

Peer Mentoring Leader's Guide



CENTER FOR SPIRITUALITY

AND AGING

California Lutheran Homes
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Peer Mentors

Care for the Whole Person

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Peer Mentoring Program

STATEMENT OF PHILOSOPHY: CARING FOR THE WHOLE PERSON

Adopted by the Front Porch Ethics Service March 12, 2004

[Front Porch seeks to provide care and services to the well-being of the whole person and is mindful of and sensitive to the intellectual, emotional, spiritual, social and physical aspects of aging.](#)

The staff members of Front Porch continually grow in the skills needed to be supportive of these aspects of aging without imposing their personal values or perspectives on the resident.

VISION STATEMENT FOR MENTORING PROGRAM

To transform and enhance the way staff meet the needs of older adults based on not only upon traditional caregiving skills, but also the understanding that aging is a spiritual journey.

MISSION STATEMENT FOR MENTORING PROGRAM

To recruit, train, and support staff mentors who shall model and advocate for superior caregiving skills that includes both 'traditional care' and 'spiritual caregiving' principles.

In order that new employees might be oriented not just to the tasks of their job, but to the heart of their job: meeting resident needs, mentors seek to encourage and assist new employees to succeed. By their example and commitment, mentors will set a tone among staff for excellence, compassion and understanding.

PROGRAM GOALS:

1. Recruit, train and support line-staff employees who shall serve as mentors and examples of excellence for all staff, but with an emphasis upon new hires.
2. Implement the training model for the staff of this Community in the use of the principles of Spiritual Care as developed by the Center for Spirituality and Aging.
3. Enhance the existing orientation of new employees to include principles of Caring for the Whole Person with an emphasis on Spiritual Caregiving.
4. Resource continual in-services for staff that is complimentary to established staff development opportunities, using the principles of Care for the Whole Person. These in-services will include, but not be limited to "aging and wellness," the spiritual care of persons with dementia, suffering, end of life, depression and loss.

TARGET DATES

<u>Task</u>	<u>Target Date for Completion</u>
1. Executive Director appoints a Peer Mentor Coordinator and a Care for the Whole Person Coordinator	Month One
2. Training of Peer Mentor (PM) Coordinator and Care for the Whole Person Coordinator (CHPC)	Month Two
3. Executive Director and PMC / CHPC confer with Department Heads	Month Three
4. Recruitment of Mentors	Month Four
6. Mentor Training	Month Five Six
7: Initial Staff Training begins Mentors Become Advocates and Models for entire staff	Month Seven Eight
1. Begin: 1. Regular Employee In-Services enhanced by principles of Caring for the Whole Person 2. Mentoring Program for New Employees 3. Enhanced New Employee Orientation that includes Caring for the Whole Person	Month Nine

Relationship to Core Values

Aging is essentially a spiritual journey. While aging has psycho-social components and physical challenges, these experiences only deepen the person's desire and need to find meaning and purpose in life. The human being is more than the sum of her or his parts. There is a spirituality, a qualitative seeking and growing, that is at the heart of every person. This search may or may not be expressed in religious terms. This search may or may not be assisted by participation in religious expression and actions. The search, the spiritual journey, has more to do with how a person interprets life and the world around them than with the actions themselves.

Through its peer mentoring program, this community affirms the essential role of spiritual care in providing quality care to its residents.

- In order to promote customer satisfaction resident's essential questions and needs have to be addressed, all of which are, at their basics, spiritual (how they view and make sense of life).
- In order to respect the dignity of others, treating them with honest and respect, caregivers must be open to the deeper questions in life that are so apparent in the lives of older adults.

- Since spirituality is how a person (either resident or staff) views the world from the inside, individual initiative, expression and creativity are essential to quality spiritual care since spiritual care seeks insight for within each person not simply to confer information.
- Since spirituality is so personal and relational, Spiritual Care requires teamwork both between resident and caregiver but also among staff so that the resident's journey of life (spiritual journey) is affirmed and cultivated.
- Because spirituality addresses the heart of the human experience, Spiritual Care is fiscally responsible, promoting retention and satisfaction of both staff and resident.
- Providing Spiritual Care as an essential dimension of providing quality care is an innovative enhancement of the traditional care model.

Through an emphasis on Caring for the Whole Person, the Peer Mentoring Program does not seek to replace what might be called 'traditional care' that is based on the bio-medical model. The premise of Caring for the Whole Person is to be envisioned as an enhancement of traditional care that provides service to an essential task of the elderly: growing in the spirit even as bodily functions decline. Caring for the Whole Person does not prescribe any specific spiritual tradition or spiritual guide. Instead, Caring for the Whole Person seeks to be attentive to and encouraging of the journey as is being experienced by the resident in the resident's own terms and tradition.

The Peer Mentoring Program also seeks to support staff in tending to their personal spiritual journeys, another benefit of personal growth that will make this community distinctive from its competition and promote staff retention.

Through the development of a system of mentoring, we seek to provide the skills as well as lead caregivers to the insight required to be an effective and significant caregiver of the whole person, body, mind, and spirit.

Spiritual Care

It's Principles and Practice

By Donald Koepke, Director

Religion, and thus spirituality, has often been a source of caring concern around health care professionals. Wishing to remain 'value free' they resist getting involved in anything that is not scientifically demonstrable and clinically testable. But have health care professionals ended up throwing the proverbial baby out with the bath water? While no one wants to return to the time when the beliefs of the Christian Church dominated health care, does any tendency to ignore or even deny the effects of religion and spirituality on the health care of patients raise important questions regarding treating the resident/patient/client wholistically? This paper will seek to:

- define the role of spirituality and religion in providing care,
- provide a simple definition of religion and spirituality,
- describe the principles of providing spiritual care in a religiously pluralistic culture,
- to begin describing how those principles can be simply applied in a health care setting by multi-disciplinary personnel

Spirituality and Religion: An Ally for the Caregiver

A person's spirituality, and probably their religious practices, exposes what is essential in that person's life. It exposes the attitudes and the insights that drive behavior, evoke emotions, and produce values. Thus spirituality and religion are essential elements in assessing a person's 'needs' and 'resources.' At the same time, spirituality and religion can become an ally in an older person's ability to cope with change and address the numerous losses that come with the latter years of life.

This insight is probably 'old hat' to many caregivers. Many have discovered that the essential nature of spirituality and its role in caregiving has to be continually re-interpreted to a healthcare community that is often skeptical of that perspective. In the healthcare community's attempt to be 'value free' in their caregiving, to be inclusive and to not offend, and to not impose their personal beliefs on the client/resident, they sometimes 'throw the baby out with the bath water' and limit the effectiveness of any intervention that they might use to being clarity, support and care to the life of an older adult.

If a person is a practicing Buddhist, providing quiet time and space for meditation could be a helpful intervention in dealing with the fear of dying.

If the person is a practicing Roman Catholic Christian, experiencing the Sacraments might be essential to providing strength in the face of loss.

If the person is a fundamental Christian, prayer and Bible quotations might speak to their soul.

If the person has no religion and is agnostic, or even atheist, discovering what is the central guiding principle for their life can be crucial in providing quality care.

If the person is Jewish, providing foods that are appropriate to their religious world-view would perhaps give as much support as a half-hour of talk-therapy.

The question is not, "How do caregivers avoid the mine-field of spirituality and religion that only seems to exclude and is filled with potential for misunderstanding and offense?" Rather, the question is, "How can I use what is central in the life of this specific client/resident to assist him, support her, give him guidance 'amidst life's storms'?" As a caregiver, I don't have to agree with what is of value to the client/resident. The important thing is that a specific principle, reading, practice or perspective is important and life-giving to the client/resident, no matter what are my personal thoughts and beliefs.

Thus we need to be multi-religious in our clinical practice (even if the religion in question is atheism or agnostic). There is no such thing as a person who is not spiritual. It is only a matter of what spirituality, what life-perspective, what self-transcendent resources make sense to the person receiving our care, and creatively and humbly using that perspective to bring healing and hope.

Focus on Spirituality, not Religion

The reason why professionals in health care 'get into trouble' in situations involving spirituality and religion is that they focus on the patient's religion rather than their spirituality. It is important, then, that distinctions be made between spirituality and religion.

"Spiritual Well-Being is the affirmation of life in a relationship with God, self, community and environment that nurtures and celebrates wholeness" This definition grew out of a national White House consultation held in 1975. (Copyright 1975 by the National Interfaith Coalition on Aging, Inc. (NICA). NICA subsequently became a sub-unit of the National Council on Aging located in Washington, DC. Permission to reprint is granted, provided credit is given.) It forms what is a standard definition of spirituality. Importantly, it calls spiritual well-being (spirituality) as being a relationship, not just a belief, a concept, or a dogma. It is a relationship between God (Higher Power, etc), the person, community and the world that results, not in right thinking, but in wholeness.

I like thinking of spirituality as being the expression of one's religion. That spirituality is not necessarily the same as religion. In fact, a person can hold to a religious belief and yet practice something very different. Many Christians, for example, believe that God forgives them their sins and yet so many are fraught with guilt and shame that, if they lived the belief that they hold they wouldn't feel. Religion is one's formal belief. Spirituality is a person's functional belief.

Not Everyone Has a Religion, But Everyone Has a Spirituality.

Every person has both a formal belief and a functional belief. A formal belief is what a person normally shares with the people around them, unless they are close friends and/or associates. A formal belief is what the person would want to believe, tries to believe, hopes to believe, while functional belief is what they really do believe. Rarely is one's functional belief identical with their formal belief. When that happens, people around the person put a "St." in front of their name or call them "Guru."

Formal and Functional Belief can be contrasted as follows:

<u>Formal Belief</u>	<u>Functional Belief</u>
1. Expressed in creeds, Sacred Writings	What one really believes
2. of the head, logical cognitive, analytical	of the heart, imagination
3. Beliefs of one's faith group	personal beliefs
4. Content for Religious Argument	Content for Personal Sharing
5. What I should believe	What I do believe
6. Winners and losers insiders and outsiders	Believers and seekers
7. Religion	Spirituality

Not everyone has a religion, a formalized system of belief, but everyone has spirituality, a means of putting life together and making meaning of it all. Notes Kathleen Fisher "Spirituality means not just one compartment of life, but the deepest dimension of all of life. The spiritual is the ultimate ground of all our questions, hopes, fears and loves," (Winter Grace Page 13) And James Fowler puts it this way: "Spirituality is the way in which a person understands and lives life in view of her or his ultimate meaning, beliefs, and values" (Stages of Life p. 85). Religion is a systematized expression of meaning in life. Spirituality is the 'tire meeting the road' expression of meaning that may or may not be supported by religious expression and may or may not need religious expression for its existence.

Spiritual Care Principle One:

A Caregiver Can't Fix Spiritual Distress

What, then, does spirituality bring to the health care table that is of value to persons of any discipline? In my opinion, there are three principles that I will explore in the coming issues of *CSEA Spirit*. These three principles are:

1. The caregiver can't (and shouldn't) fix everything;
2. Limitation and vulnerability are a doorway to wholeness
3. A caregiver of any discipline can (and should) become a significant participant in a client's spiritual growth.

The first value that spirituality brings to the health care table is an emphasis that the caregiver can not (and really should not) fix everything. While a nurse might be able to "fix" a headache with a

prescribed medication (and should definitely try), that same nurse can not “fix” the spiritual pain that a client might be experiencing. The “cure” that comes from spirituality is through insight, not just information. It is an insight that cannot be taught or given or even prescribed. The person in crisis can only discover insight herself in her own terms and in her own timing.

Two years ago, I was completing a long period of psychotherapy and I was experiencing a breakthrough. Suddenly I could see my past, my present, and myself. Suddenly the long depression began to lift. It felt like a new day was dawning in my life until I read a personal journal entry written over a year before, when I was caught in the mire of depression, doubt and struggle. There in that ancient journal entry, in my own words, was the very insight that I was celebrating as being ‘new’ today. I had been saying the right words for a long time, but the words had not captured my heart, only my head. Until the new vision was embraced by my heart, my soul, the words remained only words. But when the heart was engaged, the long-spoken words exploded into a life-changing insight.

I don’t think that I am alone in my experience. In fact, I believe that such is the human experience. While information is crucial, guiding, providing structure, it is insight that sets fire to the soul and gives grounding for living that is beyond mere knowing, and thus is more lasting.

It would be ludicrous to me to even hint that spiritual care should replace traditional care that is based on the bio-medical paradigm. I want my health care workers to do all in their power and skill to assist me to live with a body that will do the many things that I love to do. At the same time, however, spiritual care brings an additional dimension to caregiving. Instead of seeking to fix the problem every time, spiritual care seeks to learn from the problem and grow in the problem. Instead of managing and controlling, spiritual care is open and receptive. In place of solving things now, the spiritual caregiver waits expectantly, even hopefully. While traditional care might encourage action, spiritual care focuses on reflection and a search for insight.

Spiritual care is more concerned with listening than fixing. Spiritual care is sensitive to what is breaking into life, changing life, renewing life, not focused on returning life to the way it has been.

Spiritual Care Principle Two:

Limitations and Vulnerability are Doorways to Wholeness

Caregivers have a knee-jerk reaction to struggle. Our senses are sharpened to hear needs, and our training is designed to give us the tools to provide for that need. Thus, any struggle within the person is seen as an enemy to be engaged and ultimately defeated. Now this approach might be essential when dealing with pain management or physical needs. But when it comes to the things of the spirit, the inner life of a person, the basic life-perspective of that person, a different approach is required.

Spiritual caregiving is different from 'traditional' caregiving because spiritual caregiving sees struggle within the person as being essential to the process of change, not as something pathological and strange. Spiritual caregiving asks, "What is this part of life teaching me?" not "Why is this happening to me?" Spiritual caregiving encourages a person to focus on what is happening at *this* moment, what is breaking into life, rather than lamenting the loss of the past or

anticipating the coming of a future escape. Spiritual caregiving recognizes that a person's paradigms (perspectives on life) change slowly, often with great angst and struggle. Spiritual caregiving suggests that struggle is but the labor pains of a person's future molding and shaping the present. The experience is painful. It is like the pain of having to 'get used to' life without a best friend who has been lost to death, or 'getting used to' finding the blessing (the new life) even as one loses the ability to see, or hear, or walk. But spirituality believes that there is a blessing that is beyond the struggle of the present moment, a blessing that can be accessed only if the person embraces the struggle and seeks to learn from the struggle. "Seek and you shall find" is a spiritual principle. If a person believes in and thus seeks the "new" that is breaking into their lives, they will find the new. The differences between traditional caregiving and spiritual caregiving are listed below. Perhaps you would have some additional distinctions from your experience.

Traditional Caregiving	Spiritual Caregiving
Fix it	<i>Listen to it</i>
Cure it	<i>Learn from it</i>
Test for it	<i>Be open to it (Look, expect, wait)</i>
Solve the problem now	<i>Wait expectantly</i>
Give advice	Become a partner and companion
Control, Manage	Surrender, Receive
Encourage Action	Encourage reflection and insight
Focus on Immediate	Focus on the big picture
Emphasize what seen	Open to what unseen
Logical, concrete	Imagination and immaterial

In his book, "The Five Stages of the Soul" (1997, Doubleday, ISBN 0-385-48677-4) H.R. Moody gives an outline that describes what happens every time a person's basic perspective on life, their spirituality, is challenged by what they are experiencing at the moment. First there is a "Call," an awakening to something (perhaps even Someone) deeper, more. Second there is the "Search" for guidance, direction, for a path to that which is deeper. Third is the "Struggle" where the something 'more' challenges past perspectives and present beliefs. Fourth there is the "Breakthrough," where what is new breaks into the present, changing perspectives and direction. Finally, there is the "Return," where life goes on as before but is now informed by a new perspective, a new hope, a new vision.

A new insight into one's life can be painful because it causes change and is strange to the way life has always been seen and perceived. Newness is always new and thus strange in the present (and thus perhaps frightening and foreboding). Otherwise newness wouldn't be new. It would only be an affirmation the past, of past perspectives, vision and hope. The goal of life, in spiritual terms, is not to avoid pain and struggle of the soul, but to recognize that when struggle comes it is but the birth-pangs of something new, and thus to wait, open and expectantly, for what is new to reveal

itself. Struggle in life does not have to be sought. Struggle in life comes whether we like it or not. The essential question is not "Why the struggle?" but "What am I learning in the struggle?"

Thus the role of spiritual caregivers is not so much to comfort a person undergoing a struggle of the soul, but to accompany them on the journey, which we will discuss next month as we talk about the third principle of spiritual care, the essential role of the caregiver.

Spiritual Care Principle Three:

The Essential Role of the Spiritual Caregiver

Principles One and Two can be frustrating for a caregiver. Trained to respond to need and alleviate pain, it can be disturbing (but perhaps freeing?) for them to hear that when it comes to caring for the spirit of another, they are merely observers, not active 'players.' Principles I and II suggest, in a radical way, that the resident is not only the primary decision-maker when it comes to dealing with their own spiritual need, but the only decision-maker. What, then, is the role of the spiritual caregiver? Now that we have discovered that we can't do anything to intervene in the spiritual crisis of a resident, what do we do?

There are six roles for the spiritual caregiver: 1) the Enabler, 2) the Pointer, 3) the Clarifier 4) the Cheerleader, 5) the Companion and 6) the Team Member.

The Enabler: Remember the old saying: "You can lead a horse to water, but you can't make it drink?" Well, if I were a rancher, would the fact that I can't make the horse drink stop me from providing water? Of course not. Even though the caregiver is not able to control change in a resident's spiritual journey/crisis, they can still provide the setting whereby the resident might engage a new perspective. Thus, in a long-term care setting, caregivers make deliberate plans for residents to participate (if they so choose) in religious activity. They are willing to go the extra mile and rouse the desiring Muslim resident just before dawn for the first prayer of the day. They make sure that Christians have the opportunity to worship together, for Jews to celebrate Shabbat and Buddhists to have a time and place to meditate (even if that means having the smell of incense in the room). They do so, not because they believe in what the resident believes. They do so because they know that while not everyone has a religion, many residents do find familiar religious expression meaningful and helpful for the spiritual journey.

Enabling might, however, take forms other than religious activity. It could be placing a resident who is having trouble "adjusting" to life in the skilled care center next to the resident who has discovered continued growth, learning and opportunity in that same care center. Enabling could provide activities that are 'meaning-making' and not just entertaining. While it is true that all residents might not respond to a presentation on the spirituality of death and dying, providing such a presentation and then specifically inviting persons struggling with this issue to attend can be enabling. A caregiver cannot, and should not, try to force a different perspective upon the client. The resident herself can only accomplish change, growth in spirit (Principle One). But caregivers of all disciplines can seek to provide opportunity for residents to at least be exposed to a different perspective that may or may not make a difference in the life of the resident. Such is the resident's choice.

The Pointer: Pointing is probably the most common spiritual care role that caregivers use. While caregivers can't 'force' a person to accept meaning in life, they can point to meaning (at least as they understand meaning). Caregivers are to point to items that might be of value to the resident and the resident's world. For example, describing the joy that is found in Country-Western music would be ineffective for me because I don't particularly like most Country-Western music. But if a caregiver talked to me about the beauty of Maria Calas singing "Madam Butterfly" the music would touch my soul, even if I was in the advanced stages of dementia. To suggest that there is meaning and a joy of living to be found in the visit of family might help if the family was still remembered. But if there has been estrangement within the family, a visit might not be a meaning-filled experience.

Viktor Frankl suggested that meaning in life can be secured in three ways. First would be creativity and production. A person with significant disabilities needs meaningful 'work' for quality of life. "What a beautiful painting!" might be what is needed for a resident to feel affirmed and valued. Secondly, Frankl suggests that meaning is derived from experiencing the true, good, and the beautiful. Making a resident aware of the bird outside the window might be the encounter with life that truly 'makes the resident's day,' reminding them that life has not stopped at the door to the care center . . . that joy of living can even be found in a wheelchair.

The spiritual care element in pointing, however, is for the caregiver not to require that the resident respond positively and fully to what the caregiver points to as being meaningful. It is an *opportunity* for change, not a demand for change. If a caregiver demands that their pointing makes the desired difference, the pointing becomes shallow, even manipulative. Intention is crucial. When it comes to caring for the spirit, the resident remains in the driver's seat.

The Clarifier The clarifier is the person who loans his mind, emotions and heart to another so that they might discover the solution to their situation. A clarifier is not a person who gives personal opinions, values and beliefs but rather seeks to understand and reflect the opinion, values and beliefs of the other. The clarifier is essentially a listener, asking more questions than making statements. In fact, for the clarifier, most statements are begun with a phrase like: "I hear you saying/feeling/believing." It is not that the clarifier does not have an opinion. The clarifier's opinions are shared only in an attempt to further understand and give voice.

Sometimes a resident can be 'so close to the trees that they can't see the forest.' Emotions, long-held beliefs and values taint and color what a person perceives to be true. And yet, as they talk, as they share, as they hear their beliefs being expressed back to them by a caring, listening individual, new insights are discovered. The clutter is swept away. New perspectives are able to break through the fog made impenetrable by familiarity.

Thanks to the emphasis upon listening, many caregivers are very adept at this form of spiritual caregiving. But listening requires being open to the perspectives of another in a non-judgmental way. Listening requires 'making room' for another within one's own mind, emotions, and heart. When it comes to spiritual caregiving, a person needs clarification, rather than information.

The Cheerleader: A cheerleader is one that offers encouragement to others. Cheerleaders are not on the field. They don't run, throw or catch the ball. They don't block, tackle anyone. They are on the sidelines telling the players that they *can do what they are seeking to do*. DEFENSE! DEFENSE! or "YOU CAN DO IT BECAUSE YOU ARE NUMBER ONE". Even if it is two minutes to go in the game, losing 54 to 0, and the team finds themselves on their own five yard line with third and 36 yards to go for a first down, a good cheerleader will say, "Go for it!"

Such is the role of the spiritual caregiver. Knowing that they can not provide the answers (Principle One), realizing that they can't take away the spiritual struggle (Principle Two), they still offer encouragement. Cheerleading is not pie-in-the-sky thinking. Cheerleading is giving encouragement that is grounded on the belief that meaningful life can be found in wheelchairs, and that purpose does not end with the coming of age. A cheerleader is willing to believe (and give voice to) that which the players would like to believe, but perhaps, in the pressures of the moment, in the pain of the present, they just can not see. A cheerleader is one that believes the unbelievable, believes when believing seems futile, believes that the human person is more than the ability to walk, or think, or see, or even do. The cheerleader sees the game. They feel every crunch, they witness every struggle, they are deeply involved in the game. Perhaps, being on the sidelines allows them to have a broader perspective than the players who are caught up in the struggles of the moment.

Physical Therapists are wonderful cheerleaders. "Just one more step, Mrs. Jones." "Let's try one more time, Mr. Smith." PTs and spiritual caregivers believe and encourage, not because they deny reality and live "Never-Never Land." They believe and encourage even in the midst of obstacles, especially in the midst of obstacles, that there is indeed a quality of life breaking into the life of all people at all times, no matter what circumstances might bring.

The Companion. What happens with a four-year-old falls during play and scrapes her or his knee? First there is a wail and tears and then the youngster goes to a parent who 'kisses the o-w-wie' in order to make it feel better. And usually that intervention works, not because parental kisses have any medicinal qualities per se, but because the child is comforted by the fact that someone is there and *that* someone cares.

Such is the role of the spiritual caregiver. If a caregiver can not do anything to change the spiritual crises, if the resident refuses to 'drink the water' to which they are led (Role #1 The Enabler), if the resident scoffs at everything of meaning that is suggested by the caregiver (Role #2 The Pointer), if the resident rejects any effort at clarifying feelings or perspectives (Role #3,) if the resident refuses to be encouraged by the perspectives of the caregiver (Role #4 The Cheerleader), the caregiver can still offer a presence in the midst of the struggle. "You might decide to remain in pain and not see the new life that is present. You might reject the new perspective of meaning that is breaking into life. You might remain the same as the first day we men, but I am still here, with you and for you. You might get grumpy because of the struggle. You might get hostile because you fear the future. But I m here, for you, and I will not go away."

Dr. Lynn Huber, who will present on "Spiritual Development in Later Life" at a conference sponsored by the Center for Spirituality and Aging in 2004, suggests that the companion is a 'non-anxious presence'. Everything else might be swirling around. Nothing might seem solid and predictable. All hope for the future might be gone. But in the midst of it all is this person who seems to understand (at least wants to understand) and is not frightened, or repulsed, or discouraged. That person, in and of themselves, could be a reason for a resident to get up in the morning and even continue what seems to be an unending struggle rather than just giving up in despair.

The Team Member. The good news is that no staff person ever provides spiritual care in a vacuum. There are always others who perhaps can provide spiritual care in a more effective way. Perhaps another CNA is of the same religious tradition as the resident and thus might be able to speak in language that is also the 'heart language' of the resident. Perhaps there is need for some

intervention from a physician to provide a platform upon which the resident can 'fight the good spiritual fight" and come to grips the changes that are happening in their lives. The good news is that there are always staff members around.

Perhaps the housekeeper can reach the person with a word of encouragement easier than the social service provider because who would expect the housekeeper to do anything more than keep the room clean. Perhaps the driver can speak more from and to the heart as transportation is provided to the physician's appointment than the charge nurse can who was the one who made the appointment in the first place. Because spiritual care is an action of the heart, not the head and a relationship fueled by mutual respect and sharing, any staff member who comes in contact with a resident can become the one who is present when the insight breaks through, when the struggle is resolved, when the resident has the experience of peace even in the midst of physical challenge and pain.

Applying Spiritual Care is Simple Although Not Easy

Spiritual Care is deceptively simple to implement. It can feel like something that we already do, desire to do, know how to do. That is because, in an ideal world, people would provide spiritual care with each other as a 'normal' process of living. But today, with so many issues and struggles to distract us, Spiritual Care, if it is to be effective, must be intentional and focused. The best caregivers will already be following many of the principles noted above. The challenge in long term care, is for such care to happen *all* the time by *every* person on campus. That challenge is hard to achieve in that Spiritual Care is so personal, so focused on the individual and requires such a sense of surrender rather than control on the part of the caregiver. In this bio-medically-dominated world of ours, people lead with their heads more than their hearts..

Spiritual Care is listening more to the heart rather than to the head. Listening to the heart includes the emotional, the feelings, but it is deeper than a person's feelings. Feelings are part of the equation, as are cognitive beliefs and values. But Spiritual Caregiving, by listening to and tending to the heart of another, seeks to engage the entire person and not just the mind or the emotions. Spiritual Caregiving is concerned with the integration of the entire person and how that integration of experience, cognition and feelings, form and shape how they view the world and what they expect from the world about them. Spiritual Caregiving asks, "What are the beliefs of the person as well as the feelings of the person revealing about that person?"

The Advantage of Providing Spiritual Care in a Long Term Care Setting

Caregivers in long term care have several advantages over their counterparts in an acute hospital setting that provide significant support to any effort of providing Spiritual Care. I would like to explore four of those advantages.

First, unlike patients in a hospital, residents in long term care stay a long time. Instead of three days, their time of stay is counted in years. Staff, more often than not, have time on their side. If a resident needs time to 'think over' a new perspective, that time is available. If a resident doesn't 'get it' today, maybe they will tomorrow, or even the next day. Therefore a caregiver

does not have to 'succeed' in encouraging change immediately. They can relax and give the resident the time and space that they need and deserve.

Secondly, hands-on caregivers (direct service staff) have contact with each resident several times a day. When asked how many new contacts they might have with their residents each day (dressing, bathing, toileting, etc.) CNAs said "About 15." Fifteen contacts per day and three minutes (?) per contact (on average) makes for 45 minutes per day per resident. Staff do not need to schedule a half hour of their time to engage the resident in conversation. Many staff, particularly hands-on staff, have plenty of opportunity in the course of their daily exchanges with the resident to provide Spiritual Care.

Thirdly, long-term care staff have the advantage of engaging residents in their homes and not in some strange location such as a hospital room. The LTC community has become the primary place of living for residents, the place where they 'kick off their shoes' (so to speak) and are themselves. Therefore, LTC staff see the resident as they are, warts and all, frustrations and pains, not as the resident would like people to see them. There are no masks in a home where everyone is confronting their essential humanity.

Finally, long-term care staff have the advantage of developing a relationship with a resident's family. They become aware of many a skeleton in a closet or the tension between family members. They can encourage the development of relationship by both family member and resident. A resident, or family member, can hide the truth for a while, but sooner or later, within the context of living in their home, masks are removed.

Each of these advantages assist in providing Spiritual Care because they each point to added time, the potential development of relationship, the ability of a staff person to encourage change at the resident's pace and not expecting change on the staff members' terms.

Spiritual Care in 30 Seconds

Spiritual Care can take place in the hallway, in the dining room, in the midst of cleaning the floors, even as one fixes the drip in the sink. Spiritual Care does not take a lot of time, only a lot of heart and a willingness to risk getting involved with another human being. Spiritual Care in 30 Seconds consists of three parts: 1) engaging the resident in such a way that a response from the resident is evoked; 2) listening to the heart with the heart, and 3) affirming what the caregiver heard and reframing.

Picture a staff member walking down the hallway of the SNF towards the room of resident when they greet a different resident, sitting in the hall, with the words, "Hi, how are you?" If the resident says something more than the 'required' "Fine," or says "Fine" in such a way that more is communicated than mere words, a spiritual care opportunity exists.

Step two, listening to the residents heart (not just their thoughts or their feelings) with their heart (the caregiver's) the caregiver seeks to perceive that the resident's words are *revealing* about themselves. From that brief contact, what might be the shape of the 'glasses' through which the resident is interpreting his/her world? Is the world a good place, filled with a sense of joy and peace? Or is the world a dark place where despair lurks? Does the resident feel good about themselves and what is happening to them? Or does the resident resent getting old, or frustrated

at life taking a bad turn? What are the resident's words *REVEALING*, not saying, not expressing, but revealing.

Finally, the caregiver affirms what they have heard (so the resident knows that they have been heard) but then (and this is crucial) continues to reframe the resident's view of themselves and/or their life. This task of reframing engages the resident with a new perspective, hopefully a more positive, wholistic perspective. The reframing is done, not expecting immediate change (remember, a spiritual caregiver can't fix everything). Instead, using one of the five roles of the spiritual care, the caregiver reframes the resident's vision and gently presents a different perspective to the same situation. This reframing is then repeated with every engagement with the resident, every day, every week, every year of the resident's stay. It does not require change, it simply offers change and encourages a resident to 'think again' and 'go deeper' in their journey of life.

Perhaps some illustrations will be helpful. Below are a couple of actual encounters with a resident and a spiritual care giver (SCG). See if you can pick out the thread of spiritual care in these brief encounters.

Spiritual Care in 30 Seconds at a glance

- Open ended greeting that is open to any response
- Listen to the response (to the heart, with the heart).
- Validate the perspective and then reframe

Man coming out of dining room with walker. He is moving slowly and seems almost lost, certainly 'down' (perhaps even depressed).

SCG 1: How is it going today?

Res 1: OK. Who said that these were the golden years?

SCG 2: Yes, getting old is not for sissies, but its still a beautiful day.

Res 2: (looking around slightly) I suppose it is beautiful.

SCG 3: What do you like to do on beautiful days like today?

Res 3: I enjoy just walking around and 'smelling the roses.'

SCG 4: It's great to be alive on days like this.

Res 4: (almost surprised) Yes it is. (Pause) I like talking to you.

The opening greeting of the caregiver was simple enough but it got a strong response: "Who said that these were the golden years?" Reflecting the communication beneath the words, the caregiver replied, "Yes, getting old is not for sissies." The caregiver perceived that the resident's response was really a complaint about the problems inherent in older age. But look at the second part of SCG 2. It is a reframe. Being old might be a challenge to today is still a beautiful day (which it was). The resident looked around as if he noticed for the first time, "I suppose it is beautiful. (Res. 2). Picking up on the positive reaction to his perception, the caregiver continues (SCG 3) "What do you like to do on beautiful days like today?" seeking to get the resident in touch with past joys of living. And when the resident talked about 'smelling the roses' the caregivers affirmation was "It's great to be alive on days like this" (implication, even though getting around is hard). The resident was taken back for a moment. He obviously was confronted with a new thought and thus his word of surprise "Yes it is" and then the frosting on the cake, "I like talking to you" (implication: because you have a positive outlook that I want and desire.

Now not every engagement between caregivers and residents are as perfectly descriptive of Spiritual Care in 30 Seconds. This second one was between a caregiver and resident who had known each other for many years and had had lots of contact with each other.

Woman at mail boxes

SCG 1: How are you doing today?

RES 1: Well, my arthritis in my leg is still bothering me. I didn't get much sleep last night.

SCG 2: I'm sorry about your leg. It must make getting around difficult. But how are YOU doing (not your leg)?

RES 2: Oh, I'm doing OK. My daughter is coming for lunch on Friday.

SCG 3: That's wonderful. Life is good, even with bum legs. Have a better day.

Certainly more direct, almost blunt. But still spiritual care. The affirmation and reframe comes in SCG 2: "I'm sorry about your leg" (affirmation of what the resident is saying) "But how are YOU doing" reframes the question into wanting to talk about her inner self and not only the pains in her leg. The resident (Res. 2) immediately dropped the 'funk' that she was in and became more positive. There is life and purpose, even when the physical self is challenged (SCG 3)

Most encounters in long-term care do not end in resolution. But hopefully, most end in a commitment to continue to consider something new, learn and grow.

A man coming to an activity using a walker.

He is out of breath. He is ten minutes early. He is a former executive of a small company and has always seemed like a 'driven' man.

SCG 1: You seem out of breath.

RES 1: It's hard to get around in this walker.

SCG 2: Maybe your body is telling you to slow down a bit.

RES 2: I have always been in a hurry.

SCG 3: Who said that being in a hurry is a good thing?

RES 3: It's just the way I have always been.

SCG 4: Has hurrying always been a good thing in your life?

RES 4: Well, no. But hurrying is all I know how to do?

SCG 5: Do you think that just maybe your living here is giving you an opportunity to try slowing down a little and enjoying the journey and not just the destination?

RES 5: Maybe so. I'll have to think about it.

SCG 6: It is something to think about

The next day the resident was met coming out of a different activity.

SCG 7: How is the slowing down coming?

RES 7: I am still thinking about it.

In this one, the affirmation is weak but the reframing is strong (SCG 2, SCG 3, SCG 4, SCG 5) but yet the encounter ends in an open-ended way (RES 5). Then next day, however, the conversation continued almost as if it were not separated by over 24 hours. "How is the slowing down coming?" (SCG 7) is a word of encouragement and cheerleading. The resident still is

chewing on it: "I'm still thinking about it" (RES 7) which is often all that a spiritual caregiver can hope for.

Conclusion

Spiritual Care. It is not one of many disciplines, but a style, a means of delivery, for every discipline that enables each to touch the soul of a resident and not merely the body.

Spiritual Care. Because of the nature of aging itself, it is an essential quality of providing effective and satisfying care for older adults.

Spiritual Care. It is what stops a long term care community from becoming a warehouse for the dying and makes them a place where people can struggle with the essential issues of life and living, perhaps discovering, if they haven't before, what is crucial for quality of life.

Spiritual Care. It is often seen as the province of the professional religious person such as a chaplain, priest, or parish pastor. While those disciplines can be helpful because of their depth of knowledge of different forms of spirituality, spiritual care does not belong to them. It is also the province of every caregiver on campus, CNA, nurse, housekeeper, maintenance, dietary servers, social service, activities, and, yes, administration.

Care for the Whole Person

Peer Mentor Coordinator

The Peer Mentor Coordinator shall:

1. With key leaders from the community selected by the Executive Director, including the Spiritual Care Coordinator, recruit and select appropriate mentors
2. provide for and coordinate mentor training and ensure that all participating staff attend all required training sessions and meeting
3. convene and coordinate all mentor – supervision meetings
4. Match mentors with mentoring partners
5. Ensure that mentors fulfill their responsibilities
6. Administer and collect the evaluations of participating staff members
7. Function as contact person for all employees and residents regarding the mentor program
8. Trouble-shoot all problems
9. Maintain records of all mentor relationships and decisions regarding the mentor program.
10. Advocate for mentoring and spiritual care with department heads and direct-service staff.

Attributes of the Peer Mentor Coordinator

1. Is enthusiastic about the concept of peer mentoring and knowledgeable of its principles.
2. Knowledge about spiritual caregiving and a desire to learn more
3. Ability to include other staff persons in providing peer mentor training
4. Comfortable working with direct-service employees
5. Has a position of respect and influence among the department heads and other staff.
6. An ability to work closely with the peer mentor coordinator

Responsible to: Director of Nursing

Center for Spirituality and Ethics in Aging

Peer Mentoring

Whole Person Care Coordinator

Job Description

The Wholistic Care Coordinator shall:

1. Together with the Peer Mentor Coordinator, to participate as an instructor for peer mentors insuring that the principles of spiritual care are taught and integrated.
2. Together with the Staff Developer, to be one of the instructors for new staff, advocating for and sharing the principles of caring for the whole person.
3. To consult with the Director of Human Resources in the development of an orientation process for all employees that shall advocate for and share the principles of the Peer Mentoring Program and Spiritual Care.
4. To be a continual and consistent resource and coach for spiritual concerns to all staff, but particularly peer mentors. Being a resource will include, but not be limited to, participation in appropriate staff development events. Being a coach will include, but not be limited to, informal contact with staff and mentors on the units, one-on-one encouragement and advocacy, and being available to provide support for both the personal spiritual journey of staff as well as professional development in the area of spiritual care.
5. Together with the peer mentoring coordinator and other staff appointed by the Executive Director, to recruit, select and train all peer mentors
6. To attend all peer mentor supervision meetings
7. To conduct brief end-of-shift with CNAs during weeks two through six of their orientation program.
8. To forward all issues regarding peer mentor coordination to the Peer Mentor Coordinator for review and decision.

Qualifications

1. Knowledge of the principles of Caring for the Whole Person and the training strategies of those principles.
2. An enthusiasm for, and knowledge of, the essential role of spiritual care as well as peer mentoring.
3. An ability to coordinate and communicate with appropriate department heads.
4. Skills in teaching Care for the Whole Person
5. Comfortable working with and communicating with direct-service staff
6. An ability to work closely with the peer mentor coordinator
7. A professional knowledge of the theology and practice of all religions found on campus

Responsible to: Director of Nursing

Care for the Whole Person

Peer Mentors

Training Structure

Phase One: Preparation

Peer Mentor Staff meet with Executive Staff

- Goals of Peer Mentoring at this site
- Dates of Orientation of Supervisory Staff
- Benefits to Peer Mentors
- Method of Choosing Peer Mentors
- Target Dates for Choosing Peer Mentors and Beginning of PM Training

Supervisory Staff Meeting

Recruitment/Choosing of Peer Mentors

Phase Two: Training of Peer Mentors

Goal:

- to train a group of staff members from each discipline who will become peer mentors with new employees (Phase Three)
- support the training of the existing staff in the principles of Caring for the Whole Person.

Eight Sessions: All sessions will have an observation task as 'homework'
All session will have BRN and BBS CEUs
(if needed, RCFE, and NCCAP)

Topics

Session One (One Hour)

- What is a Peer Mentor
- Caring for the Whole Person

Session Two (One Hour)

- Becoming Aware of Spiritual Needs

Session Three (One Hour)

- A caregiver can't fix spiritual distress

Session Four (One Hour)

- Limitation and Vulnerability can be doorways to wholeness

Session five (One Hour)

- The Five Roles of Caring for the Spirit

Session six (One Hour)

- The Four Stages of Spiritual Distress

Session Seven (One Hour)

- Resident Interview (group observe Spiritual Care Coordinator)
- Discussion of observations

Session Eight (One Hour)

- Review of Job Description
- Discussion of Attributes and Roles

Phase Three: Training of Existing Staff (Optional)

Goal:

- to bring all staff on board as to the Peer Mentoring Program
- to begin to establish Care for the Whole Person as the expectation of all staff.

Appropriate CEUs will be offered

Three one-hour sessions held every other week (six weeks). Session One will be multi-disciplinary while Sessions Two and Three will be mono-disciplinary. Sessions will be scheduled at the convenience of the staff involved.

Session One: Introduction

- What is Caregiving?
- Becoming aware of Spiritual Needs

Session Two: The Principles

- Principle One: A Caregiver Can't Fix Spiritual Distress
- Principle Two: Limitation and Vulnerability can be Doorways to Wholeness

Session Three: The Action

- Five Tools for Spiritual Caregiving
- Four Stages of Spiritual Distress

Phase Four: Beginning of Peer Mentor Program

Goal:

- To pass on the corporate culture of care for the whole person to new employees.
- To share needed information with new employees that so that they will succeed in being an effective employee.
- To model FP core values and Care for the Whole Person emphasis.

The peer mentor program training is as varied as are the disciplines that are found in a long term care community. Every effort has been made to compress formalized training within a four week period, allowing for a continued influx of new employees. However, since activities, social service and marketing tend to be more stable in their retention of employees an extended period of training was designed for these disciplines. CNAs, Licensed Nurses, Housekeeping, and Dietary have shorter training programs that are more appropriate for their resident involvement.

For CNAs and Licensed Nurses

Day One and Two:

- Group Orientation to Care for the Whole Person completed in conjunction with the mandated orientation content.
- Important theme: Each CNA is the lead caregiver for the eight residents assigned by the Director of Nursing but shares the responsibility with all caregivers for all residents.

Day Three, Four and Five

- New employee to shadow peer mentor
- Peer mentor to complete Handbook Module One
- One Hour Per Day class with Spiritual Care Coordinator and/or Peer Mentor coordinator
Topics: Day Three: Becoming Aware of Spiritual Needs
Day Four: Spiritual Principles One and Two
Day Five: Five Tools of Spiritual Caregiving

Week Two

- New Employee begins regular duties
- Mentor has daily contact with new employee
- Mentor works with new employee in completing Module Two of “Care for the Whole Person” Handbook
- Daily end of shift contact by Spiritual Care Coordinator
What have you seen today?
How has your Care for the Whole Person been going?
What questions do you have?

Week Three

- New Employee begins regular duties
- Mentor has informal contact every other day with new employee
- Mentor works with new employee in completing Module Three in “Care for the Whole Person” Handbook
- end of shift contact every other day by Spiritual Care Coordinator
What have you seen today?
How has your Care for the Whole Person been going?
What questions do you have?

Week Four

- New Employee begins regular duties
- Mentor has informal contact every other day with new employee
- Mentor works with new employee in completing Module Four in “Care for the Whole Person” Handbook
- end of shift contact every other day by Spiritual Care Coordinator
What have you seen today?
How has your Care for the Whole Person been going?
What questions do you have?

Week Five

- New Employee begins regular duties
- Mentor has daily informal contact with new employee
- Mentor works with new employee in completing Module Five in “Care for the Whole Person” Handbook
- Informal end of shift contact by Spiritual Care Coordinator
 - What have you seen today?
 - How has your Care for the Whole Person been going?
 - What questions do you have?
- Weekly Staff Development Class has review of three spiritual principles as the topic
- Charge Nurses are prepared by Peer Mentor Coordinator to begin “mini-home life” meetings with all staff relating to each resident.

Week Six

- New Employee begins regular duties
- Mentor has daily informal contact with new employee
- Mentor works with new employee in completing Module Three in “Care for the Whole Person” Handbook
- Informal end of shift contact by Spiritual Care Coordinator
 - What have you seen today?
 - How has your Care for the Whole Person been going?
 - What questions do you have?

Week Seven and beyond

- Mini-Home Life meetings begin
- Use Spiritual Need/Spiritual Role Matrix as a guide
- Continued staff development meetings focused on review of the principles of Caring for the Whole Person and/or providing extended consideration of the use of these principles. Possible extended topics:
 - Spiritual Care in 30 Seconds
 - Caring for the Spirit with persons with dementia
 - The Spiritual Side of Complaining
 - The Spiritual Side of Caregiving
 - The Spiritual Side of Suffering
 - Spiritual Assessment

For Licensed Nurses only

Two Sessions with Spiritual care Coordinator

- Training in use of Spiritual Assessment tool that enhances any assessments that already exists
 - Session One: Introduction to Assessment Tool
 - Homework: Try the tool out
 - Session Two: Review of experiences with tool with further clarification

For Dietary

Day One: Orientation from HR

In addition to dietary orientation : two sessions per week for three weeks

One half hour presentations and discussions

Use Mentor Handbook as a text

Basic outline of session

Note: each participant is to complete reading the handbook on the topic of the day.

1. Observations following previous session
2. Presentation of new topic
3. Assign homework
 - Observations based on the new topic
 - Handbook reading to be completed before next session

Topics:

What is Caregiving? The Role of Dietary Personnel

Becoming Aware of Spiritual Needs

Five tools for Spiritual Care (two sessions)

Spiritual Care in 30 Seconds (two sessions)

For Housekeeping

Day One: Orientation from HR

Assigned a Mentor

In addition to traditional housekeeping department orientation: two sessions per week for three weeks

One half hour presentations including discussion

Use Mentor Handbook as a text

Basic outline of session

Note: each participant is to complete reading the handbook on the topic of the day.

1. Observations following previous session
2. Presentation of new topic
3. Assign homework
 - Observations based on the new topic
 - Handbook reading to be completed before next session

Topics:

1. What is Spiritual Caregiving? The role of housekeeping

2. Aware of Spiritual Needs (two sessions)

Four Spiritual Needs

Allowing a Resident's Room to Speak

3. Five tools for Spiritual Care

4. Spiritual Care in 30 Seconds (two sessions)

Introduction of the skill

Review Observations and further clarification

Mentors to review one module of Peer Mentor Handbook per week for six weeks

For Activities

One day group orientation coordinated by HR

Seven meetings with the spiritual care coordinator

Sessions one through six: thirty minutes in length

Session seven one hour in length

Use Mentor Handbook as a text

Basic outline of session

Note: each participant is to complete reading the handbook on the topic of the day.

1. Observations following previous session
2. Presentation of new topic
3. Assign homework
 - Observations based on the new topic
 - Handbook reading to be completed before next session

Sessions one through six follow the six modules in Peer Mentor Handbook

1. What is Caregiving? The Role of Activities
 - Proactive Programming vs. Reactive Programming
2. Becoming Aware of Spiritual Needs
 - Listening to the Needs of Residents and forming activity plans
 - Meaning events vs. Entertainment
3. A Caregiver Can't Fix Spiritual Distress
 - How Activities can promote insight
 - Reflective activities (time to consider)
 - Informational Activities (seek new information)
 - Thinking Activities (a time to think something through)
 - Community Building Activities (creating a support system)
4. Limitation and Vulnerability can be a doorway to wholeness
 - Programming for wholistic living (Koenig's 25 spiritual needs)
 - Dealing with Tough Subjects in Creative Ways
5. The Five Roles of Spiritual Caregiving
 - The Activity Professional's relationship to the resident
6. The Four Stages of Spiritual Distress
 - Understanding what goes on inside of a resident
7. The Essential Role of the Activity Professional

For all other staff (social Service, Marketing)

Day One: Orientation by HR

Six sessions with Spiritual Care Coordinator (30 to 45 minutes each)

1. What is Caregiving? The Role of Marketing and Social Service
2. Becoming Aware of Spiritual Needs
3. The Five Roles of Spiritual Caregiving
4. The Four Stages of Spiritual Distress
5. Training in use of a Spiritual Assessment tool that is compatible with assessments that are already a part of intake-providing continued service to residents
6. Spiritual Care in 30 Seconds

Caring for the Whole Person

Worksheet Proposed Dates

Preparation

Dates of Orientation of Supervisory Staff:

Benefits to Peer Mentors:

Extra Day Off

\$.25 per hour

Other:

Target Dates for Completing the Choosing of Peer Mentors:

Peer Mentor Training Dates:

1.

2.

3.

4.

5.

6.

7.

8.

Existing Staff Training (Optional)

1.

2.

3.

Target Date of Beginning of Peer Mentoring Program:

Week	Nursing	Activities	Housekeeping	Dietary
Week One				
Day One	All Day Staff Developer	HR	HR	HR
Day Two	All Day Staff Developer	What is Caregiving (30)		
Day Three	Becoming Aware (60)		What is Caregiving (30)	
Day Four	Principles 1 & 2 (60)			What is Caregiving (30)
Day five	Five Tools (60)			
Week Two	Mentor: What Is...	Becoming Aware (30)	Becoming Aware (30)	Becoming Aware (30)
	SCC: End of Shift		Room - Speak (30)	Five Tools (30)
			Mentor: What is...	Mentor: What is...
Week Three	Mentor: Becoming	Can't Fix (30)	Five Tools (30)	Five Tools (30)
	SCC: every other day		...in 30 Seconds (30)	...in 30 seconds (30)
			Mentor: Becoming Aware	Mentor: Becoming Aware
Week Four	Mentor: Can't Fix	Limitations (30)	Observations (30)	Observations (30)
	SCC: every other day		Mentor: Can't Fix	Mentor: Can't Fix
Week Five	Mentor: Limitations	Five Roles (30)	Mentor: Limitations	Mentor Limitations
	SCC: Informal		SCC: End of Shift	SCC: End of Shift
Week Six	Mentor: Five Roles	Four Stages (30)	Mentor: Five Roles	Mentor: Five Roles
	SCC: Informal		SCC: End of Shift	SCC: End of Shift
Week Seven	Mini-Home Life	Essential Role (60)	Mentor: Four Stages	Mentor: Four Stages
	Mentor: Four Stages		SCC: informal	SCC: Informal
Week Eight	Mentor as needed		Mentor as needed	Mentor as needed

We are looking for a few good people To be Peer Mentors

Tasks:

1. Establish a positive, personal relationship with a new employee
2. Help a new employee develop caregiving skills consistent with the culture and goals
3. Assist a new employee succeed as an employee.
4. Increase a new employee's ability to interact with people and groups from various socio-economic, cultural and racial backgrounds.

Qualifications

1. Demonstrates superior caregiving skills
2. Is willing to be trained in the use of care for the whole person principles and practices
3. Has an exemplary attendance record.
4. Has been an employee for at least six months.
5. Is recommended by her/his supervisor to be a peer mentor
6. Can communicate well with and is respected by peers
7. Understands that peer mentors are not supervisors
8. Successfully complete mentor training
9. Attend regularly scheduled mentoring meetings. These will be held monthly but no more than twice per month.

Benefits: An Additional \$.25 per hour

For information or to apply: Contact Peer Mentor Coordinator

Mentors will be selected from applicants by a committee appointed by
Executive Director

Care for the Whole Person Peer Mentor Application

Date _____

Name _____

Job Title _____

Department _____ Shift _____

Home Phone _____ Email _____

Briefly tell why you would like to be a peer mentor:

Briefly tell why you believe you would be a good peer mentor

Recommendation of Supervisor:

Signature: _____

Brief Recommendation:

Caring for the Whole Person

Handbook Overview

<u>Module</u>	<u>Title</u>
1.	What is a Mentor? Existing materials: Job Description Mentor Agreement What is Caregiving? The five focuses of caregiving Worksheet: How Comfortable to you Feel Providing... Observation: Survey using observation
2.	Becoming Aware of Spiritual Needs The Four Spiritual Needs of Persons Worksheet: My Spiritual Needs Observation: Resident spiritual needs
3.	A Caregiver Can't Fix Spiritual Distress Principle One: seek insight not information Worksheet: My Readiness for Spiritual Caregiving Observation: Effects of Spiritual Distress
4.	Limitation and Vulnerability are Often the Doorway to Wholeness Principle Two: some distress can be the process of healing Worksheet: Caregiver Response to Spiritual Pain Observation: Resident Interview Form: Positive Side of Pain
5.	What a spiritual caregiver does Enabler, Pointer, Cheerleader, Companion, Team Member Worksheet: Personal Spiritual Caregiving Roles Observation: Practice Using One Role
6.	The Spiritual Journey Four Stages of the Spiritual Distress Worksheet: Stages of My Spiritual Distress Observation: Resident's Journey (stages)
7. (Option 1)	Spiritual Caregiving at Work
7. (Option 2)	Spiritual Care in 30 Seconds
8.	The Role of the Peer Mentor 10 Ways to be An Effective Peer Mentor Certificate of Completion

Caring for the Whole Person

Peer Mentor Training Session One

Length of Time: One Hour

Audience: Peer Mentors

Educational Goals: The Participants will be able to:

1. explore the role of the peer mentor, peer mentor coordinator and spiritual care coordinator
2. define exemplary caregiving as caring for the whole person
3. identify the five aspects of caring for the whole person

Materials Needed: (one for each participant)

- Job Description: Peer Mentor
(We Are Looking For A Few Good People to Be Peer Mentors)
- Job Description: Peer Mentor Coordinator
- Job Description: Spiritual Care Coordinator
(if separate from the Peer Mentor Coordinator)
- Proposed mentor training dates
- Relationship to Core Values
- Peer Mentor Handbook
- Newsprint/markers or White Board/markers

The Action

10 Minutes Introductions of participants

First time around the room (Circle) each participant shares name and where they work

Second time around the room (circle) each participant shares name plus what they hope to receive from the peer mentoring experience.

5 Minutes Executive Director welcomes the participants and shares expectations of the program.

15 Minutes Sharing of Job Descriptions

Distribute job descriptions of the peer mentor (We are Looking for a Few Good Persons to be Peer Mentors), peer mentor coordinator, and, if needed, the spiritual care coordinator.

Take the time to read and seek responses to each of the items in the peer mentor job description. Do not make the task sound too difficult. Emphasize the relational nature of the peer mentor to the mentor partner. This would be a good

time to re-emphasize that peer mentors are not supervisors nor will they be used by supervisors to gain information about a peer partner.

Review those portions of the peer mentor coordinator and, if needed, the spiritual care coordinator's job description that will assist the peer mentors during their training. Remember, the job descriptions of the peer mentor coordinator and the spiritual care coordinator will be reviewed for the second time in Session Eight of Mentor Training.

5 Minutes Brainstorming answer to a question

Direct the participants attention to a white board or hang a poster that contains the words:

“Exemplary Caregiving means to Care for the Whole Person”

Ask: What does this phrase mean to you?

On a white board/newsprint, write the participants' answers to the following questions:

- What does caring for the whole person mean?
- What are the various aspects of caring for the whole person?
- To care for the whole person, a caregiver must care for a resident's _____.

The task is to engage the group in conversation about the aspects of caregiving. Make sure that each of the following is listed at least hinted at in the answers given:

- *Body*
- *Emotions*
- *Spirit*
- *Intellect*
- *relationships*

10 Minutes Read Module One, “Caring for the Whole Person” in the Mentor Handbook and complete the Personal Response Form.

10 Minutes In small groups, share the Personal Response Form

In either small group (two or three) or, if the group is uneasy about personal sharing at this point in the training, receive responses to the reading as a total group asking for volunteers to share their responses.

5 Minutes Assign the Personal Observation Form as “homework” between now and the next session.

Caring for the Whole Person

Topic One

What is Caregiving?

Caregiving is more than taking care of someone's body.

Caregiving is more than cleaning a room.

Caregiving is more than fixing a sink.

Caregiving that makes a difference cares for the whole person, body, emotions, mind, relationships, spirit.

A caregiver can get by with making sure that a resident is bathed and dressed.

A caregiver can get by with washing the floor and emptying waste baskets.

A caregiver can get by with simply doing one's job.

Or, a caregiver can seek to make a difference in the life of another person

A caregiver can try to be open to needs that are deeper than what people can see.

A caregiver can listen, LISTEN, *LISTEN*, **LISTEN**.

A caregiver can listen to the hurts, both of the body and of the emotions.

A caregiver can, even as they are doing their assigned tasks (which are important) listen to fears, hopes, dreams.

We believe that there are five focuses to caregiving.

1. Physical Care

The Caregiver asks: "How can I help you today?"

Focus in on Assisting with ADLs
Solving problems
Providing only as much assistance as needed

2. Friendly Care

The Caregiver asks: "What is happening?"

Focus is on external subjects
Sharing experiences
People in general
Being pleasant, positive.

3. Feeling Care

The Caregiver asks: "How are you feeling?"

Focus is on the resident's thinking and feeling
The resident sharing the self
The resident sharing painful concerns

4. Spiritual Care

The Caregiver asks: "What does all this mean?"

Focus is on Sense of meaning and purpose
Connections, the need to give and receive love
Sense of strength and hope
Personal support system

5. Ritual Care

The Caregiver asks: "What brings you comfort?"

Focus is on Religious actions (worship, prayer) that are helpful
Objects that bring a sense of connection and joy
Books, music, art that touch the resident's inner person

(Note: Caregivers may not be able to directly provide rituals, but they can make sure that, if the resident desires, their sacred scriptures are available to them; the resident is able to worship in the way that they choose or there is quiet time for prayer. Rituals are NEVER imposed upon a resident. They are made available to the resident)

Adapted from Charles Topper
Spirituality in Pastoral Counseling and Community Helping Professions
Haworth Press, 2003, p. 36

A Caregiver is....

Response Form

How comfortable do you feel providing:

	Very Comfortable			Very Uncomfortable	Never Tried
	1	2	3	4	5 N

When I feel that I have never tried or don't feel very comfortable with physical care, I: (circle as many as desired)

Never thought of it		Wish I had tried it		too personal	
Never had the opportunity		too timid		too uncomfortable	
Supervisor would like it	Don't know enough		no training		
Never did it that way before	Don't want to offend		Other _____		

2. Social-Friendly Care 1 2 3 4 5 N

When I feel that I have never tried or don't feel very uncomfortable about friendly care I: (circle as many as desired)

Never thought of it		Wish I had tried it		too personal	
Never had the opportunity		too timid		too uncomfortable	
Supervisor would like it	Don't know enough		no training		
Never did it that way before	Don't want to offend		Other _____		

3. Feeling Care 1 2 3 4 5 N

When I feel that I have never tried or don't feel very uncomfortable with feeling care I: (circle as many as desired)

Never thought of it		Wish I had tried it		too personal	
Never had the opportunity		too timid		too uncomfortable	
Supervisor would like it	Don't know enough		no training		
Never did it that way before	Don't want to offend		Other _____		

4. Spiritual Care 1 2 3 4 5 N

When I feel that I have never tried or don't feel very uncomfortable with spiritual care I: (circle as many as desired)

Never thought of it		Wish I had tried it		too personal	
Never had the opportunity		too timid		too uncomfortable	
Supervisor would like it	Don't know enough		no training		
Never did it that way before	Don't want to offend		Other _____		

5. Ritual Care 1 2 3 4 5 N

When I feel that I have never tried or don't feel very uncomfortable with feeling care I: (circle as many as desired)

Never thought of it		Wish I had tried it		too personal	
Never had the opportunity		too timid		too uncomfortable	
Supervisor would like it	Don't know enough		no training		
Never did it that way before	Don't want to offend		Other _____		

An effective caregiver cares for the whole person
In this place we care for the whole person

Caring for the Whole Person

Topic One

A Caregiver is....

Observation Form

Take this sheet of paper with you as you do your normal duties. Every time you observe an interchange between a staff member and a resident make a mental note as to the focus of the interchange. Then register the interchange below. At the next meeting, plan to describe at least one interchange that you observed for each focus.

Physical Caregiving

Total Observed:

Example:

Friendly Caregiving

Total Observed:

Example:

Feeling Caregiving

Total Observed:

Example:

Spiritual Caregiving

Total Observed:

Example:

Ritual Caregiving

Total Observed:

Example

Caring for the Whole Person
Peer Mentor Training
Session 2
Becoming Aware of Spiritual Needs

Length of Time: 60 Minutes

Audience: Peer Mentors

Educational Goals: The Participants will be able to:

1. Begin exploring spiritual care as an essential aspect of care-sharing
2. Explore their personal spiritual needs using the Four Spiritual Needs
3. Practice listening to the spiritual needs of another

Materials Needed: (one for each participant)

- Peer Mentor Handbook
- Personal Response forms for all participants
- Personal Observation forms for all participants

The Action

15 Minutes Review of Assigned Homework

Ask for volunteers to share what participants observed since the last session. Careful, this section might take more time than expected, especially if there is a lot to share. This exercise is meant not only as a ‘warm up’ for the present situation but an opportunity to review the essential learnings from the previous session.

15 Minutes Read Module Two, “Becoming Aware of Spiritual Needs” in the Mentor Handbook and ask participants to individually complete the Personal Response Form.

10 Minutes Divide the group into pairs and share the Personal Response Form

Introduce the this task using words such as:

Spiritual Needs are very personal, so we will not share our spiritual needs with the entire class. Instead, find one person whom you know or feel somewhat comfortable, and share any of the spiritual needs that you desire. If you do not wish to share, explain to your partner why sharing is difficult for you.

This will also be a time for us to practice listening to another person’s spiritual need. Each partner will be given five minutes to share. The listener does just that: listen. The listener may not disagree, even if they do. They can only listen and, if necessary, ask questions that are either clarifying or that seek to draw out further comments by the presenter. The partner who is the oldest in your pair goes first.

10 Minutes As a total group, share responses

10 Minutes Assign the Personal Observation Form as “homework” between now and the next session.

Introduce the Personal Observation form using words such as:

For our Observation this week we will seek to perceive the spiritual needs of one resident on your unit. Note at the top of the form, you are to make up a name for the person. Do not use or reveal to anyone what their real name is. This is designed to protect the resident's privacy so that we may refer to the resident by their pretend name.

Note that the observation is simple. You are to evaluate the resident based on the four spiritual needs. First, circle the number that best describes your perception of the residents need in each area. Number one means that there is a strong need to be filled. Number Seven means that the need has already been filled. Second, jot down a couple of words to remind you of the behaviors that the resident exhibited that led you to hold your perception.

Share you observations only in class. Do not share with anyone else in order to insure resident privacy.

Caring for the Whole Person

Topic Two

Becoming Aware of Spiritual Needs

Every caregiver wishes to be effective in their caregiving.
That is why we speak of Caring for the Whole Person
 Body
 Mind
 Emotions
 Spirit

We know how to provide care for the body
 That is why we went to school
 That is why we were hired for our job
 We are competent in providing physical care as we
 Clean the floor
 Make the bed
 Pay the bills
 Give a bath
 Provide an activity
 Solve the problem.

We can provide friendly care
 We all have stories to tell
 We all can listen to the stories of others
 We all have opinions that can be shared
 We all know how to be a friend to another person.

We can also provide feeling care:
 We have supported family members in times of need
 We have struggled with conflicting feelings within ourselves
 We cried with people
 Laughed with people
 Shared our feeling selves with people.
 Those are the skills needed to provide feeling care.

We are also skilled at providing ritual care:
 We understand that some people really need to worship
 Some people need to look at pictures of their family
 Some people get a lump in their throats when they hear the National Anthem.
 Some people listen to music.
 Some people need quiet time for prayer
 We understand that rituals provide support, comfort and guidance.
But few of us know how to care for the spirit.
 For the spirit of a person seems so mysterious
 So 'fuzzy'

So personal
So beyond our ability to touch.

But to provide effective spiritual care is really quite simple
First you need to become aware of spiritual needs in yourself and others
Second you need to practice three principles
1. A Caregiver Can't Fix Everything.
2. Limitations and Vulnerability can Be a Doorway to Wholeness
3. There are five roles of the spiritual caregiver
Finally, you need to simply understand the four stages of spiritual distress.

Persons, no matter what their age, physical ability, even mental ability have four spiritual needs that they are continually seeking to fulfill:

1. The need for meaning and purpose in life
2. The need to give love
3. The need to receive love
4. The need for forgiveness, hope and creativity\

From "Spiritual Needs of Patients: Are They Recognized?"
Highfield and Cason
Cancer Nursing, 1983. p. 188

The need for meaning and purpose in life (#1) gives a person a sense of direction in life.
When this need is filled a person feels complete, content, fulfilled.

The need to give love (#2) recognized that a person needs to be involved in someone or something beyond themselves.

No matter how physically and mentally disabled a person might be
they still need to look outside of themselves.

The need to receive love (#3) at first seems simple.

But to receive love is to allow oneself to be vulnerable rather than strong.

To receive love is to allow oneself to need another.

This need often runs counter to cultural wisdom that emphasized independence.

This need runs counter to a feeling of "I can do it myself!"

This need suggests that we need others....

...and we are not an island unto ourselves

The need for forgiveness, hope and creativity (#4) is often less obvious but is no less powerful.

Modern culture often denies the need to forgive.

Modern culture often ignores the need to find hope

Modern culture forgets that a person, especially an older person, still needs to be creative.

Using the attached response sheet---

Reflect on your own life.

Where are you in your journey to fill the four spiritual needs—

--that are common to all people at all times?

Circle the number that expresses your perception of yourself and your spiritual needs.

Then: How do you feel about your response?

Circle as many items as needed to express your feelings.

Write a few comments and share them with a friend or perhaps your mentor.

Spiritual Needs
Resident Observation Form
Explanation

Everyone has these four spiritual needs.

Every person seeks to fill them no matter what is happening to them at the moment.

In fact, sometimes, events in life, particularly tragic ones, make the fulfillment of these needs even more important.

When person become older:

They might have felt creative (#4) when they were in their homes
But in a retirement community they might not feel creative.
They might have felt loved (#2) when they had lots of friends
But now, having outlived them all, they are lonely.
And yet they still need to be loved.

Over the next few days, observe one resident.

What would you guess to be their spiritual needs?

Use the rating sheet on the other side to record your guess.

Questions you might ask of yourself as you observe?

How are they seeking to find meaning and purpose in life?

Sometimes meaning can be even found in complaining.

In what ways do they seek to be loved?

Sometimes even their attempts can seem futile.

Do they have a hope-filled life?

On what is this hope based?

If they don't have hope, how do they respond to this fact?

Note any resident behaviors or conversations with the resident that led you to make your assessment.

Don't make this assignment too hard.

These answers can be discovered

by listening to the resident

or by watching the resident

as you are completing your normal duties.

It is a matter of listening to and watching their heart with your heart.

Be prepared to share your observations with your mentor.

Caring for the Whole Person

Peer Mentor Training Session Three A Caregiver Can't Fix Spiritual Distress

Length of Time: 60 minutes

Audience: Peer Mentors

Educational Goals: The Participants will be able to:

1. Define spiritual distress as a search for insight not information
2. Contrast spiritual care from traditional care regarding the treatment of spiritual distress
3. Explore one's own response to spiritual distress

Materials Needed: (one for each participant)

- Peer Mentor Handbook
- Personal Response Forms for every participant
- Personal Observation Forms for every participant

The Action

15 Minutes Review of Assigned Homework

Ask for volunteers to share what was observed since the last session. Careful, this section might take more time than expected, especially if there is a lot to share. This exercise is meant not only as a 'warm up' for the present session but an opportunity to review the essential learnings from the previous session.

15 Minutes Read Module Three, "Caregivers Can't Fix Spiritual Distress" in the Mentor Handbook.

Ask: What is Spiritual Distress?

When one or more of a person's spiritual needs are either threatened or disrupted. NOTE: A quick review of the four spiritual needs might be helpful at this time.

How is Spiritual Distress different from physical/emotional distress?

Spiritual distress is alleviated by insight, not information. Insight can only come from within the resident, not from a source outside of the resident.

Ask participants to individually complete the Personal Response Form. This task may be introduced using words such as:

Spiritual care is different than traditional care. In spiritual care, the caregiver is only a companion, a friend, a clarifier. In spiritual care the caregiver surrenders themselves to the perspectives of the resident. Thus, in order to provide quality and effective spiritual care it is important that caregivers explore their personal response to a resident who might be in distress. Our tendency might be to try to fix the problem instead of just listen to and support the resident as they seek to solve the problem.

10 Minutes In small groups, share the Personal Response Form

In either small group (two or three) or, if the group is uneasy about personal sharing at this point in the training, receive responses to the reading as a total group asking for volunteers to share their responses.

10 Minutes Ask participants to share what they learned during this exercise.

10 Minutes Assign the Personal Observation Form as “homework” between now and the next session.

Distribute the Personal Observation Forms using words such as:

This week’s observation will focus on residents who are in spiritual distress. We will first seek to observe how other staff respond to the spiritual needs of residents and then we will try to simply listen without trying to fix the resident’s spiritual need.

Caring for the Whole Person

Topic Three

A Caregiver Can't *Fix* Spiritual Distresses

Spiritual caregiving is different than traditional caregiving.

When you provide traditional care, the caregiver is the actor

The caregiver makes the bed....

or calculates the cost....

or fixes the leak in the sink....

or makes the doctor's appointment.

But spiritual care follows different laws----

---and the first spiritual caregiving law is:

A caregiver can't fix spiritual distress.

Spiritual distress comes anytime a person is not able to fill one or more of the four spiritual needs.

Spiritual distress comes when old ways of acting and believing no longer work.

Spiritual distress comes when old habits and hopes have been found not to be helpful.

Spiritual distress comes when a person---

- Can not find meaning and purpose in their life
- Has no ability to love someone outside of themselves
- Does not allow themselves to be loved by anyone else
- Has no hope,
or forgiveness,
or creativity.

At times like these the resident does not need traditional care,
but rather spiritual care.

Now the goal of spiritual caregiving is not to impart information
or fix a problem.

The goal of spiritual caregiving is to encourage insight by the resident.

Insight that can not be taught, or given, or coerced.

Insight can only be encouraged.

Insight comes from within the resident,
not from the caregiver,
or any person other than the resident.

A person once told me this story:

"I was completing a long period of psychotherapy and I was experiencing a breakthrough.

Suddenly I could see my past, my present, and myself. Suddenly the long depression began to lift.

It felt like a new day was dawning in my life until I read a personal journal entry written over a year before, when I was caught in the mire of depression, doubt and struggle. There in that ancient journal entry, in my own words, was the very insight that I was celebrating as being 'new' today. I had been saying the right words for a long time, but the words had not captured my heart, only my head. Until the new vision was embraced by my heart, my soul, the words remained only words. But when the heart was engaged, the long-spoken words exploded into life-changing insight."

While information is important to a person,
it is insight that sets fire to the soul
and gives a ground for living that is beyond knowing,
and thus is more lasting.

Caring for the human spirit is a journey towards insight.
It is participating in a process, not an action.

The human spirit is always in the state of becoming...
...of growing
...of trying to make sense out of what is happening at the moment.

The growth of the human spirit comes about
as life changes,
bodies become more frail,
memories fade,
important persons are lost to death or simply moving away.

Moving into a retirement community is always difficult, even traumatic.
But the loss of a home, like the loss of ability to drive a car,
can foster either growth or lead to despair.

Spiritual care asks questions like:

- What does your macular degeneration mean to you and your life?
- What difference has the stroke made in your life?
- How have you coped in the past with crises in your life?
- Do you have a faith that supports you in this crisis?
- What gives you the strength to continue on in spite of this crisis?

Spiritual care and more to do with listening that with fixing.

Using the response sheet below:

Evaluate your skills at providing care while not seeking to fix the problem.

Caring for the Whole Person

Topic Three Worksheet

A Caregiver Can't Fix Spiritual Distress

I would evaluate my listening skills as being:

1	2	3	4	5	6	7
Need help						Excellent

Comments:

My need to fix things in life can be rated

1	2	3	4	5	6	7
Let Others Alone						Need to fix Everything

Comments:

When I see someone in emotional (spiritual) distress I

1	2	3	4	5	6	7
Ignore them						Fix it (if I can)

Comments:

I believe in the Resident's ability to solve their own spiritual needs

1	2	3	4	5	6	7
Resident Solves Own Spiritual Needs						Resident Needs lots of Help

Comments:

When someone tries to help me without my asking I:

1	2	3	4	5	6	7
I Get Angry						I Am Thankful

Comments:

A Caregiver Can't Fix Spiritual Distress Resident Observation Form

Over the next week

Observe your contacts with residents.

Has any resident become angry, or frustrated, because someone tried to fix a spiritual distress?

What was the staff member trying to do?

How successful was the staff member in fixing the resident's spiritual distress?

Has any resident become quiet and withdrawn, not wanting to participate in community events?

How did staff members react?

What was the outcome of their action?

What would you have wanted them to do?

If possible, speak with a resident about a spiritual distress that they are having. It doesn't have to be a long conversation, just an intentional one.

Remember: Listen, perhaps clarify, but don't try to fix the distress.

What was the response of the resident?

How did you feel during your conversation?

Caring for the Whole Person

Peer Mentor Training

Session Four

Limitation and Vulnerability are Doorways to Wholeness

Length of Time: 60 Minutes

Audience: Peer Mentors

Educational Goals: The Participants will be able to:

1. Explore the place of struggle, even suffering, in spiritual growth
2. Identify personal responses to spiritual distress and suffering
3. Consider ways to provide effective spiritual care to persons who are suffering

Materials Needed: (one for each participant)

- Peer Mentor Handbook
- Personal Response Forms for every participant
- Personal Observation Forms for every participant

The Action

15 Minutes Review of Assigned Homework

Ask for volunteers to share what participants observed since the last session. Careful, this section might take more time than expected, especially if there is a lot to share. This exercise is meant not only as a 'warm up' for the present situation but an opportunity to review the essential learnings from the previous session.

15 Minutes Read Module Four, "Limitation and Vulnerability are Doorways to Wholeness" in the Mentor Handbook.

The reading can be introduced using words such as:

Today we are going to explore the place of limitation and vulnerability in spiritual growth. We, as health care professionals, have been trained to respond to and alleviate pain and struggle. And yet, such experiences often spawn a growth of the spirit that can only happen when a person is in touch with the limitation and vulnerability that is the human life. It is possible for a caregiver to help take away a resident's pain while still assist them in finding meaning and growth in that same pain.

Briefly discuss the reading as a total group.

What do the participants think about the last sentence:

“Yes, effective caregivers pay attention to the pain of residents.

Effective caregivers seek to remove the pain that it possible for them to remove...

...and to support the resident in their experience of the kind pain that does not go away but is instead the invasion of something new (even if frightening) in their lives.”

Ask participants to individually complete the Personal Response Form.

10 Minutes In small groups, share the Personal Response Form

In either small group (two or three) or, if the group is uneasy about personal sharing at this point in the training, receive responses to the reading as a total group asking for volunteers to share their responses.

This task may be introduced using words such as:

How do you respond to suffering within your own life? How do you respond to suffering that you observe in the lives of residents? Let’s share with each other.

10 Minutes Total Group Sharing of Personal Responses

10 Minutes Assign the Personal Observation Form as “homework” between now and the next session.

Distribute the Personal Observation Forms using words such as:

This week’s observation will focus on talking with residents who are ‘aging well’ and are content and happy. What has been their experience with suffering within their own life? Even though suffering was usually unpleasant, how did it affect their lives as a whole?

Again, choose a resident with whom you are comfortable and take ten to fifteen minutes to ask her/him the questions printed on the observation form. You might even tell the resident this class assignment and enlist their help in completing this ‘homework.’ Be prepared to share the results of your conversations at our next session.

Caring for the Whole Person

Topic Four

Spiritual Principle 2

Limitations and Vulnerability are Pathways to Wholeness

No one likes to be in pain.

No caregiver likes to see another person in pain.

Effective caregivers help relieve physical pain whenever possible.

They offer a warm bath.

They speak in soft, respectful tones.

They understand if a resident who is in pain is crabby and hard to manage.

They alert other staff of the resident's pain

But sometimes pain (struggle) is necessary for growing.

A resident can struggle over the loss of eyesight

A resident can feel overwhelmed with the loss of a close family member.

A resident can feel the pain of guilt over deeds past.

A resident can feel lost and frightened when life is in turmoil.

Sometimes these struggles are but the birth pangs of a new day:

Guilt giving way to a fresh resolve to reconcile.

Loss giving way to a new perspective on life.

Loneliness can motivate a resident to find new friends.

Struggle, even emotional and spiritual pain, can be a doorway to new life...

...a time for reassessment

...a time for releasing the past

...a time for embracing a future that, at the moment, is unclear at best.

In the Chinese language, the symbol for the word, "crisis" consists of combining the symbol for "danger" with the symbol for "opportunity."

Any change is one's life brings about a crisis...

...that is at the same time filled with "danger" and "opportunity"

Change in life is filled with danger because the future is unknown.

Change in life is filled with opportunity because the future is open.

Change requires a willingness to give up past beliefs...

...hopes

...desires

And thus, change is hard.

It's hard to think new thoughts

...live different ways

...relate differently than in the past.

And thus there is struggle, pain, anxiety, even depression.

...yesterday is gone and tomorrow is yet to be...

...the familiar past no longer is and the future remains dark and cloudy.

But sometimes the road of life takes twists and turns that, though frightening, need to be experienced and dealt with.

Yes, effective caregivers pay attention to the pain of residents.

Effective caregivers seek to remove the pain that it possible for them to remove...

...and to support the resident in their experience of the kind pain that does not go away but is instead the invasion of something new (even if frightening) in their lives.

Sometimes it is hard for a caregiver to tell the difference between pain that is simply that, pain that can be fixed, and a pain that is birth-giving and life-renewing.

Effective caregivers at least know the difference,

...seeking to remove the first

...while walking with the resident as they experience and seek to deal with the second.

Caring for the Whole Person

Topic Four

Limitations and Vulnerability are Pathways to Wholeness

Response Form

Circle as many as are true for you:

When I experience spiritual pain I....

Grin and bear it	complain to others	Complain to God
Cry	ignore/deny	am happy
Other:		

When I see an older person in spiritual pain I...

Immediately want to fix it	ignore them	Run the other way
Feel sorry for them	Listen to them	Engage them
I want to cheer them up	share the pain	list my own pains
Other:		

Not to at least try to fix every pain experienced by an older person....

Is cruel	Is life-giving	is criminal
Is necessary	Is the lesser of evils	is loving
Other:		

Instead of fixing the pain of an older person I can....

Listen	seek to empathize	accept
Encourage	refer them to someone else	
Remember my own pains	companion	help to reflect/learn
Other:		

I find this form of caregiving...

Hard	Easy	fulfilling
Frightening	disturbing	meaningful
Other:		

Caring for the Whole Person
Topic Four

Limitation and Vulnerability Can Be Doorways to Wholeness

Resident Observation Form

Over the next week:

Talk with a Resident whom you believe to be aging successfully.

Here are some questions that you might wish to ask:

- What are some of the challenges that the resident has experienced in latter life?
- How is the resident coping with their aging?
- Did any good ever come out of a crisis in their lives?
- When, in their life, did they grow the most as persons: when life was easy or when life was tough? Ask them to explain their answer.
- If nothing would ever change from this moment on, if one's health would not get better, if one's mobility would not increase, what would still be the advantages of being as old as they are?

Caring for the Whole Person

Peer Mentor Training Session Five Tools for Spiritual Caregiving

Length of Time: 60 minutes

Audience: Peer Mentors

Educational Goals: The Participants will be able to:

1. Identify the six role of the spiritual caregiver
2. Explore the meaning of each of those roles
3. Evaluate one's own caregiving style based upon the six roles

Materials Needed: (one for each participant)

- Peer Mentor Handbook
- Personal Response Forms for every participant
- Personal Observation Forms for every participant
- Newsprint and markers

The Action

15 Minutes Review of Assigned Homework

Ask for volunteers to share what participants observed since the last session. Careful, this section might take more time than expected, especially if there is a lot to share. This exercise is meant not only as a 'warm up' for the present situation but an opportunity to review the essential learnings from the previous session.

20 Minutes Read Module Five, "Tools for Spiritual Caregiving" in the Mentor Handbook

The reading may be introduced using the following words:

We have discovered that spiritual caregiving is different than the kind of caregiving that we were taught in school. While a traditional caregiver is the one who acts, who is in charge, the spiritual caregiver knows that the resident is the only one who can take away the spiritual distress of the moment. While a traditional caregiver seeks to eradicate or at least manage pain, a spiritual caregiver can see value and growth in times of stress, even pain. Today we will explore what our role is as spiritual caregivers. If we can not fix the problem (only the resident can)...If we are to learn from suffering even as help the resident fight suffering, what then are we to do. Today we explore the tools for spiritual caregiving.

Read Module Five

Ask the participants to describe each of the tools for spiritual care in their own words. The leader might list the six tools on a piece of newsprint before the session begins or ask the group to come up with the list together. The participant tell the leader the words and/or phrases to write beside each tool on the list.

- 5 Minutes *Once a complete list is developed, ask the participants to individually complete the Personal Response Form.*
- This task may be introduced using words such as:*
For our personal response today we will explore our evaluation on how well we personally provide spiritual care using the six tools. First, circle number one if you believe that you are able to provide spiritual care using the tool mentioned well. Circle number seven if you can't provide this form of spiritual care well at all.
- Secondly, check off as many items in the list that you believe would be ways to provide spiritual care using the tool as listed.
- Once you are done with the response form, find a partner with whom you can share your responses.
- 15 Minutes In small groups, share the Personal Response Form
- In either small group (two or three) or, if the group is uneasy about personal sharing at this point in the training, receive responses to the reading as a total group asking for volunteers to share their responses.*
- 5 Minutes Assign the Personal Observation Form as “homework” between now and the next session.
- Distribute the Personal Observation Forms using words such as:*
For week's observation choose one of the six tools that you feel the most comfortable and seek to provide spiritual care to a resident of your choice using that tool. Again, you will make up a name for the resident so that no one will know who the resident might be. From your observations, decide what you believe to be the resident's spiritual distress. Finally describe one time in which you *intentionally* sought to provide spiritual care.
- Be prepared to share your observations at our next session.

Caring for the Whole Person

Topic Five

Tools for Spiritual Caregiving

Caring for the spirit is different than caring for the body

Caring for the spirit of another takes patience

Listening

Connecting

Not speaking, or controlling or fixing.

Caring for the spirit is different than caring for the body

When one cares for the body the caregiver is the actor

Serving the food

Cleaning the room

Making the bed

Fixing the leak in the sink

Giving the medications

When one cares for the spirit the caregiver simply comes alongside the person

Listens to the heart and not just the complaints

Responds to needs, and not just actions

A caregiver can care for the spirit in six ways:

By enabling

By pointing

By clarifying

By cheerleading

By companionship

By being a team member.

A caregiver cares for the spirit by **enabling** the person.

There is an old saying that says,

“You can lead a horse to water but you can’t make them drink.”

But even if the horse is not going to drink,

should that stop a person from leading them to water?

Caring for the Spirit does not push a person to believe what the caregiver believes or do what the caregiver thinks is important.

Caring for the Spirit does provide a place where spiritual growing can happen.

Caring for the Spirit does provide the situation where a person can discover insight.

A spiritual caregiver desires that a person worships in the way they choose.

Allows for quiet time

Is not pushy

Is ready to listen if the resident is ready to talk

A caregiver also cares for the spirit by **pointing** to meaning in life...

...the beauty of the sunrise

...the joy of family visits

...the opportunities for giving and receiving love

The caregiver can not force the resident to accept the meaning,

the beauty,

the joy

that is present in every moment of life.

But they can make the resident aware of the presence of meaning

And allow the resident to embrace the meaning if they wish.

A caregiver can help the resident **clarify** their spiritual journey by...

...listening with one's full attention

...listening and then reflecting back what they hear

...helping the resident think through a new and difficult thought

...listening for the meaning behind the words that are spoken

...allowing the resident to guide the conversation.

...not sharing one's personal beliefs but simply helping the resident express their own beliefs.

A caregiver can be a meaning "**cheerleader**"

Sometimes, in the midst of darkness, a resident needs to hear that at least someone believes what they, at the moment, know is impossible.

Sometimes, in the midst of darkness, a resident needs to hear that someone

...sees light at the end of the long, dark tunnel

...giving a word of encouragement especially when life is at its hardest.

This cheerleading is not a 'pie-in-the-sky' wish

But grows from a conviction

that comes from the caregiver's own experience...

...from their own pain, and worry, and grief....

...a conviction that is based on the caregiver's own heartache and fear that somehow has given way to a new way of living and seeing.

A caregiver can be a **companion**....

that non-anxious presence that remains calm

in spite of the anger

the frustration

the disappointment

the despair

and simply brings a presence that says "It's going to be OK,

I am here for you."

A companion seeks to touch the heart with an expression of hope.

A companion listens more than speaks

and loves, and loves, and loves.

A companion does not demand a polite response

and instead accepts whatever the resident wishes to give.

A caregiver can be a **team member**...

asking others to become involved with the resident.

Because sometimes...

we can not help because of language,
or culture
or position.

Sometimes we might even be seen as a part of the problem
one of the persons with whom the resident is angry
a person who, in spite of everything, is not trusted.

Sometimes the resident's need is beyond a caregiver's ability to give.
And so the caregiver seeks help..

...someone new who might have the word that helps
...someone different who can look with new eyes
...another caregiver,
a person in social service
or dietary
or housekeeping
or nursing
who might be able to reach behind the resident's feelings
and truly care for the whole person.

Caring for the spirit of a person is different than caring for their body,
or cleaning their room
or serving their food

Caring for the spirit

...it can be done in five ways...
...enabling
...pointing
...cheerleading
...companioning
...being a team member

Caring for the Whole Person
Topic Five

The Five Roles of the Spiritual Caregiver

Resident Observation Form

Over this next week:

Try using **one** of the Six Roles of Spiritual Caregiving
as you complete the day to day tasks
that are assigned to you.

Pick the Spiritual Caregiving Role that in which you feel most comfortable.

(Choose One)

- Enabler
- Pointer
- Clarifyer
- Cheerleader
- Companion
- Team Member

Make up a name for the resident _____

Spiritual Distress _____

Describe at least one attempt to provide spiritual care using the Spiritual Caregiving Role that is most comfortable to you.

What was the resident's reaction?

How did you feel during your attempt at spiritual caregiving?

Do you think that your spiritual care was helpful to the resident? Why or why not?

Caring for the Whole Person

Peer Mentor Training Session Six Stages of Spiritual Distress

Length of Time: 60 Minutes

Audience: Peer Mentors

Educational Goals: The Participants will be able to:

1. Explore the meaning of Spiritual Distress
2. Identify the Four States of Spiritual Distress
3. Share the stages of the participant's personal spiritual distress

Materials Needed: (one for each participant)

- Peer Mentor Handbook
- Personal Response Forms for every participant
- Personal Observation Forms for every participant
- Newsprint and Markers

The Action

15 Minutes Review of Assigned Homework

Ask for volunteers to share what participants observed since the last session. Careful, this section might take more time than expected, especially if there is a lot to share. This exercise is meant not only as a 'warm up' for the present situation but an opportunity to review the essential learnings from the previous session.

20 Minutes Read Module Six, "Stages of Spiritual Distress" in the Mentor Handbook

Introduce the reading using words such as:

Over the centuries, it has been discovered that spiritual distress is experienced in four stages. Today we will explore those stages and their role in providing effective spiritual care.

Read Module Six

As the participants tell the leader what to write, develop a list of the four stages of spiritual distress. Note, when it comes to the stages of spiritual distress the order is important. After all four have been listed, as a total group, define each stage.

When the list has been developed and defined, ask participants to individually complete the Personal Response Form.

This task may be introduced using words such as:

The best way for us to become aware of the stages of spiritual distress in the lives of our residents is to explore the process that each of us went through as in our times of spiritual distress. Answer the questions as quickly but as thoughtfully as

you can. You already know the four spiritual needs of a human being. These four needs are like four pillars holding up a house. If one pillar is lost or weakened, the entire structure is threatened. When was a time when you experienced struggle regarding a spiritual need? What was the process in which you resolved that need?

After you have completed the personal response form find a partner and share your responses.

15 Minutes In small groups, share the Personal Response Form

In either small group (two or three) or, if the group is uneasy about personal sharing at this point in the training, receive responses to the reading as a total group asking for volunteers to share their responses.

10 Minutes Assign the Personal Observation Form as “homework” between now and the next session.

Distribute the Personal Observation Forms using words such as:

This week’s observation will focus on the stages of spiritual distress. Choose one resident, giving that person a made-up name. Then choose what stage of spiritual distress that the resident is presently in. Finally, and most important, describe, in your own words, what behaviors and/or comments led you to believe that this is the resident’s stage of spiritual distress.

If you choose, try to address that spiritual distress using the tools that you have been given.

Be prepared to share your observations at the next session.

Caring for the Whole Person

Peer Mentor Training Session Six Stages of Spiritual Distress

Length of Time: 30 Minutes

Audience: Peer Mentors

Educational Goals: The Participants will be able to:

1. Explore the meaning of Spiritual Distress
2. Identify the Four States of Spiritual Distress
3. Share the stages of the participant's personal spiritual distress

Materials Needed: (one for each participant)

- Peer Mentor Handbook
- Personal Response Forms for every participant
- Personal Observation Forms for every participant
- Newsprint and Markers

The Action

15 Minutes Review of Assigned Homework

Ask for volunteers to share what participants observed since the last session. Careful, this section might take more time than expected, especially if there is a lot to share. This exercise is meant not only as a 'warm up' for the present situation but an opportunity to review the essential learnings from the previous session.

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If you choose, try to address that spiritual distress using the tools that you have been given.

Be prepared to share your observations at the next session.

Caring for the Whole Person

Topic Six

The Four Stages of Spiritual Distress

A person finds themselves in spiritual distress when
Life has not worked out like they expected
A tragedy strikes that doesn't make sense
Old ideas and beliefs no longer hold true
Traditional ways of thinking give way to doubt and unbelief

When persons find themselves in spiritual distress
They might try to
 ...cling for dear life to that which is familiar
 ...Demand that little things, which they believe they can control, not
 change
Or else they might
 ...end up in depression and despair
 ...seek fault in others
 ...feel guilty for fault in themselves.

They might become quiet and withdrawn
Or they might become hostile and angry

But it is all symptoms of the same issue:
 That which they counted on, let them down.
 That which formed a foundation for life, crumbled
 That which protected them from harm, betrayed them.

And so they begin a search,
 To again find firm footing for their journey
 To perhaps find answers to the questions that life has demanded of them.

This search often is experienced in four steps, the four stages of spiritual distress.

The first stage is the **struggle**.
 Life no longer makes sense
 Old patterns no longer work
 Long-held beliefs become suspect.
 There is struggle in the soul.

No one likes struggle.
No one likes inner pain.
There is an inner drive to resolve the pain
and end the struggle.
And yet, many people live in the struggle
and continue the pain,
because before resolution can come they have to go deeper.
They have to allow themselves to recognize that they are wounded.

For the second stage of the soul feels worse.
The second stage of spiritual distress is **wounded-ness**.
Wounded-ness comes as we confront the fact that we are vulnerable...
...that we are not as strong as we believed or would like...
...that we are fragile, finite...
...that we don't know everything we feel we need to know...
...we are open to the fact that we are very, very human.

It is hard to struggle.
It is harder to be wounded.

Struggle is something that happens to me.
Wounded-ness is something that I am.

People are often tired of the struggle
But they are afraid of the wounded-ness.

People can complain at the inner pain of struggle
But because they are unwilling to embrace the wounded-ness
...because they are afraid to be vulnerable...
...finite, weak, unable...
...they become stuck.

But if a person is able to allow themselves to recognize their wounded-ness
a miracle begins to happen.

First they are able to **name** the pain, not for what they thought it was, but for what it is.
This is the third stage of spiritual distress.
...the stage that brings some relief from the struggle
...the stage that fosters a new perspective
...that opens doors to the heart.
...that encourages growth of the person.

Finally, after the naming of the struggle, there is the **blessing**.
Here the person integrates the struggle of the past into the present.
Here is the time for fresh insight
Here is the experience for new growth.

We are no longer what we were
We are something new
Something deeper, stronger, more connected.

It becomes like the dawn of a new day...
...the inner rush of new perspective...
...the acceptance of our life as it is, right now,
...in the struggle and the pain,
...and finding it to be O.K.
and we find ourselves blessed...
...graced...
...supported...
...loved.

First there is *struggle*...
...then *wounded-ness*
...followed by *naming*
ending with *blessing*

The Caregiver of the whole person meets these stages by being:
...an enabler
...a pointer
...a clarifier
...a cheerleader
...a companion
...a team member
...because even though, as a caregiver, we can not fix spiritual distress in another
person....
.....we can listen, walk with, support and encourage.

And that is all that is required.

Caring for the Whole Person

Topic Six

The Four Stages of Spiritual Distress Response Exercise

Consider your own life. When have you been in spiritual distress? Take a few moments to write a description of the stages that you experienced during that time.

I was in *spiritual distress* when....

I first began to *struggle* with....

As I struggled I began to realize that I needed to *face*....

It was after I faced the real problem that I *discovered*....

That discovery led me to *embrace*....

And thus I *grew*.

Looking back, I would rate the experience (Check as many as desired)

- Painful but fruitful
- Something I would rather not experience again
(but somehow I know that I will)
- Something that made me stronger
- Something that made me a better person
- Something that brought me great insight into myself

Caring for the Whole Person

Topic Six

Four Stages of Spiritual Distress Resident Observation Form

Make up Resident's Name _____

This person is in the following stage of spiritual distress: (Choose One)

____ Struggle

____ Wounded-ness

____ Naming

____ Blessing

The reasons I believe this to be true are:

Extra Credit:

The Role of Spiritual Care that I have used with this resident is:

The result of this spiritual care has been

Caring for the Whole Person
Peer Mentor Training
Session Seven
Option One: Wholistic Care at Work

Length of Time: 60 Minutes

Audience: Peer Mentors

Educational Goals: The Participants will be able to:

1. Summarize the principles of caring for the whole person
2. Observe a resident interview led by the Spiritual Care Coordinator
3. Evaluate a resident interview led by the Spiritual Care Coordinator

Materials Needed: (one for each participant)

- Peer Mentor Handbook
- Personal Response Forms for every participant
- Personal Observation Forms for every participant
- Posters summarizing basics of wholistic care

The Action

15 Minutes Review of Assigned Homework

Ask for volunteers to share what participants observed since the last session. Careful, this section might take more time than expected, especially if there is a lot to share. This exercise is meant not only as a 'warm up' for the present situation but an opportunity to review the essential learnings from the previous session.

15 Minutes Overview of Wholistic Care Program

Using the posters provided, review the basics of providing spiritual care. The leader may wish to duplicate the posters onto 11 x 17 paper so the poster is larger. Items to be reviewed:

1. [What is Caregiving?](#)
2. [The Four Spiritual Needs](#)
3. [Spiritual Care Principle One: The Goal is Insight, not Information](#)
4. [Spiritual Care Principle Two: Limitation and Vulnerability are Pathways to Wholeness](#)
5. [The Six Roles of the Wholistic Caregiver](#)
6. [The Stages of Spiritual Distress](#)

- 5 Minutes Introduction to Demonstration of Spiritual Care
- As the personal response form is distributed, introduce the demonstration of spiritual care using words such as:*
- We have completed the basics of providing wholistic care. Now we are going to demonstrate what we have learned. In a few moments we will go and interview a resident as a group. I will do all the talking. You will observe what I do and say and evaluate my actions using the personal response form. This resident has kindly agreed to be interviewed in the presence of us all as a learning tool. You are not to write in the presence of the resident. You will be given time to write your comments after the interview. Let's take a few moments to become acquainted with the response form.
- 15 Minutes Interview of Resident by Spiritual Care Coordinator
- 5 Minutes Participants complete Personal Response Form
- 10 Minutes Sharing of Personal Response Forms.
- As a total group, share responses to the interview. Encourage honesty and openness. Time will not allow for the discussion of the entire response form. Encourage peer mentors to continue the discussion after the session.
- 5 Minutes *Distribute the Personal Observation Forms using words such as:*
- This week's observation will focus on the role of peer mentor. Interview at least three other employees asking them the questions on the personal observation form.

Topic Seven Wholistic Care at Work

Personal Response Form

1. What aspect of care was used during this encounter? (Check as many as appropriate)

- Physical
- Social
- Feeling
- Ritual
- Spiritual

What caused you to believe this?

2. What Spiritual Need was demonstrated by the resident?

- The need for meaning and purpose
- The need to give love
- The need to receive love
- The need for creativity, forgiveness and hope

What caused you to believe this?

3. In what ways did the interview demonstrate Spiritual Care Principles?

The Caregiver can't fix everything

Limitation and Vulnerability are Pathways to Wholeness

4. What [Roles of the Wholistic Caregiver](#) were used? (check as many as apply)

- Enabler
- Pointer
- Clarifier
- Cheerleader
- Companion
- Team Member

5. What was the stage of spiritual distress?

- Struggle
- Wounded-ness
- Naming
- Blessing

Personal Comments:

Name of Peer Mentor _____ Date _____

Topic Seven

Personal Observation Form

Person One:

What comes to mind when I say that I am a peer mentor?

What do you understand to be the role of a peer mentor?

How will your work here be effected by a peer mentoring program?

Person Two:

What comes to mind when I say that I am a peer mentor?

What do you understand to be the role of a peer mentor?

How will your work here be effected by a peer mentoring program?

Person Three:

What comes to mind when I say that I am a peer mentor?

What do you understand to be the role of a peer mentor?

How will your work here be effected by a peer mentoring program?

*Care for the
Whole Person*

What is Caregiving?

Physical Care

Friendly Care

Feeling care

Ritual Care

Spiritual Care

*Care for the
Whole Person*

Spiritual Needs

- 1. The need for meaning and purpose in life**
- 2. The need to give love**
- 3. The need to receive love**
- 4. The need for forgiveness, hope and creativity**

*Care for the
Whole Person*

**Spiritual Care
Encourages
Insight not Information**

**Insight is
Discovered
Not taught**

*Care for the
Whole Person*

**Limitations
and
Vulnerability
are Pathways
to
Wholeness**

Care for the
Whole Person

Tools for Spiritual Care

Enabling

Pointing

Clarifying

Cheerleading

Companioning

Being a Team Member

*Caring for the
Whole Person*

Stages of Spiritual Distress

First there is *struggle*...

...then *wounded-ness*

...followed by *naming*

ending with *blessing*

Caring for the Whole Person

Peer Mentor Training
Session Seven (Option B)
Spiritual Care in 30 Seconds

Length of Time: 60 Minutes

Audience: Peer Mentors

Educational Goals: The Participants will be able to:

1. Summarize the principle of caring for the whole person
2. Learn the principles of Spiritual Care in 30 Seconds
3. Apply these principles in three case studies

Materials Needed: (one for each participant)

- Peer Mentor Handbook
- Newsprint and markers
- Case Study Response Forms for every participant
- Personal Observation Forms for every participant
- Posters of Caring for the Whole Person Principles

The Action

10 Minutes Review of Assigned Homework

Ask for volunteers to share what participants observed since the last session. Careful, this section might take more time than expected, especially if there is a lot to share. This exercise is meant not only as a 'warm up' for the present situation but an opportunity to review the essential learnings from the previous session.

10 Minutes Introduce the theme of the day using words such as:

List some of the advantages that health care providers in long-term care have over and against those who work in an acute hospital.

(Note their answers on newsprint. Look for all or some of the following)

- **TIME.** We can get to know the residents personally. We have three years instead of three days to connect with them. Therefore we have time to understand the resident in their place of growth and complete the intervention.
- **DAILY CONTACT.** We encounter the residents in every situation of daily life.
- **CONTACT SEVERAL TIMES EACH DAY:** Have many opportunities to get to understand their feelings, gain insight into any spiritual crisis or challenge and to engage in spiritual care that is helpful and creative. Thus we don't have to be right

the first time. We can alter our approach/intervention as the situation becomes more clear.

- **CONTACT WITHIN THE RESIDENT’S HOME ENVIRONMENT:** See them as they really are, within their home setting, not when they are ‘up’ for the doctor’s appointment, etc.
- **WE ARE NOT FAMILY** and thus can see situations more objectively and perhaps be heard more objectively. (without any relational history that is negative). We don’t, and have not, lived with the residents. We do go home after eight hours. We have the energy and a more objective perspective. We are a part of a team that can provide support in providing spiritual care with hostile, complaining or even withdrawn residents.

Conclude the introduction of the theme using words such as:

These advantages allow us to engage the resident in conversations that are not as dependent of ‘getting the job done’ now. We, in long-term care, are, for the most part, blessed with time and multiple opportunity to **ENGAGE** a resident and **DIALOGUE** with a resident, while not **PUSHING** the resident to accept our understandings. For example, if a resident is depressed because of a lack of purpose in life or an inability to give or receive love, we can **ENGAGE** that resident in a “continuing conversation” that, if necessary, could last for weeks if not months. We don’t have to require change at the moment for, usually, there is always going to be another opportunity to engage the resident on this topic.

20 Minutes Read Topic 7, “Spiritual Care in 30 Seconds” in the Mentor Handbook.

Example of Situation One (Handbook page 4)

Line #

- | | |
|---|--|
| 1 | Spiritual Care Giver (SCG) greeting |
| 2 | Resident responds with “Who said these were the golden years” |
| 3 | SCG affirms what the resident said “Yes, growing old isn’t for sissies” and then ‘reframes’ the situation (“It is still a beautiful day) |
| 4 | Resident responds positively to the reframing of the situation (“It is beautiful) |
| 5 | SCG expands the thought, asking for action based upon the reframed perspective |
| 6 | Resident talks about smelling the flowers |
| 7 | SCG summarizes (“It is great to be alive”) |
| 8 | Resident agrees |

10 Minutes: Ask participants to examine situation 2.

Place the Number One at the first word in the greeting (step one).

Place the number two at the first word of the resident’s response (step two)

Place the number three at the first word of the validation of feelings/perspective.

(Step

Three)

Place the number four at the first word of the reframing (step Four).

After each PM has completed the task above, share answers with a neighbor.

10 Minutes Assign the Personal Observation Form as “homework” between now and the next session.

Distribute the Personal Observation Forms using words such as:

This week’s observation will focus on doing Spiritual Care in 30 Seconds. Return next session ready to talk about exchanges that you had with a resident using these skills.

Caring for the Whole Person

Topic 7

Spiritual Care in 30 Seconds

Spiritual Care is a process of engagement, dialogue and sharing about issues of meaning, purpose, giving love, receiving love, forgiveness, creativity and hope.

Spiritual Care is not an imposing of ideas but a sharing of perspectives....

...As a resident uses the care relationship to explore issues that matter to the inner self

...As a caregiver finds opportunity in the care relationship to listen and receive the resident's perspective on life.

Sometimes Spiritual Care demands a caregiver's time.

Sometimes that interchange requires that the caregiver stop what they are DOING in favor of receiving the gift of a resident's BEING.

Sometimes the spiritual care interchange takes time....

But more often it is accomplished at the same time that hair is brushed...

...a bath is given

...a room is cleaned

...a bed is made

...food is served

...a repair is accomplished

To be spiritual care, an interchange does not have to be long...involved...time consuming.

To be spiritual care an interchange between caregiver and resident only has to be...

...intentional

...focused

...filled with listening and a desire to understand.

A spiritual care encounter can happen in as little as 30 seconds.

All that is needed is:

1. An Open-Ended greeting that evokes a response
2. Listening to the response
3. Validating the Feelings within the Response
4. Reframing the response

Step One

A 30 second spiritual care encounter begins with the caregiver greeting the resident'How are you today'

...."What's happening"

...."Hi _____, you look great today (if they do look good)"

...."I like your dress."

...."Good Morning"

Sometimes a resident will say “Fine” or something that says, “I recognize you but I don’t need to say anything to you right now.”

But sometimes a resident says something that says something more.
It could be a tone of voice
It could be an emphasis of words
It could be an action, something more than words
Then it is time for the caregiver to listen, even if they are walking by.

Step Two

The key is for the caregiver to listen to the resident’s heart with their heart.
Don’t ask yourself “What is the person feeling today?”
Don’t ask yourself “What are they wanting today?”

Instead ask yourself “What is the person revealing of themselves?”
How is that person picturing themselves?
What new thing is being revealed?

The picture being revealed may be filled with emotion, but it is more than an emotion

Step Three

Validate the feelings, the picture, what is being revealed.
Make sure that the resident knows that you heard them
Not just the words, but the picture-of-the-self that the words are seeking to share

Step Four

Reframe the statement
Say it in a different way
Demonstrate that you see something different than what the resident sees
Enable them to see beauty in the day
even if they don’t acknowledge the beauty that surrounds them
Point to meaning
even if the person is sure that there is no meaning
Encourage the resident, be a cheerleader,
even if the resident expresses depression and despair

Spiritual Care in 30 Seconds...Four quick, easy steps

1. Greet
2. Listen
3. Validate
4. Reframe

Spiritual Care does not have to take a long time.

Spiritual Care can take place in 30 seconds

It just has to be engaging
intentional
and focused
and filled with listening and love.

Spiritual Care in 30 Seconds

Case Study

Situation Number One

Spiritual Care in 30 Seconds at a glance

- Open ended greeting that is open to any response
- Listen to the response.
- Validate the feelings
- Reframe

Man coming out of dining room with walker. He was moving slowly and seemed almost lost, certainly 'down' (perhaps even depressed).

1. SCG: How is it going today?
2. Res: OK. Who said that these were the golden years?
3. SCG: Yes, getting old is not for sissies, but its still a beautiful day.
4. Res: (looking around slightly) I suppose it is beautiful.
5. SCC: What do you like to do on beautiful days like today?
6. Res: I enjoy just walking around and 'smelling the roses.'
7. SCG: It's great to be alive on days like this.
8. Res: (almost surprised) Yes it is. (Pause) I like talking to you.

Spiritual Care in 30 Seconds

Case Study

Situation Number 2

Spiritual Care in 30 Seconds at a glance

- Open ended greeting that is open to any response
- Listen to the response.
- Validate the feelings
- Reframe

A man coming to an activity using a walker. He is out of breath. He is ten minutes early. He is a former executive of a small company and has always seemed like a 'driven' man.

1. SCG: You seem out of breath.
2. RES: It's hard to get around in this walker.
3. SCG: Maybe your body is telling you to slow down a bit.
4. RES: I have always been in a hurry.
5. SCG: Who said that being in a hurry is a good thing?
6. RES: It's just the way I have always been.
7. SCG: Has hurrying always been a good thing in your life?
8. RES: Well, no. But hurrying is all I know how to do?
9. SCG: Do you think that just maybe your living here is giving you an opportunity to try slowing down a little and enjoying the journey and not just the destination?
10. RES: Maybe so. I'll have to think about it.
11. SCG: It is something to think about

The next day I met the resident coming out of a different activity.

SCC: How is the slowing down coming?

RES: I am still thinking about it.

Caring for the Whole Person

Peer Mentor Training Topic Eight

Length of Time: 60 Minutes

Audience: Peer Mentors

Educational Goals: The Participants will be able to:

1. Identify the roles of a peer mentor
2. Explore the attributes of peer mentoring
3. Examine the “Ten Way to Be An Effective Peer Mentor”
4. Receive a certificate of completion

Materials Needed: (one for each participant)

- Peer Mentor Handbooks for each participant
- We are Looking for a Few Good People
- Ten Ways to be an Effective Peer Mentor
- Certificates of Completion
- (Optional) Peer Mentor Pins

The Action

15 Minutes Review of Assigned Homework

Ask for volunteers to share what participants observed since the last session. Careful, this section might take more time than expected, especially if there is a lot to share. This exercise is meant not only as a ‘warm up’ for the present situation but an opportunity to review the essential learnings from the previous session.

10 Minutes Review Job Description of a Peer Mentor

Hand out “We are looking for a Few Good People” and review its contents. Note the tasks of the Peer Mentors. Ask, “Is this a task that you feel that you can fulfill?”

Call attention to the qualifications. Ask: “Is this you?”

15 Minutes Handout: Ten Ways to Be An Effective Mentor

Expand the conversation on the role of peer mentoring that the way that the people present can fulfill these tasks. This is a time for affirmation of the characteristics that the leader has observed in the peer mentors over the past seven weeks.

20 Minutes Distribute Certificates of Completion

Invite the Executive Director, the Peer Mentor Coordinator, Director of Nursing and Staff Developer to participate in a brief ceremony whereby certificates of completion are distributed. The name of each person should be placed on a certificate. An appropriate pin might be purchased for each mentor. This pin would always be worn on the identification badge. If desired, have all the departmental supervisors also present.

We are looking for a few good people To be Peer Mentors

Tasks:

1. Establish a positive, personal relationship with a new employee
2. Help a new employee develop caregiving skills consistent with the culture and goals of this community
3. Assist a new employee succeed as an employee.
4. Increase a new employee's ability to interact with people and groups from various socio-economic, cultural and racial backgrounds.

Qualifications

1. Demonstrates superior caregiving skills
2. Is willing to be trained in the use of Caring for the Whole Person principles and practices
3. Has an exemplary attendance record.
4. Has been an employee for at least six months.
5. Is recommended by her/his supervisor to be a peer mentor
6. Can communicate well with and is respected by peers
7. Understands that peer mentors are not supervisors
8. Successfully complete mentor training
9. Attend regularly scheduled mentoring meetings. These will be held monthly but no more than twice per month.

Benefits: An Additional \$.25 per hour

For information or to apply: Contact Peer Mentoring Coordinator

Mentors will be selected from applicants by a committee appointed by
the Executive Director

Caring for the Whole Person

Peer Mentoring

Ten Ways to Be An Effective Mentor

1. **Maintain regular contact.** Mentors should assume they are the person giving in the relationship. Consistent contact models dependability and builds trust. At least weekly contact is recommended.
2. **Always be honest.** Trust and respect are the foundations on which mentoring is built.
3. **Avoid being judgmental of a new employee's life situation.**
4. **Avoid doing everything for the new employee.**
5. **Don't expect to have all the answers.** Sometimes just listening attentively is all that people need and want.
6. **Help new employees access resources.** Tell them about in-services and other educational opportunities. Share insights about the unwritten expectations and relationships here at Walnut Manor
7. **Be clear about expectations and boundaries.** Communicate what is expected by the new employees and remember that mentors are not supervisors, nor are mentors responsible for the success of the new employee. Mentors do the best that they can and the rest is up to the new employee.
8. **Avoid being overwhelmed by the new employee's problems.** Remain calm and refer them to their supervisor for additional help, support or resources. Use the principles of Caring for the Whole Person in the mentoring relationship. Your task is not to solve all of the issues that they bring to work.
9. **Respect confidentiality.** Do not share information (particularly gossip) about the new employee with any other employee.
10. **If a mentor relationship seems to stall, hang in there.** The problem might not be yours but the ability of the new employee to trust/use the mentor relationship to enhance their skills.

Adapted from "Ten Tips for Effective Mentoring" from Silverado Senior Living 2002

Caring for the Whole Person

Entire Staff

Session One What is Caregiving and Becoming Aware of Spiritual Needs

The Participants will be able to:

1. Define Caregiving as having Five Focuses
2. Explore the four spiritual needs
3. Identify their personal spiritual needs
4. Commit to observing the spiritual needs of at least one resident

Items Needed:

- Handouts Total One
- Handouts Total One Observation
- Newsprint and marker
- Extra pencils for those who don't have one

The Action:

10 Min. Introduction

Administrator?

Introduce the session using words such as:

Perhaps there are some of you who have become aware of the Peer Mentoring Program where hands-on, line staff are paired with a new employee for the first three months of that employee's employment. Because this training was so helpful to the peer mentors, today we will begin exploring some of the content of this peer mentoring training. This is not a new peer mentoring training group. That group meets for eight sessions. We will meet for three. But this training does provide the essentials of the insights that the peer mentors received. I hope that these insights are as helpful for each of you and they are to the peer mentors among us.

What is Caregiving?

10 Min. Brainstorm "What do we do as Caregivers?"

List Tasks

We are all caregivers in this place. No matter what our assigned task might be (housekeeper, CNA, food server, maintenance, social service, activities, administration) we all have the same job: to care for the residents as a whole person, body, mind and spirit. We are all caregivers. We just have different tasks to perform. Together we make up the caregiving team in this place.

What is caregiving? What does caregiving consist of? List for me the tasks that you provide each and every day.

List Tasks on Newsprint

10 Min. Lecture: Five Focuses of Caregiving

As the following mini-lecture is shared, items in the list above that are examples of each of the caregiving forces are circled on the newsprint. The lecture might use words such as:

In your handouts, on page 2 for English and page 3 for Spanish, there are described five focuses of caregiving. No focus is more important than another. All are an essential aspect of caregiving.

The First is Physical Caregiving. This focus asks the question: What can I do for you today? Physical caregiving is the skill, the assistance, that we have to offer the resident. A housekeeper's physical caregiving might consist of cleaning the apartment. A dishwasher's physical caregiver would be to wash the dishes. A CNA brings help with personal needs. An Activity Director provides meaningful activities. This form of caregiving is essential for the resident's well-being. That we have the skills to provide some form of physical caregiving is why we were hired to work in this place.

A second focus of caregiving is Friendly Caregiving. Friendly Caregiving asks the question: "What is happening with you today?" In Friendly Caregiving, the caregiver simply converses with the resident, one to one, friend to friend. It is what we do when we engage our friends or family at home. Because we are friends we want to share the news of the day with the resident, whether that news be from the resident or the caregiver. In friendly caregiving we talk about the weather, family news, share information about what is happening in the community.

A third focus of caregiving goes one step further. Instead of simply asking, "What is happening to you today?" Feeling Caregiving asks "How do you feel about what is happening to you today?" It would ask how do you feel about the rain last night—how do you feel about having a restless night's sleep—how do you feel about your grandson's graduation? Answering feeling questions requires more trust on the part of both the caregiver and the resident. Sometimes, a resident or a caregiver might feel uncomfortable either asking or answering such a question. If so, a great caregiver does not press but rather allows the resident to set the direction for the conversation.

A fourth focus of caregiving is often missed by caregivers, not because they don't provide such care, but because what they do does not seem like caregiving. This fourth focus is Ritual Caregiving. This form of caregiving answers the question: "What activity or action in your life brings your comfort, or hope, or peace?" Caregiving is filled with ritual. Replacing a photo in the same place after dusting is complete is ritual caregiving. Cooking a turkey dinner of thanksgiving is Ritual Caregiving. Making sure that a resident has their Bible or rosary within reach is ritual caregiving. Celebrating the Fourth of July is Ritual Caregiving. But so is enabling a resident who desires to attend Mass on Sunday afternoon, or a Bible Study on Tuesday morning, or waking them at dawn for the first of five times of prayer (for Moslems) is Ritual Caregiving. Ritual Caregiving is providing those items or situations that brings the resident comfort even if they are not important to the caregiver.

The fifth focus of caregiving is Spiritual Caregiving. While a caregiver might perceive that helping residents attend Mass or to be given time to pray is spiritual caregiving, such actions are still Ritual Caregiving. In contrast to asking "What makes you feel comfortable?" (Ritual Caregiving), Spiritual Caregiving answers the question, "What does this event/happening mean to you?" Friendly Caregiving asks, "What is happening today?" and Feeling Caregiving asks "How do you feel about what is happening today?", Spiritual Caregiving answers the question: "What does what is happening to you mean to you?" Every person seeks to find meaning in their life, to place every event into its rightful place. Spiritual Caregiving asks this deeper question. Again, no one must be forced to reply to such a question. A resident can refuse to answer because they don't know, or are even afraid to answer such a personal question. If that is so, the caregiver backs off. Yet spiritual care is essential to quality caregiving.

Now, as you look at the list of the five focuses of caregiving, if you had to choose one that you felt most capable and comfortable to offer a resident, which would it be. Hopefully you are comfortable with all of them, but if you had to choose one, which would it be?

Receive answers without judgment or evaluation

Now, look over the list again. If you had to choose, which focus to you feel the least able and confident in offering to a resident? Hopefully you are confident in all, but if you had to choose one that is the least comfortable, which would it be?

Receive answers with judgment or evaluation

Goal of the discussion: We need help in spiritual Care

Becoming aware of a resident's spiritual needs

10 Min. Lecture: What are spiritual needs? Four spiritual Needs Handout

Share the four spiritual needs using words such as:

In order to provide good spiritual care we first have to understand what the spiritual needs of persons might be. Harold Koenig, a psychiatrist and a researcher at Duke University in North Carolina has been studying the relationship between a person's spirituality and their health. Through his studies, Dr. Koenig, a psychiatrist rather than a priest or theologian, has made a list of 25 spiritual needs. Now 25 needs are more than we can remember. So a couple of nurses have narrowed the 25 into four. You might think of a fifth or even a sixth, but these four are a good starting point.

Turn to page 4 (English) or page 5 (Spanish). In the middle of the page are four spiritual needs that all people are trying to fulfill at all times in their lives. Different people might choose to fulfill these needs in different ways but that they seek to fulfill them is common to all.

Spiritual Need One is "The Need for Meaning and Purpose in Life." How many times have we heard residents say something like "Why don't I just die, I am no good for anyone any more." This lament stems from an inability to see meaning in their lives at the moment. They see the best days of their life as being past, not in their present and certainly not in their future. Everyone needs a reason to get up in the morning.

A second Spiritual Need is "The Need to GIVE love." Now you might think that because the authors were nurses that the third need, "The Need to RECEIVE Love" would have been second. Frail persons so often need to receive love. But this second spiritual need says that the need to GIVE love is as important as is RECEIVING love. For spiritual health, a person has to be concerned about something that is beyond themselves, beyond their own aches and pains, beyond their own worries. The need to GIVE love is strong.

The third spiritual need is to "Receive Love". When a person is not able to do things for themselves, especially the most personal of things, their heart is challenged to allow a caregiving into themselves and witness their vulnerability and need. Allowing another to give to us is the essence of being able to Receive Love.

Finally, Spiritual Need Four is the need for "Forgiveness, Creativity and Hope." I take these three items to mean that, no matter what the present circumstance a resident might find themselves in, that they still believe that the future is open, that there are still possibilities in life, that today is the first day in the rest of their lives. This fourth spiritual need is the reason for optimism and a

positive attitude. Even in the darkest times, if I have creativity, if I have hope, if I can forgive myself and/or others, life is better.

Conclude the mini-lecture by talking about a resident within your facility that has transcended challenging times because they were able to have all four spiritual needs filled.

10 Min. Personal Task “Exploring your Personal Spiritual Needs”

Introduce the next task using words such as:

Turn to page 6 (English) or page 7 (Spanish). Take five minutes to complete the form. Note that you are asking the questions of yourself, not a resident. You will not be asked to share this form with anyone so you can be as honest as you wish. For example, if you feel as though you have a lot of meaning and purpose in your life, you might choose a six or a seven. If you have little meaning and purpose in your life right now you might choose a one or two. If you sometimes have a sense of purpose and sometimes don't, then you might choose a three, four or five. One additional thought. In number two, the need is “I easily show love to others” add the phrase “who are hard to love” making number two read “I easily show love to others who are hard to love.”

Each participant completes the Exploring your Personal Needs form

When all have completed the form, conclude this section using words such as:

What you have completed is a personal spiritual needs assessment. If you have a lot of sixes or sevens, your needs are probably pretty solidly fulfilled. If you have a lot of three's, four's or five's, you might be experiencing spiritual distress which might very well be a window towards understanding whatever problem you might be experiencing at the moment. Items of spiritual distress are worthy of additional thought. If you have one's or two's, you might be in spiritual despair which often requires that you speak with someone (chaplain, priest, friend) for spiritual despair is usually difficult to handle on your own.

5 Min. Assignment: Observe Spiritual Needs

Pass out the English and Spanish observation forms using words such as the following:

Side one of this handout is a summary of what we have just talked about regarding spiritual needs. On side two, I would like each person to choose a resident and observe them until our next meeting, seeking to perceive their spiritual needs. You are not to interview them about their spiritual needs but simply talk with them, being aware that their spiritual needs will be expressed in any number of ways such as their words, their tone of voice, their behavior. Don't try to fix any spiritual need that you might discover. Simply observe and try to understand the resident from the vantage point of their spiritual needs. Note that you are to rank that person's fulfillment of each spiritual need from one to seven, just like we did for ourselves earlier. Then you might note what behaviors or things that the resident said, that caused you to believe that a specific number was correct. We will begin with sharing what you observed next time.

Note, do not put the resident's name at the top of the paper. Make up a name but it needs to be a name that is unique to our community. We would not want someone to see your paper and think that they know who you are writing about.

Dismiss the class.

Caring for the Whole Person

Entire Staff

Session Two Principles of Spiritual Caregiving

The Participants will be able to:

1. Define Spiritual Caregiving as distinct from Traditional Caregiving
2. Conceptualize Spiritual Care Principle One: You Can't Fix Spiritual Distress
3. Conceptualize Spiritual Care Principle Two: Limitations and Vulnerability are doorways to Wholeness
4. Personally respond to the Principles of Spiritual Care

Time needed: One Hour

Items needed:

1. Caregiving Scenarios
2. Poster: Session Goals
3. Poster: You Can't Fix Spiritual Distress
4. Poster: Limitations and Vulnerability are Doorways to Wholeness
5. Newsprint/White Board and markers
6. Handouts: Topic Four (English and Spanish)
7. Pencils

Overview of the Session

5 minutes	Welcome and Introduction
10 Minutes	Small Group Responding to Scenarios
10 Minutes	Report
10 Minutes	Spiritual Caregiving is Different from traditional caregiving Principle Number One: You can't fix spiritual distress
10 Minutes	Principle Number Two: Limitations and Vulnerability are Doorways to Wholeness
10 Minutes	Personal Responses in Small Groups
5 Minutes	Assign 'Homework

The Action

5 minutes Welcome and Introduction

Introduce the Opening Task using words such as:

This is the second of three meetings designed to provide the essentials of the insights that our peer mentors received regarding spiritual care. Last time we described caregiving as having five focuses: physical, friendly, feeling, ritual, and spiritual. We also explored the four spiritual needs of all persons: the need for meaning and purpose; the need to give love; the need to receive love; and the need for a future that has possibilities and options. This last need requires forgiveness, creativity and hope.

Spiritual Caregiving is different than traditional caregiving. It is based upon two principles: "You can't fix spiritual distress" and "Limitations and Vulnerability are Doorways to Wholeness."

10 Minutes Responding to Scenarios

Refer to the handouts for this session that contain two scenarios. Read each scenario and ask participants to choose what they would do in this situation. This exercise is only a warm-up so don't take a lot of time in this step.

**10 Minutes Spiritual Caregiving is Different from traditional caregiving
Principle Number One: You can't fix spiritual distress**

Post the poster "A Caregiver Can't Fix Spiritual Distress" in both English and Spanish

Refer to page two of the handout. What is the word in the picture? (answer: FLY). Allow the participants to struggle until all have seen the word.

Then refer to page three of the handout. "What do you see" (answer: an old woman and a young woman). Allow the participants to struggle until all have been able to see both people.

POINT: Spirituality is a matter of personal perspective. No one can make another person see life 'their' way unless that person wants to receive it (just like no one can force another to see the word "Fly" or both the young woman and the old woman.

The goal of spiritual care is insight, not knowledge. And insight is always discovered, not taught.

Every person, no matter what their physical or cognitive state, is the only person capable of and responsible for their own soul care.

**15 Minutes Principle Number Two:
Limitations and Vulnerability are Doorways to Wholeness**

Post the poster: "Limitations and Vulnerability are Pathways to Wholeness both in English and Spanish.

Read the section in the handout: "Limitations and Vulnerability are Pathways to Wholeness" and discuss the contents. Questions to ask:

- What does the author believe about the role of suffering in life?
- Do you believe what the author is suggesting?
- When have the participants grown the most as persons, when times were good or when times were tough?

Post the Four Spiritual Needs Poster in both English and Spanish. If these were the spiritual strengths, how would they be able to cope with suffering, limitation, vulnerability?

10 Minutes Personal Responses in Small Groups

Ask participants to complete the response form in the handout packet and then share their answers within small groups.

5 Minutes Assign ‘Homework’

Refer to the last page of the handout. Explain that the homework for the day is to talk with a resident whom they believe to be aging successfully asking questions like those presented. If desired, they may say to the resident, “I am in a training event here at our community. Can I ask you some personal questions about your experience of aging?” Most residents will gladly assist a staff person to complete this homework.

Remind them that they will be asked to share what they have learned at the third session.

A Caregiver Can't *Fix* Spiritual Distresses

**El proveedor
de cuidados
no puede
arreglar las
aflicciones
espirituales**

Limitations and Vulnerability are Pathways to Wholeness

**Las
limitaciones y
la
vulnerabilidad
pueden ser
caminos para
la integridad**

- The need for meaning and purpose in life
- The need to give love
- The need to receive love
- The need for forgiveness, hope and creativity

1. La necesidad de encontrar un sentido y un objetivo en la vida.
2. La necesidad de dar amor.
3. La necesidad de recibir amor.
4. La necesidad de perdón, esperanza y creatividad

Caring for the Whole Person

Session Two Principles of Spiritual Caregiving Scenarios

1. You are walking down the hallway and you come across a resident, mumbling to her self. You stop just to say, "Hello" when the resident says, "Why doesn't God just take me. I am no good for anyone any more!"

What do you do? Check One:

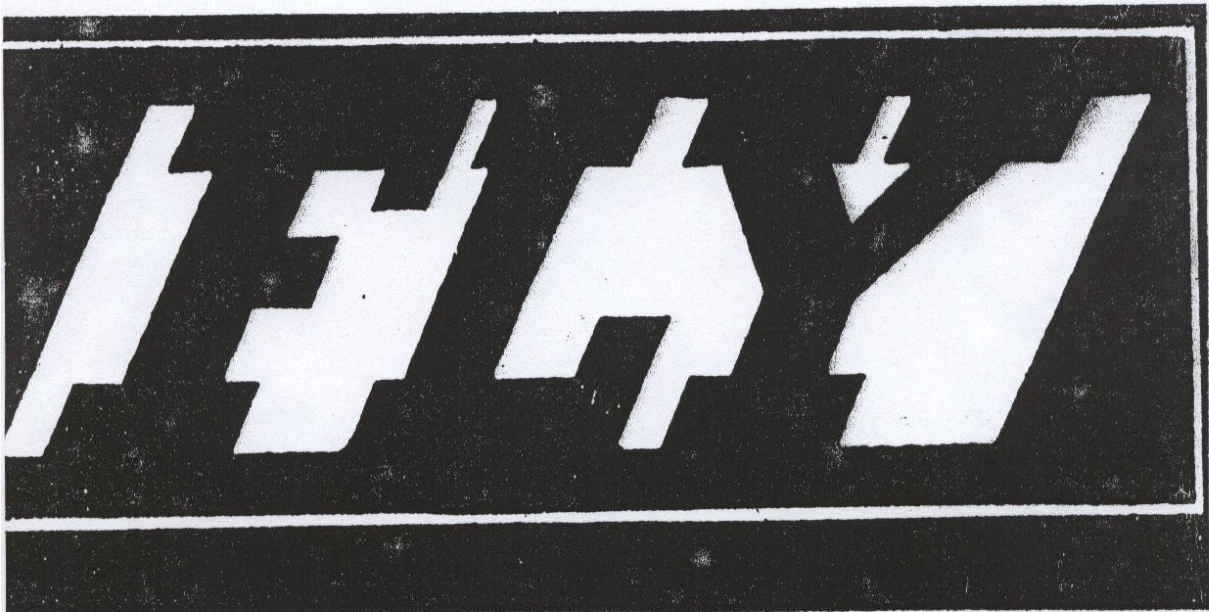
1. Walk on as if you didn't hear the resident's plea
2. Stop and gently touch the resident, saying nothing
3. Stop and try to help the resident feel better ("I think you are special?")
4. Stop and say, "I hope you are feeling better soon."
5. Stop and ask, "Do you want me to get the nurse?"
6. Stop and say, "You shouldn't say that. God isn't ready for you yet."
7. Other.....

2. You knock at the door and are invited into a resident's room. The resident is sitting looking out the window. You see that the resident is looking sad. "What's the matter, Mrs. Jones? Are you feeling OK?"

"Oh yes," she replies softly, "I'm fine. I just get so lonely."

What do you do? (Check One)

1. Continue to do your task as if the resident said nothing
2. Say something like, "You shouldn't stay in this room all the time. You should go play bingo or just sit in the lounge with others."
3. Remind the resident that her family is coming this weekend (if that is true)
4. Kneel down in front of the resident, look into her eyes, and say, "I am sorry that you are feeling so badly."
5. Other.....





Caring for the Whole Person

Spiritual Principle 2 Limitations and Vulnerability are Pathways to Wholeness

No one likes to be in pain.

No caregiver likes to see another person in pain.

Effective caregivers help relieve physical pain whenever possible.

They offer a warm bath.

They speak in soft, respectful tones.

They understand if a resident who is in pain is crabby and hard to manage.

They alert other staff of the resident's pain

But sometimes pain (struggle) is necessary for growing.

A resident can struggle over the loss of eyesight

A resident can feel overwhelmed with the loss of a close family member.

A resident can feel the pain of guilt over deeds past.

A resident can feel lost and frightened when life is in turmoil.

Sometimes these struggles are but the birth pangs of a new day:

Guilt giving way to a fresh resolve to reconcile.

Loss giving way to a new perspective on life.

Loneliness can motivate a resident to find new friends.

Struggle, even emotional and spiritual pain, can be a doorway to new life...

...a time for reassessment

...a time for releasing the past

...a time for embracing a future that, at the moment, is unclear at best.

In the Chinese language, the symbol for the word, "crisis" consists of combining the symbol for "danger" with the symbol for "opportunity."

Any change in one's life brings about a crisis...

...that is at the same time filled with "danger" and "opportunity"

Change in life is filled with danger because the future is unknown.

Change in life is filled with opportunity because the future is open.

Change requires a willingness to give up past beliefs...

...hopes

...desires

And thus, change is hard.

It's hard to think new thoughts

...live different ways

...relate differently than in the past.

And thus there is struggle, pain, anxiety, even depression.

...yesterday is gone and tomorrow is yet to be...

...the familiar past no longer is and the future remains dark and cloudy.

But sometimes the road of life takes twists and turns that, though frightening, need to be experienced and dealt with.

Yes, effective caregivers pay attention to the pain of residents.

Effective caregivers seek to removed the pain that it possible for them to remove...

...and to support the resident in their experience of the kind pain that does not go away but is instead the invasion of something new (even if frightening) in their lives.

Sometimes it is hard for a caregiver to tell the difference between pain that is simply that, pain that can be fixed, and a pain that is birth-giving and life-renewing.

Effective caregivers at least know the difference,

...seeking to remove the first

...while walking with the resident as they experience and seek to deal with the second.

Caring for the Whole Person

Limitations and Vulnerability are Pathways to Wholeness

Response Form

Circle as many as are true for you:

When I experience spiritual pain I....

Grin and bear it	complain to others	Complain to God
Cry	ignore/deny	am happy
Other:		

When I see an older person in spiritual pain I...

Immediately want to fix it	ignore them	Run the other way
Feel sorry for them	Listen to them	Engage them
I want to cheer them up	share the pain	list my own pains
Other:		

Not to at least try to fix every pain experienced by an older person....

Is cruel	Is life-giving	is criminal
Is necessary	Is the lesser of evils	is loving
Other:		

Instead of fixing the pain of an older person I can....

Listen	seek to empathize	accept
Encourage	refer them to someone else	
Remember my own pains	companion	help to reflect/learn
Other:		

I find this form of caregiving...

Hard	Easy	fulfilling
Frightening	disturbing	meaningful
Other:		

Caring for the Whole Person

Limitation and Vulnerability Can Be Doorways to Wholeness

Resident Observation Form

Over the next week:

Talk with a Resident whom you believe to be aging successfully.

Here are some questions that you might wish to ask:

- What are some of the challenges that the resident has experienced in latter life?
- How is the resident coping with their aging?
- Did any good ever come out of a crisis in their lives?
- When, in their life, did they grow the most as persons: when life was easy or when life was tough? Ask them to explain their answer.
- If nothing would ever change from this moment on, if one's health would not get better, if one's mobility would not increase, what would still be the advantages of being as old as they are?

Caring for the Whole Person

All Staff Training Session Three

Length of Time: 60 Minutes

Audience: Staff by Disciplines

Educational Goals: The Participants will be able to:

1. Explore how we can be spiritual caregivers using the six roles of spiritual caregiving
2. Identify how each role can be expressed at participants are completing their 'normal' duties
3. Examine Spiritual Care in 30 Seconds.

Materials Needed: (one for each participant)

- Handouts for this session
- Posters for this session

The Action

The task of this session is to explore in concrete ways how each discipline is able to participate in spiritual care. The leader must be flexible to this overall goal and not get 'stuck' sharing information at the deficit of practical insight.

5 Minutes Review of Assigned Homework

Ask for volunteers to share what participants observed since the last session. Careful, this section might take more time than expected, especially if there is a lot to share. This exercise is meant not only as a 'warm up' for the present situation but an opportunity to review the essential learnings from the previous session.

10 Minutes What we **can** do!
The Six Roles of the Spiritual Caregiver

Using posters, briefly review the first two principles of spiritual caregiving: 1) the caregiver can't fix spiritual distress and 2) Limitation and Vulnerability are Pathways to Wholeness. Review the four spiritual needs of the human person as well.

Using the narrative as well as the posters below, explain each of the six roles of the spiritual caregiver.

10 Minutes In small groups, share the Personal Response Form

In either small group (two or three) or, if the group is uneasy about personal sharing at this point in the training, receive responses to the presentation as a total group asking for volunteers to share their responses.

This task may be introduced using words such as: Take five minutes to complete the response sheet in your handouts. What is your response to the six roles of the spiritual caregiver? Share your answers with a neighbor.

10 Minutes Gather responses from the group. Emphasize the strengths for spiritual caregiving that each discipline has. Examples are:

Dietary: Residents are more relaxed. Responding to the brief comments of residents can be an effective spiritual care opportunity.

Housekeeping: See the residents “as they are.” They clean up after them and thus are among the first staff to notice changes in behavior and/or physical health. Residents don’t ‘put on a mask’ for the housekeeper.

Activities: The only person on campus, except for the chaplain, who can be pro-active in their spiritual care. By providing programming that elicits resident responses and reflection, much spiritual care can be provided.

CNAs: Have the greatest amount of contact with a resident, especially in assisted living or skilled care. By engaging residents at their points of limitation and vulnerability, opportunities for spiritual care can be revealed.

Business office: Fiscal needs are often a place of vulnerability. A business office person can be a fresh voice for clarifying concerns and reframing the meaning of situations.

Social Services: Obviously, social services would engage the spiritual journey of residents in almost every engagement and transaction.

15 Minutes Spiritual Care in 30 Seconds

Using the narrative and the posters provided, share the four principles behind “Spiritual Care in 30 Seconds”. This strategy can be helpful in the hallway, dining room, during activities or any time that important perspectives can be engaged.

The handout packet has two scenarios that can provide an example of Spiritual Care in 30 Seconds.

10 Minutes Assign Homework

Using the final page of the handout, ‘assign’ homework. Review the response sheet and encourage staff to pick a resident with whom they could try these principles.

Caring for the Whole Person

Tools for Spiritual Caregiving

Caring for the spirit is different than caring for the body

Caring for the spirit of another takes patience

Listening

Connecting

Not speaking, or controlling or fixing.

Caring for the spirit is different than caring for the body

When one cares for the body the caregiver is the actor

Serving the food

Cleaning the room

Making the bed

Fixing the leak in the sink

Giving the medications

When one cares for the spirit the caregiver simply comes alongside the person

Listens to the heart and not just the complaints

Responds to needs, and not just actions

A caregiver can care for the spirit in five ways:

By enabling

By pointing

By clarifying

By cheerleading

By companioning

By being a team member.

A caregiver cares for the spirit by **enabling** the person.

There is an old saying that says,

“You can lead a horse to water but you can’t make them drink.”

But even if the horse is not going to drink,

should that stop a person from leading them to water?

Caring for the Spirit does not push a person to believe what the caregiver believes or do what the caregiver thinks is important.

Caring for the Spirit does provide a place where spiritual growing can happen.

Caring for the Spirit does provide the situation

where a person can discover insight.

A spiritual caregiver desires that a person worships in the way they choose.

Allows for quiet time

Is not pushy

Is ready to listen if the resident is ready to talk

A caregiver also cares for the spirit by **pointing** to meaning in life...

...the beauty of the sunrise

...the joy of family visits

...the opportunities for giving and receiving love

The caregiver can not force the resident to accept the meaning,
the beauty,
the joy
that is present in every moment of life.
But they can make the resident aware of their presence
And allow the resident to embrace the meaning if they wish.

A caregiver also cares for the spirit by **clarifying** meaning
...meaning that erupts from inside the resident
...meaning that, to the resident, might seem garbled and confusing
...meaning that can be clarified as the resident talks and the
caregiver listens.
...meaning that becomes clear as the caregiver seeks to simply understand
what the resident is meaning and feeling.

A caregiver can be a meaning “**cheerleader**”
Sometimes, in the midst of darkness, a resident needs to hear that at least
someone believes what they, at the moment, know is impossible.
Sometimes, in the midst of darkness, a resident needs to hear that someone
...sees light at the end of the long, dark tunnel
...giving a word of encouragement especially when life is at its hardest.
This cheerleading is not a ‘pie-in-the-sky’ wish
But grows from a conviction
that comes from the caregiver’s own experience...
...from their own pain, and worry, and grief...
...a conviction that is based on the caregiver’s own heartache and fear
that somehow has given way to a new way of living and seeing.

A caregiver can be a **companion**....
that non-anxious presence that remains calm
in spite of the anger
the frustration
the disappointment
the despair
and simply brings a presence that says “It’s going to be OK,
I am here for you.”

A companion seeks to touch the heart with an expression of hope.
A companion listens more than speaks
and loves, and loves, and loves.
A companion does not demand a polite response
and instead accepts whatever the resident wishes to give.

A caregiver can be a **team member**...
asking others to become involved with the resident.
Because sometimes...
we can not help because of language,
or culture
or position.
Sometimes we might even be seen as a part of the problem
one of the persons with whom the resident is angry

a person who, in spite of everything, is not trusted.
Sometimes the resident's need is beyond a caregiver's ability to give.
And so the caregiver seeks help..

...someone new who might have the word that helps

...someone different who can look with new eyes

...another caregiver,

a person in social service

or dietary

or housekeeping

or nursing

who might be able to reach behind the resident's feelings

and truly care for the whole person.

Caring for the spirit of a person is different than caring for their body,

or cleaning their room

or serving their food

Caring for the spirit

...it can be done in five ways...

...enabling

...pointing

...clarifying

...cheerleading

...companioning

...being a team member

Caring for the Whole Person

Spiritual Care in 30 Seconds

Spiritual Care is a process of engagement, dialogue and sharing about issues of meaning, purpose, giving love, receiving love, forgiveness, creativity and hope.

Spiritual Care is not an imposing of ideas but a sharing of perspectives....

...As a resident uses the care relationship to explore issues that matter to the inner self

...As a caregiver finds opportunity in the care relationship to listen and receive the resident's perspective on life.

Sometimes Spiritual Care demands a caregiver's time.

Sometimes that interchange requires that the caregiver stop what they are DOING in favor of receiving the gift of a resident's BEING.

Sometimes the spiritual care interchange takes time....

But more often it is accomplished at the same time that hair is brushed...

...a bath is given

...a room is cleaned

...a bed is made

...food is served

...a repair is accomplished

To be spiritual care, an interchange does not have to be long...involved...time consuming.

To be spiritual care an interchange between caregiver and resident only has to be...

...intentional

...focused

...filled with listening and a desire to understand.

A spiritual care encounter can happen in as little as 30 seconds.

All that is needed is:

11. An Open-Ended greeting that evokes a response

12. Listening to the response

13. Validating the Feelings within the Response

14. Reframing the response

Step One

A 30 second spiritual care encounter begins with the caregiver greeting the resident‘How are you today’

....“What’s happening”

....“Hi _____, you look great today (if they do look good)”

....“I like your dress.”

....”Good Morning”

Sometimes a resident will say “Fine” or something that says, “I recognize you but I don’t need to say anything to you right now.”

But sometimes a resident says something that says something more.

It could be a tone of voice

It could be an emphasis of words

It could be an action, something more than words

Then it is time for the caregiver to listen, even if they are walking by.

Step Two

The key is for the caregiver to listen to the resident’s heart with their heart.

Don’t ask yourself “What is the person feeling today?”

Don’t ask yourself “What are they wanting today?”

Instead ask yourself “What is the person revealing of themselves?”

How is that person picturing themselves?

What new thing is being revealed?

The picture being revealed may be filled with emotion, but it is more than an emotion

Step Three

Validate the feelings, the picture, what is being revealed.

Make sure that the resident knows that you heard them

Not just the words, but the picture-of-the-self that the words are seeking to share

Step Four

Reframe the statement

Say it in a different way

Demonstrate that you see something different than what the resident sees

Enable them to see beauty in the day

even if they don’t acknowledge the beauty that surrounds them

Point to meaning

even if the person is sure that there is no meaning

Encourage the resident, be a cheerleader,

even if the resident expresses depression and despair

Spiritual Care in 30 Seconds...Four quick, easy steps

5. Greet
6. Listen
7. Validate
8. Reframe

Spiritual Care does not have to take a long time.

Spiritual Care can take place in 30 seconds

It just has to be engaging
intentional
and focused
and filled with listening and love.

Spiritual Care in 30 Seconds

Case Study

Situation Number One

Spiritual Care in 30 Seconds at a glance

- Open ended greeting that is open to any response
- Listen to the response.
- Validate the feelings
- Reframe

Man coming out of dining room with walker. He was moving slowly and seemed almost lost, certainly 'down' (perhaps even depressed).

1. SCG: How is it going today?
2. Res: OK. Who said that these were the golden years?
3. SCG: Yes, getting old is not for sissies, but its still a beautiful day.
4. Res: (looking around slightly) I suppose it is beautiful.
5. SCC: What do you like to do on beautiful days like today?
6. Res: I enjoy just walking around and 'smelling the roses.'
7. SCG: It's great to be alive on days like this.
8. Res: (almost surprised) Yes it is. (Pause) I like talking to you.

Spiritual Care in 30 Seconds

Case Study

Situation Number 2

Spiritual Care in 30 Seconds at a glance

- Open ended greeting that is open to any response
- Listen to the response.
- Validate the feelings
- Reframe

A man coming to an activity using a walker. He is out of breath. He is ten minutes early. He is a former executive of a small company and has always seemed like a 'driven' man.

1. SCG: You seem out of breath.
2. RES: It's hard to get around in this walker.
3. SCG: Maybe your body is telling you to slow down a bit.
4. RES: I have always been in a hurry.
5. SCG: Who said that being in a hurry is a good thing?
6. RES: It's just the way I have always been.
7. SCG: Has hurrying always been a good thing in your life?
8. RES: Well, no. But hurrying is all I know how to do?
9. SCG: Do you think that just maybe your living here is giving you an opportunity to try slowing down a little and enjoying the journey and not just the destination?
10. RES: Maybe so. I'll have to think about it.
11. SCG: It is something to think about

The next day I met the resident coming out of a different activity.

SCC: How is the slowing down coming?

RES: I am still thinking about it.

Caring for the Whole Person

The Six Roles of the Spiritual Caregiver

Resident Observation Form

Over this next week:

Try using **one** of the Five Roles of Spiritual Caregiving as you complete the day to day tasks that are assigned to you.

Pick the Spiritual Caregiving Role that in which you feel most comfortable.

(Choose One)

- Enabler
- Pointer
- Clarifier
- Cheerleader
- Companion
- Team Member

Make up a name for the resident _____

Spiritual Distress _____

Describe at least one attempt to provide spiritual care using the Spiritual Caregiving Role that is most comfortable to you.

What was the resident's reaction?

How did you feel during your attempt at spiritual caregiving?

What were the results (if any) to your spiritual caregiving?

Do you think that your spiritual care was helpful to the resident? Why?

Enabler Capacitando

Pointer Senalando

Clarifier explicar

Cheer Leader

Dar aliento

Companion Companero

Team Member Miembro del equipo

Greeting Saludo

Listen Oido

Validate

Vallidacion

Reframe

Reformulacion