Training to Foster Spiritual Health for the Dying, Grieving and Bereaved:
The Consideration of Bereavement-focused and Palliative Care-focused Clinical Pastoral Education (CPE)

Rev. Dr. Peter Barnes, Rev. Dan Cooper and Rev. Dr. Penny Allderdice
Ottawa, ON, April 11th, 2013
Outline

- Introduction
- Definitions
- Presentations:
  - Specialized Clinical Pastoral Education (CPE)
  - Bereavement-Focused CPE
  - Palliative Care-Focused CPE
- Comments and Questions
- Conclusion

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Objectives

- To consider specialties in Spiritual Care and the application of the Spiritual Care professional skill set to a wider job market beyond hospital chaplaincy.

- To explore the use of Bereavement-focused and Palliative Care-focused CPE for the training of specialists in the care of the dying, the grieving and the bereaved.

- To consider the competencies required to offer appropriate and professional Bereavement Care and Palliative Care.

- To develop the potential job market for professionals trained in Bereavement Care and Palliative Care.
Your Expectations:

- ?
- ?
- ?
Why Develop Specialized Clinical Pastoral Education?

Rationale for Specialties in Spiritual Care Practice:

- Assessment of job markets in health care, corrections, mental health and addictions, ethics, etc.
Context for Specialized CPE

- Why develop Palliative Care-focused CPE and Bereavement-focused CPE?
- What needs are met, i.e. what is the rationale?
- Over and above CPE experience, what is needed for competent palliative care and grief and bereavement care?
National Consensus Project for Quality Palliative Care: Clinical Practice Guidelines for Quality Palliative Care, 3rd Ed.
Domains and Guidelines

Domain 5: Spiritual, Religious, and Existential Aspects of Care

- Guideline 5.1
  The interdisciplinary team assesses and addresses spiritual, religious, and existential dimensions of care.

- Guideline 5.2
  A spiritual assessment process, including a spiritual screening, history questions, and a full spiritual assessment as indicated, is performed. The assessment identifies religious or spiritual/existential background, preferences, and related beliefs, rituals, and practices of the patient and family; as well as symptoms, such as spiritual distress and/or pain, guilt, resentment, despair, and hopelessness.

- Guideline 5.3
  The palliative care service facilitates religious, spiritual, and cultural rituals or practices as desired by patient and family, especially at and after the time of death.
Domain 3: Psychological and Psychiatric Aspects of Care

Guideline 3.2

A core component of the palliative care program is a grief and bereavement program available to patients, based on assessment of need.

Clinical Implications:

Psychological and psychiatric assessment and services occur systematically using evidence-informed screening, assessment tools, and interventions. Education for the patient, family, and staff is an essential element of management. Grief and bereavement services are fundamental aspects of palliative care for support staff, patients, and family. Services are appropriate to patients’ and families’ needs, goals, ages, culture, and level of development to reflect a multidimensional strategy.
Building Case for Bereavement-focused Clinical Pastoral Education
<table>
<thead>
<tr>
<th>CPE Competencies</th>
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<tbody>
<tr>
<td>Competency in Self Awareness</td>
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<tr>
<td>Interpersonal Awareness</td>
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<tr>
<td>Conceptual Ability</td>
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<tr>
<td>Spiritual/Bereavement Care Functioning</td>
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<td>Professional Development and Management</td>
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<td>Multi-faith/Multi-cultural sensitivity</td>
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Adapted from Competency table used at St. Paul U. (2010)

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### Grief Counselling Competencies built upon CPE foundation

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>Personal Competencies</td>
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<tr>
<td>Conceptual Skills &amp; Knowledge</td>
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<tr>
<td>Assessment Skills</td>
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<tr>
<td>Treatment Skills</td>
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<td>Professional Skills</td>
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Charkow (2000)

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Competencies for Spiritual Care and Counselling Specialist

1. Spiritual Assessment and Care
2. Self-awareness
3. Spiritual and Personal Development
4. Multi-Dimensional Communication
5. Documentation and Charting
6. Brokering Diversity
7. Ethical Behaviour
8. Collaboration and Partnerships
9. Leadership
10. Research
Competencies for Hospice Palliative Care Spiritual Care Professionals

- Discern, Identify & Understand Spiritual & Religious History, Resources And Care Needs
- Provide Appropriate, Culturally Sensitive, Spiritual Care
- Provide For Appropriate Religious Care
- Provide Spiritual Counselling
- Collaborate As A Member Of Interdisciplinary/Interprofession Team
- Provide Leadership In Ethical Decision Making
- Advocate On Behalf Of Patient And Family
- Provide Grief And Bereavement Care
- Facilitate Functional Relationships
- Provide Support To Staff
- Nurture The Organizational Soul
- Provide Education And Engage In Research
- Perform Administrative Duties
- Commit To Personal And Professional Integration
Grief & Bereavement Specialty

The Association for Death Education and Counseling (ADEC) Body of Knowledge Matrix:

- Dying
- End-of-life Decision Making
- Loss, Grief and Mourning
- Assessment and Intervention
- Traumatic Death
- Death Education

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Caring Well: Nouwen’s Grief & Bereavement Tasks

- To befriend one’s own death.
- To deepen self-understanding.
- To profess one’s own deepest conviction.
- To care for dying/bereaved to create community of love.
- To bring the dead into the circle of the living through reminiscing, befriending so as to face one’s own death.
- To be in communion with others so as to help the dying to gather all humanity around them.

Program Resources Most Helpful

- Practical didactics on charting, spiritual/bereavement history taking and assessment, bereavement/spiritual care plan, and the didactic on “Complicated Grief” presented by Dr. Rick Singleton.
- End-of-Life Ethics
- Palliative and End-of-Life Care Process
- Pediatric Bereavement
- Mental Health Pathologies and Interventions
- Bereavement Care in Cancer Setting
- Professional Ethics and Boundaries
- Participation at Clinical Rounds
- Group and Peer Consultation
- Handouts such as “How to Work Through Your Grief” and “Are You Working Through Your Grief?”

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Grief Care: Fashioned to Needs

Grief and Bereavement Care Assessment & Intervention:

- Assess for Worden’s four task of mourning:
  - Acceptance of the death
  - Experience of pain of grief
  - Adjustment to new environment without loved one
  - Initiating new relationship

- Assess for complicated grief

- Interventions to address the grief process

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1) I had thought that everyone needs and wants to talk about death if they are dying, but I realize now that this is not always the case. I learned from this care program that my relationship with clients is to be with them where they are at that moment, whether it means helping them identify meaning and purpose in their lives by naming what gives them joy and peace, or whether it means sharing in their vulnerability by being with them in the pain of their struggle at that moment.
2) I have gained the insight and awareness that loss affects each and every one of us and each person is experiencing or coping with loss at any given time in life.

Invariably loss in one way or another affects holistic health of mind, body and spirit.

This insight and awareness has benefited me in my ability to pay attention to the underpinnings of loss in a person’s life while engaging in an intervention and to move to spiritual care assessment and plan from this lens.

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Bereavement Care focused Clinical Pastoral Education Interns’ Reflections: cont’d

3) (Before),
I saw bereavement/spiritual care identity as more of a social and religious act,
whereas now I see it as part of the whole of a person, it effects every aspect of a person's life, whether s/he realizes it or not.
4) This program has helped me realize the many layers of loss a person experiences with the death of a loved one.

It has also helped me further understand that there is no cookie cutter method or particular manner in which individuals communicate their pain in bereavement.

Processing the pain and life adjustments caused by death can be complex. Therefore, I have learned to plan but not predict outcomes in my work with people.
My Faith: What People Talk About Before They Die

By Kerry Egan, Special to CNN

Palliative Care-focused Clinical Pastoral Education
Canadian Hospice and Palliative Care Assoc. *Norms* (2002)
Occupational Analysis Profile

- Calgary, AB -- January 2005
- Developed using the DACUM (Developing A Curriculum) method
- 11 HPC Chaplains and Spiritual Care Educators from across Canada
- Professionally facilitated
- Title / Scope of Practice / Major Areas of Responsibility / Related Major Tasks / KSAs
The Pallium Project (Phase II)
A community of clinical, education, academic, and voluntary sector leaders engaged in building Canada’s hospice palliative care capacity together.
www.pallium.ca

Professional Hospice Palliative Care Spiritual Care Provider

PROFILE OF MAJOR AREAS OF RESPONSIBILITY AND RELATED TASKS
MARCH 2005 (PARTICIPANT REVIEW COMMENTS REFLECTED HEREIN)

Facilitated by:
Wilson Associates - Education Consultants Inc.

© The Pallium Project, 2005
The Professional Hospice Palliative Care Spiritual Care Provider practices the art of skilled spiritual companionship entering into the lives of the suffering and dying

(Pallium 2005: 5 Used With Permission)
14 Major Areas of Responsibility
81 Related Major Tasks

(A 1-6) Discern, identify and understand spiritual and religious history, resources and care needs

(B 1-14) Provide appropriate, culturally sensitive, spiritual care

(C 1-6) Provide for appropriate religious care

(D 1-6) Provide spiritual counseling

(E 1-8) Collaborate as a member of interdisciplinary team

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(Pallium 2005: 6-9 Used With Permission)
14 Major Areas of Responsibility
81 Related Major Tasks

- (F 1-6) **Provide leadership in ethical decision making**
- (G 1-3) **Advocate on behalf of patient and family**
- (H 1-3) **Provide grief and bereavement care**
- (I 1-4) **Facilitate functional relationships**
- (J 1-5) **Provide support to staff**
- (K 1-5) **Nurture the organizational soul**

(Pallium 2005: 6-9 Used With Permission)

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14 Major Areas of Responsibility
81 Related Major Tasks

- (L 1-5) Provide education and engage in research
- (M 1-6) Perform administrative duties
- (N 1-4) Commit to personal and professional integration

(Pallium 2005: 6-9 Used With Permission)
Core Curriculum

Developing Spiritual Care Capacity for Hospice Palliative Care

A Canadian Curricular Resource

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“Canada’s first pan-Canadian integration of curricular resources, this curricular resource guide has been developed by the team offering Canada’s first Canadian Association in (for) Pastoral Practice and Education (CAPPE) accredited Clinical Pastoral Education (CPE) unit in Hospice Palliative Care and Oncology.” (468 pps.)
Curriculum Components

- Ch 1 – Overview
- Ch 2 -- Introductory Topics
- Ch 3 -- Educational Theory and Methods of Instruction
- Ch 4 -- Case Studies (13)
- Ch 5 -- Module 1: Spirituality and Religion
- Ch 6 -- Module 2: Definitions of Spiritual and Religious Care

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Curriculum Components

- Ch 7 -- Module 3: Providing Care in a Multi-Faith and Multi-Cultural Context
- Ch 8 -- Module 4: Clinical Models of Care in Hospice Palliative Care
- Ch 9 -- Module 5: Towards a Definition of Spiritual Pain and Suffering
- Ch 10 -- Module 6: Discernment: Factors in the Assessment of the Client’s Response to Illness
Curriculum Components

- Ch 11 -- Module 7: Frequent Clinical Concerns of Clients
- Ch 12 -- Module 8: Appropriate Clinical Interventions for Spiritual Care Providers
- Ch 13 -- Module 9: Ethics at the End of Life
- Ch 14 -- Module 10: Grief and Bereavement
- Ch 15 -- Resource Section

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How Can Learning Outcomes be Measured?

- Best is 360° assessment
- For simplicity we used learner self-assessed outcomes
- Develop an evaluative tool based upon:
  - the Pallium DACUM Chart 14 major areas of responsibility
  - CAPPE/ACPEP’s levels of training from Basic, to Advanced to Certified Specialist
- Invite learners to self-score at weeks 1, 6 and 12
Focused Training Improves HPC Spiritual Care Competence (in the opinion of the learners)

Clinical Pastoral Education -- Regina 2005 Participant Aggregate Scores Weeks 1, 6 and 12

Clinical Pastoral Education -- Regina 2006 Participant Average Scores Weeks 1, 6 and 12

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Conclusions

• Specialized CPE seeks to meet identified training needs for targeted practice settings

• Curriculum design must be context-specific and competency-based

• Specialized CPE can produce measurable, positive learning results in the opinion of adult learners

• We are in the early to mid-development stages of competency-based specialty education
Discussion

- What specialties for Clinical Pastoral Education?
- What is your feedback on competency-based evaluation?
- What are some potential jobs besides chaplaincy and pastoral counselling that fit with specialty Clinical Pastoral Education?
Thank you for Being Present and for your Participation