

Ideal Intervention Project e-Newsletter

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Inductively Arrived-at Spiritual Assessment Groupings Are Here!

Are you tired of seeing a new Spiritual Assessment tool touted every week? To date almost every Spiritual Care (SC) practitioner projects her/his own deductively arrived-at scheme onto the patient or client, thereby keeping SC a loose collection of individuals each going his/her own way, rather than becoming a coherent professional discipline built on documented, evidence-based experience.

Now, thanks to the good work of ACPE Research Network Convener John Ehman, we have access to a first-draft, inductively arrived-at set of SC Spiritual Assessment groupings of Ideal Intervention Papers (IIPs) and Forms (IIFs) including potential responses (dealing with ways to respond, not just what the problem is). Ehman modestly says about his work, "I just tried to put together those titles that seemed to connect according to patient circumstances, listing each title under only a single heading even when a title involved more than one potential topic (though) IIP (data) collection... is far from 'saturated'." Ehman invites others to offer their own ideas on how to begin grouping these IIPs. Send your ideas to the Editor at mariejohn50@att.net for review.

These new categories are listed below, and are now available at <http://www.ACPEResearch.net> for use by all SC practitioners, CPE supervisors, and their students in gaining the wisdom of colleagues before continuing their own work.

Critics have called this inductive approach "cookie-cutter care". More accurately, it is the sharing of what has been experienced and learned, so that new understandings can be judiciously applied in one's own unique style, but only if deemed worthy. Other critics fear violations of confidentiality. The safeguards applied to verbatim and process note material are in force. As a fail-safe mechanism, that material is edited once again for complete anonymity.

Bad News

Shock at News of the Murder of a Loved One (A.2)

Belated Receipt of a Death Message (L.11)

Behavioral Health Patients (excluding dementia)

Anxious Psychiatric Patient Feeling Relationally Isolated and Abandoned (H.6)

Psychotic Patient Wishing No Contact with Family (O.17)

Enabling Healing in a Situationally Psychotic Adolescent Female w/ Religious Ideation (V.23)

Gay Bipolar Male with HIV and Alcohol Issues Feeling Rejected and Victimized (CC.28)

Suicidal Male Facing Unwanted Divorce (G.5)

Confronting Codependency; Breaking Addictive Behavior with a Team Approach (T.21)

Responding to Multiple Life-and-Death Issues Shared During a Spiritual Assessment (DD.29)

Interview with a 33-Year-Old Caucasian Female, Including Suicidal Ideation

Communication difficulty

Communicating across a Language Barrier (25.65)

Terminally Ill Patient with Little English from an Ethnic Pentecostal Community (Y.25)

Terminally Ill Patient with Difficulty Communicating (Z.26)

Patients on Ventilators (12.26)

Death and Dying (not covered elsewhere)

Son's Concern about Dying Father's Spiritual Status (J.9)

Fetal Demise, with Nominal Catholic Parents Requesting Bedside Prayer (K.10)
Rectifying a Mistaken Cremation (Q.19)
Elderly Patient's Deteriorating Condition (7.16)

Dementia

Providing Appropriate Services for Dementia Patients (D.4)
Caring for the Confused Patient (I.8)
Disoriented Elderly Patient (9.18)

Family Problems

Patient with Family Problems (5.11)
Family Divisiveness (22.54)

Guilt, Shame, and Self-Esteem Issues

Feelings of Guilt or Shame (21.49)
Patient with Low Self Esteem (24.63)
Managing Self-Doubt Appropriately (U.22)

Hope and Hopelessness

Sense of Hopelessness after Terminal Diagnosis (E.4)
Hope in Terminal Illness (19.45)

Loneliness, Abandonment, and Anger

Patient's Loneliness (16.32)
Lack of Patient Support Systems (M.14)
Patients Lacking Social Support System (10.21)
Patient Feeling Abandoned by God and Family (26.66)
Patient Feeling Abandoned by and Angry with God (8.17)
Lonely, Obese Female Rehab Patient with Disconnection in Relationships (BB.27)
Patient with Anger with God (13.27)
Management of Pastor/Parishioner Conflict; Vengeful Anger Unleashed; (S.20)
the Pastoral and the Prophetic Voices in Tension; Clash of Cultures

Loss, Grief, and Despair

Early Recognition of Complicated Grief (14.28)
Patient Despair (15.31)
Elderly Female CHF Patient Finding No Meaning in Life and Wanting to Die (AA.27)
Patient's Loss of Personal Independence (1.1)

Miscellaneous

Becoming Directive in an Emotional/Spiritual Crisis (X.24)
Recently Divorced, Alleged Sexual Abuser, Homeless, Disabled Male (B.3)
Patient Requesting Completion of an Advance Directive Form (C.3)
Care of Physician / Care of Self during a Medical Emergency (F.5)
Caregiver Learning to Uncritically Accept Where Patient Is Spiritually (R.19)
Family Support after Bypass Surgery (6.13)

Pain Issues

Patient in Pain and Suffering (11.23)
Pain Plus Frustration with Hospital Medical Staff (P.18)
Child in Severe Pain (18.38)

Relationship Building and Trust

Building a Relationship with a Terminal Patient (17.35)
Establishing Basic Trust (W.24)

Resistance or Refusal of Spiritual Care

Non-Receptive Patient and Family (3.8)
Patient's Family Rejection of Chaplain (4.10)

Tension with Hospitalization

Elderly Patient's Frustration at Hospitalization (20.47)
Elderly Patient's Frustration with Long Hospitalization (23.60)
Patient in Conflict with Hospital Staff Caregivers (N.16)
Patient, Family and Medical Staff Disagreement (2.5)

Note: Codes in parentheses indicate the pre-sorted file location of the Ideal Intervention Papers (IIPs). Those beginning with a number come from the original 26 IIPs, and those beginning with a letter come from the additional file of IIPs. The suffix number is the page number from the two files.

It's Not Too Late to Participate!

The disappointing decrease in IIP and IIF submissions by SC practitioners and CPE students was noted in the last issue of this e-newsletter. However, it is certainly not too late to participate. In fact, your contributions are now more important than ever. Your perseverance in pursuit of the greater good of patients, clients and the professional discipline of SC itself could make the difference between long-term success and failure. In that regard, special thanks go to Connie Bonner (FL), Peter Holland (SD), and Yoke Lye Lim Kwong (IN) and their students for their continued IIP and IIF contributions to the national SC knowledge base.

Supervisors, see that your students follow up their IIP work with you by submitting their papers to the e-mail address below. SC practitioners, do likewise with your IIFs. And thanks again!

Questions? Comments? Contact the Editor at mariejohn50@att.net