the relation or engagement with other people
- Cultural, cognitive issues and family communication
- Psychosocial reorganization
- Planning
- Balancing conflicting demands
- Facilitating an appropriate death¹¹

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Spiritual Support at the End of Life

- Families are often uncomfortable being alone with a dying or deceased person. Your presence is often of more value to the family members than the dying resident, as they are beyond talking.
- Your gift to the dying is that you can 'be' with them and their family to offer much needed reassurance and support. They often try to find meaning and repeat the story of their loss. Give them room to express their grief, anger and loss. Encourage them to identify areas of support.
- Communicate the needs of the dying person and family concerns to the staff, let staff know if additional religious support is requested. Ensure family members 'take turns' at the bedside and don't become depleted.
- Be open to the staff's sense of loss and their concerns related to the death. Support the staff in remembering the simple things about the resident, the things they liked about them or the funny things that happened is very helpful. Encourage staff to share their memories of the resident with the family.

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Post Death Grief

- After a resident has died - family members, friends and close caregivers all must go through a Post Death Grief Process.

William Worden's Task Model:^{1,2}

- Accept the reality of the loss
 - Work through the grief and pain
 - Adjust to a new environment
 - Create new emotional bonds with the deceased and move on
- There is no great clock ticking in the sky that measures how we process individual grief and loss. Everyone's experience and pace of resolution is different.
- As spiritual support and palliative care volunteers, you can be present to others in their grief to offer encouragement, support and caring.

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Self Care & Compassion Fatigue

- At the end of the day, we recognize that we're only human. Each of us has our own limitations and we need to be conscious about our self-care.
- Spiritual care professionals and visitors are very vulnerable to Compassion Fatigue. We can be exposed to emotionally tender and heart wrenching experiences every time we visit and that can take a real toll on us. It can be hard to see the effect this has on us.
- The key indicator is feeling numb and detached from the value of our work. Most folks just work harder, piling on more and more hours volunteering.
- However, the response to Compassion Fatigue is to take some time out - even God rested on the seventh day! Assess yourself, hear what your family, friends and colleagues are saying to you and get professional help if you need it.
- Check out this self test link to see where you rank with Compassion Fatigue: http://proqol.org/ProOol_Test.html

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Personal Growth Through Serving Others

- Providing spiritual support to others is a rich ministry experience. We will grow in love and our own faith will be deepened through volunteering.
- Some encounters, as with the dying, can be very challenging. It is critically important to establish consistent self-reflection upon your ministry practice.
- When you prayerfully review your ministry encounters and draw analogies using religious source materials, this is Theological Reflection.
- Be mindful of your own spiritual nourishment through meditation, faith-based study, spiritual direction and community worship. This may help you better articulate fresh insight and spiritual imagery to offer residents as they seek to find meaning in their world.

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Session 3: Diversity & Cultural Awareness in LTC

- Culturally Sensitive Communications
- Power Differentials
- Faith/Cultural Fact Sheets

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Diversity Awareness in Spiritual Support

- The Canadian demographic has changed radically in the last forty-five years. It's important to be aware of the cultural, religious and diversity issues in our society. While these changes may not be reflected in your Long Term Care community residents, in many communities staffing has changed.

- Maintaining a high regard for the value of residents can be enhanced by understanding their cultural and religious background.

- The central effort in providing spiritual support in such a varied milieu is to ask what the resident's personal preferences are and be guided thereby. The spiritual support visitor's greatest skills are self-awareness, sensitivity towards and acceptance of others.

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Culturally Sensitive Support

- Culture is multidimensional and includes shared knowledge, beliefs, values, attitudes, rules of behavior, world view¹³
- The context of culture is dependent on social, religious, linguistic, dietary, geographical and historical factors as well as personal history, work experience, education, and economic status
- Long Term Care is a culture in itself with sub-cultures within it, by specialty or discipline of care providers, residents, family and volunteers

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Cultural Assessment

- Reactions to cultural differences are automatic, often subconscious and influence the dynamics of the supportive relationship.
- It can be hard to step outside of our own culture, but that's what is required in providing culturally sensitive support.
- Being able to identify relevant cultural factors will improve the support we can provide for others.
- Self-reflection assists in making good cultural assessments. It will help us to understand to what extent cultural issues may be at play in the supportive relationship.

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Cultural Competence

- Cultural competence comprises four components:
 - Awareness of one's cultural worldview
 - Attitude towards cultural differences
 - Knowledge of different cultural practices and worldviews
 - Cross-cultural skills¹³
- Cultural competence results in an ability to understand, communicate with and effectively interact with people across different backgrounds and points of view.

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Culturally Sensitive Communication

- Offer respectful nonverbal communication; this will help if there are language barriers
- Ask about preferred terms of address, some cultures are very hesitant about sharing personal information with strangers
- Determine if there are any language taboos or specific cultural rules around disclosure and truth telling; some cultures never tell an elder they are dying
- Touch is a sensitive area in many cultures, especially for women; make sure you have an established trust relationship and clear permission before you touch a resident
- Try to understand the meaning of suffering, pain and death for the resident and their family based upon their culture or faith

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Culturally Sensitive Prayer

- Praying in a culturally sensitive way is not as hard as it may seem. We are all children of God, regardless of our specific beliefs. Praying to our Creator, without use of gender-specific terms will be helpful in most situations.
- Re-phrasing the residents' personal concerns and offering them up to the Creator is an appropriate and culturally sensitive prayer. Many cultures and faiths want to acknowledge their humility before the Lord and offer praise and thanksgiving for all the gifts we have been given - such as loving families and dedicated caregivers in Long Term Care.
- The key is to step outside of our own personal and religious frame of reference and meet the residents' need to feel God's love, protection and care.

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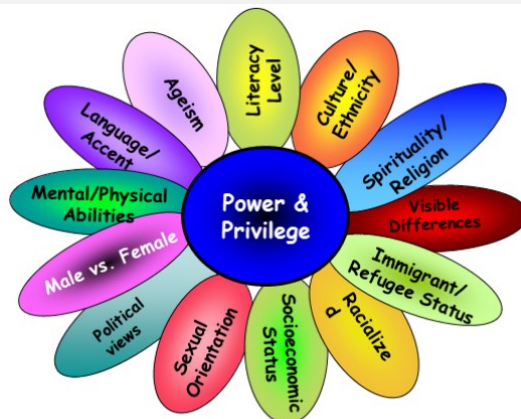
Cultural Context for Death

- Many cultures have specific customs and traditions regarding care of the dying
- For important social and historic reasons, some cultures and religions avoid telling someone that they are dying
- Family social patterns of communication are culturally nuanced; sometimes not telling their family member they are dying creates a loving network of supportive care that avoids the harshness of death
- Volunteers are not in a position to judge the merit of telling a resident they are dying; that decision is left to qualified staff, including the chaplain and social worker
- When faced with a resident who asks a volunteer if they are dying, it is best to not answer directly, rather, gently ask the resident what they think is going on
- Help them come to their own conclusions, reinforcing the family and cultural support they have in place
- Inform the chaplain or social worker of the resident's concerns, especially if the resident expresses a fear of dying

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The Power Flower ¹⁴



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Power Differentials in Spiritual Support

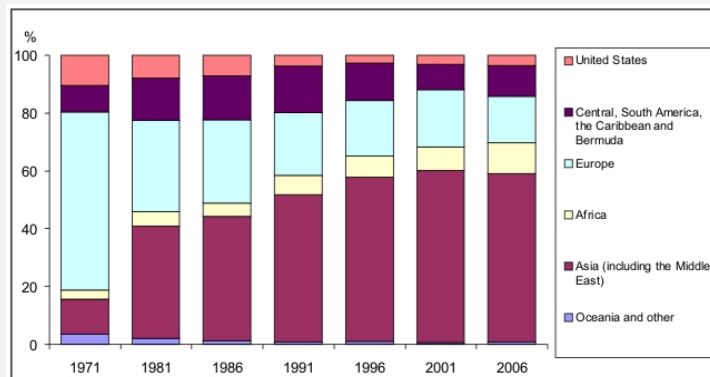
- Based upon our race, language, ethnicity and socio-economic status, there will be various power differentials operative during a spiritual support visit. These values can affect how we are perceived by others and residents may be more or less able to trust us at the outset because of where they are coming from as demonstrated in the Power Flower.¹⁴
- We must make every effort to be aware of the power differentials at work during a visit, so residents are not placed at a disadvantage.
- Generalizations are generally to be avoided! Treat each person as a unique individual and avoid referring to stereotypes.
- When residents are discriminatory, then you are within your rights to politely disagree and acknowledge that you see things differently.
- Remember that someone in LTC may feel powerless in the moment or rooted in their own losses. Try to hear their hurt behind any harsh statements.

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Demographic Changes: Greater Immigration from Asia



Changing Demographics in Canada – Region of Birth 1971 - 2006

2006 Census of Canada, Geography Division, Statistics Canada 2007

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Predominant “Eastern” vs. “Western” Cultural Values

• Easterners

- believe in the freedom of silence
- love is mute
- like to contemplate
- are passive
- lapse into meditation

• Westerners

- believe in the freedom of speech
- love is vocal
- like to act
- are outgoing
- strive for articulation

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Asian & Pacific Island Cultures

- Family plays a strong central role and duty is a core value, manifested by respect and reverence for parents. Their society has been male dominated and longevity is valued. Other attributes include emotional self-control, collectivism, and humility. The elderly are respected for their wisdom.
- Treatment termination is considered equivalent to ancestor murder and there is a fear of being judged by community; there are language taboos around death and dying. They actively avoid any undue suffering and illness is a family event.
- A good death means dying with a full stomach; they stress the importance of feeding as related to their history of disasters and starvation. This may prove difficult in LTC as feeding is contraindicated when death is immanent. Be understanding and supportive; encourage family members to listen to staff for guidance.¹⁵

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Buddhism

- In Buddhism, the nature of religion is a study of the mind to attain liberation from suffering, enlightenment and the State of Buddhahood. It is a profound model of psychology, spiritual philosophy and practice to liberate all beings from suffering. Personal insight and belief evolves with the complete study of the Laws of Cause and Effect or KARMA.
- Rebirth is a core belief and death is considered the actual time of movement from one life to another. A Buddhist representative must be notified well in advance to preside over the care of a dying person.
- At time of death, silence is observed and the body is cared for by the Buddhist representative - others are not to touch or move the body.¹⁵

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Mainstream Christianity & Denominational Differences

- Christianity is a very diverse religion. Mainstream groups include Roman Catholics, Anglicans, Presbyterians, United Church, Baptists and Evangelical Christian members.
- For the most part, Christians agree that Jesus Christ is the Son of God and that the Bible (including First and New Testaments) is the source of guidance and inspiration for followers.
- Christian expression of worship also has considerable cultural differences; a service at a Christian Reformed Church will appear very different from a Korean Presbyterian or Jamaican Gospel Church.

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Christian Sacraments for Death

- Many Christians believe that during his earthly ministry, Jesus Christ instituted anointing of the sick with blessed oil to bring spiritual and physical healing, especially as death approaches.
- In the Roman Catholic and Anglican traditions, anointing is considered a sacrament – that is, an outward and visible sign of an inward and invisible grace. Anointing or ‘Sacrament of the Sick’ is a gift of the Holy Spirit to ease anxiety and brings strengthening grace and peace.
- Holy Communion may be offered, depending on the person’s need and capacity as death approaches.
- Pentecostal, Presbyterian and Protestant denominations also offer anointing, while Evangelical traditions prefer sharing Scripture readings with those who are seriously ill or dying.

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Orthodox Christianity

Their faith professes no fear of death – it is the beginning of another life. Icons or pictures of the saints are used in worship, and representations of Cross are a central aid in their faith practice.

Prayer ropes are used to pray and believers are to pray for salvation to be healed physically or if unable, spiritually.

Candles are used as reminders that it is the ‘Light of the world’ that is needed to lead them.

Cremation is forbidden and death is considered as “falling asleep in the Lord” – “He will wake us when our room is ready in His house of eternal life.”¹⁵

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Hispanic Cultures

- In Hispanic cultures, death is considered a natural part of the life cycle. Central themes include:
 - Familismo: welfare of the family
 - Jerarquismo: respect for hierarchy
 - Personalismo: trust borne of mutual respect
 - Espiritismo: effect of good & evil spirits
 - Presentismo: present orientation
 - Sympatia: the meaning of nodding¹²

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Indigenous Practice

Making peace with the Creator/God and with others is an important element of Indigenous practice as death approaches.¹⁶ The focus is on readying oneself for the afterlife which may include taking part in specific rituals such as a Smudging Ceremony.

Aboriginal/Indigenous peoples around the world use special herbs to cleanse oneself of bad feelings and negative energy as an aide to spiritual and physical healing.

The Sacred Plants

- Tobacco: A gift of the spirit that promotes strength and courage.
- Sage : A medicine of the plants that promotes sharing.
- Sweetgrass: Symbolic of the coming to one and balance of the body, mind and spirit while promoting kindness.
- Cedar: A medicine of the trees that promotes honesty¹⁷

An Elder will lead the Smudging Ceremony by burning clippings of the sacred herbs to release the unseen powers of the herbs for spiritual cleansing. With silent and spoken prayers, the smoke is lightly brushed over the person using a feather. The person rubs their hands in the smoke and inhales, gently taking it into their body for healing. It is appropriate to offer the Elder a gift of Indigenous tobacco as a sign of respect.¹⁷

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Islamic Cultures

- In general, Muslims believe that God dictates our time on earth and that the present life is a trial in preparation for the next realm of existence.
- Traditional values may be disrupted if a Muslim has to move into residential care as elders are venerated and cared for in the home for as long as possible. Determining end of life wishes in Muslim families may have cultural overtones as they do not want to conflict with God's will for a person's life-span.¹⁵
- Volunteers can be supportive in acknowledging a central Muslim tenet that we all come from God and to God we return.
- When a Muslim dies, he or she is washed and wrapped in a clean, white cloth (usually by a family member). Specific prayers are recited and burial takes place quickly, usually on the day of death.
- Muslims consider this a final service that they can do for their relatives and an opportunity to remember that their own existence here on earth is brief.

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Judaism

Orthodox Jews are fully observant of Jewish law and tradition; the Rabbi is the religious authority and interpreter of Jewish law, roles and obligations.

Conservative Judaism has a wide variation in level of observance of Jewish law and tradition; Jewish law is reinterpreted to fit modern society. The Rabbi is considered an advisor and not as authoritative. There is ritual equality between men and women.

Reform Judaism views Jewish law as a guide and non-binding and they are less observant of tradition.

Beliefs and Practices: Life is to be lived as fully as possible and valued above all else. The human body is a gift from God. Respect and preservation of life are divine commandments.

Pain and suffering are not excuses for shortening one's life and the sanctity of life supersedes quality-of-life considerations.¹⁵

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Thank You for Volunteering!

- As a spiritual support or palliative care volunteer, you are a precious resource for this home. Your presence here is a real gift.
- We appreciate your time, energy and skill in visiting our residents.
- May you be blessed with compassion, humility and insight as you journey with our residents.

On their behalf, we thank you!

11 June 2013
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Appendix A: Spiritual Care Circle Terms of Reference

Quality Palliative Care in Long Term Care A Community-University Research Alliance

Train & Sustain: A Model for Sustainable Spiritual Care in Long Term Care **Spiritual Care Circle** **Sample Terms of Reference**

Purpose

To act as an oversight and consultative body regarding the provision of one-to-one Spiritual Care within the [name of LTC home] community. Participants are bound by scope of practice, ethical and confidentiality requirements regarding the residents they provide care for.

Responsibilities

To meet monthly in a 'rounds' format to discuss the active caregiving issues that arise for the spiritual support volunteers.

To identify resident need for further psychotherapeutic counselling and make referrals to the Social Worker.

To engage in ongoing educational programs of benefit to spiritual support volunteers.

To offer Spiritual Support Volunteer Training sessions annually or as needed.

Membership

Life Enrichment Coordinator

Social Work Coordinator

A Clinical Pastoral Education trained chaplain (or clergy volunteer with some CPE training required)

Wednesday Worship volunteer coordinator

Sunday Worship volunteer coordinator

One-to-one spiritual support volunteer visitors who have completed volunteer spiritual support training; if appropriate, an LTC resident may participate as a trained volunteer, as long as they are not visiting residents in their own home area.

Meetings

Meetings are held on a monthly basis.

Note: The chaplain position is one that could be advertised for as a volunteer position, so the home would be assured of finding someone who is well-trained, experienced and dedicated to participation. Special skills desired: professional education and training in spiritual care, with a practical knowledge of Spiritual Care therapeutic interventions and scope of practice issues; sensitive to the kinds of spiritual issues that arise for residents living in LTC homes.



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Appendix B: Pastoral Support Terms of Reference

Quality Palliative Care in Long Term Care A Community-University Research Alliance

Train & Sustain: A Model for Sustainable Spiritual Care in Long Term Care **Pastoral Support Committee** **Sample Terms of Reference**

Purpose

To promote the provision of inclusive spiritual and religious care for [name of LTC home] residents and family members.

Responsibilities

To assist in the development of a supportive environment for the expression of spiritual and religious needs at [name of LTC home].

To promote community involvement in attracting volunteers to provide spiritual and religious support at [name of LTC home].

To assist in the provision and coordination of weekly and special worship services for the [name of LTC home] community.

To provide a forum for the discussion of spiritual and religious issues which pertain to the [name of LTC home] community.

Membership

Life Enrichment Supervisor

Professional Chaplain

Coordinator (volunteer) of [name of LTC home] Wednesday Worship Services

Resident representative

Representatives from the [name of town] faith community, including clergy and pastoral care providers

Meetings

Meetings shall be held quarterly

Accountability

This committee is accountable to [name of LTC home] Administrator



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