

# Ideal Intervention Project Newsletter

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John J. Gleason, Editor

## Validating Spiritual Care Best Practices

The Ideal Intervention Project's overall design was presented at our Summit '09 workshop, M1.6. A participant then asked, "Is letting the patient decide what helps a good idea? Patients fear that giving negative evaluations could impact their care." Response: This legitimate fear will be minimized when the follow-up brief questionnaire is presented by a person other than the chaplain with the assurance, "The treatment team will not see your evaluation." How else to determine whether the intervention was effective? By asking the chaplain? Too subjective. By length of stay? Too many variables. One spiritual assessment schema identifies four unique spiritual needs variables. *Passive being-with* most often meets the need of a trusting World A citizen. Doubt-suppressing World B folk need and expect *active doing-for*. World C people who are open with their doubts and fears need *peerish give-and-take*. *Passive being-with* is also advised for the rare World D quester. With such diversity of need, only the recipient of the care can say with authority, "Don't let that chaplain come back!" or "Please thank that chaplain!" For more on the Four Worlds schema, see "Spiritual Assessment and Pastoral Response," *Journal of Pastoral Care*, 44, Spring 1990, pp. 66-73; and "The Four Worlds of Spiritual Assessment and Care," *Journal of Religion and Health*, 38, Winter 1999, pp. 305-317.

## Defining Best Practices

Another workshop participant observed, "You don't define best practices." Response: Best practices are evidence-based procedures "that integrate the best research evidence with clinical experiences, with the most current and clinically relevant... theory, and with patient values." (Thomas Sexton, quoted in Sylvia A. Marotta and Richard E. Watts, "An Introduction to the Best Practices Section in the Journal of Counseling & Development," *Journal of Counseling & Development*, 85, Fall 2007, 491-503.)

## Defining Spiritual Care Practices

Spiritual care practices can and should comprise a specific, consciously applied discipline for holistic healing and educative attention to that aspect of human experience recognized as spiritual and/or religious, cultural and emotional... grounded in certain universal human needs pertaining to meaning in life, a sense of self apart from and in relation to a group, and maintenance of a sense of union with that which may be seen as transcending self. (Adapted from Greg Stoddard and Jean Burns-Haley, "Developing An Integrated Approach to Spiritual Assessment," *The Care Giver Journal*, 7:1 1990, p. 65.)

## Defining Evidence-Based Spiritual Care

In his T1.9 Orlando workshop presentation Thomas O'Connor defined evidence-based spiritual care as "the judicious use of scientific evidence on spirituality and religion in the spiritual care and therapy of patients and clients." (Thomas O'Connor, PowerPoint presentation, Slide 2, Summit '09.)

## ...And Now for the Perpetual Reminder...

CPE Supervisors, please be sure to have your students forward their *Ideal Intervention Papers* or completed *Ideal Intervention Forms* as Word document attachments to Fr. Henry G. Heffernan SJ at [hheffernan@gonzaga.org](mailto:hheffernan@gonzaga.org) for processing into the growing IIP knowledge base after review in individual supervision. Have students give you a copy of the cover e-mail message to HH as documentation. Chaplains, pastoral counselors and other spiritual care practitioners, please forward your completed *Ideal Intervention Forms (Practitioners)* in like manner. Obtain forms from the e-mail address below.

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Contact the Editor at [mariejohn50@att.net](mailto:mariejohn50@att.net) with your requests, questions and comments.