

A condensation of the full paper
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On behalf of
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EVIDENCE-BASED SPIRITUAL CARE BEST PRACTICES

An Outlandish Idea

Every individual has the right to the most effective medical and related services available and confirmable with evidence, **even in matters of healing that uniquely involve the Divine Mystery.**

What does evidence-based mean?

Evidence-based practices are those practices that integrate the best research evidence with clinical experiences, with the most current and clinically relevant theory, and with patient values.

What is spiritual care?

Spiritual care is that segment of ministry responsibility in most faith traditions that involves bringing the resources of that faith to bear in the developmental and situational crises of the faith community and beyond.

What are spiritual care practices?

Spiritual care practices comprise a specific discipline for holistic healing and educative attention to that aspect of human experience recognized as spiritual and/or religious, cultural and emotional.

Who is doing this work?

- Ten thousand qualified practitioners and educators in North America, supported by
- American Association of Pastoral Counselors
 - Association for Clinical Pastoral Education
 - Association of Professional Chaplains
 - Canadian Association of Pastoral Practice & Education
 - National Association of Catholic Chaplains
 - National Association of Jewish Chaplains

Association for Clinical Pastoral Education

- 600 certified educators in 350 accredited centers
- Interfaith professional education for ministry
- Actual practice of ministry
- Detailed reporting and evaluation
- Process conception of learning
- Theoretical perspective
- Small peer group
- Specified time period
- Individual contract for learning

ACPE Support

- ACPE Board of Representatives approval to seek grant to develop evidence-based spiritual care best practices
- Grant invitation not forthcoming
- Continuing ACPE support assured

What do spiritual care practitioners think?

- Discipline of spiritual care and education deeply divided
- Some warn against objectifying practice in matters of the spirit
- Some analyze and report upon their work
- Other disciplines dominate spiritual care research

“Hope in the Middle of Challenge”

- Thomas St. James O’Connor & Elizabeth Meakes
- *The Journal of Pastoral Care*, 52:4, Winter 1998 pp. 359-67
- Work with cerebral palsy patient
- Based on evidence from research
- In conjunction with clinical experience and wisdom
- Conclusion: both aspects necessary

Verbatim Record of Pastoral Care

- Instituted by Russell L. Dicks
- Published in 1936 in *The Art of Ministering to the Sick*
- Remains the centerpiece of the CPE curriculum

Ideal Intervention Paper

- First effort since 1936 to improve on the Verbatim Record of Pastoral Care
- Enables students to consolidate learnings
- Adapted from Cognitive Therapy template by Henry G. Heffernan
- Allows replication

First, The IIP Consolidates Learnings

- Trials in 2006-07
- St. Vincent chaplain interns and Clarian chaplain residents
- Central issue identifiers

Second, Spiritual Care Clinicians Edit IIPs into PBPs

- Spiritual care clinicians take ownership
- Edit/transform IIPs into Potential Best Practices (PBPs)
- Editors represent the six professional associations

Third, Database Created

- Interactive database
- Inductively organized by central issue identifiers
- A departure from the usual deductive common factors approach

Fourth, Brief Effectiveness Questionnaire Created

- In context of current client satisfaction surveys
- Using appropriate expertise
- Brief effectiveness questionnaire created
- For use with recipients of PBP interventions

Fifth, IRBs Approve Brief Effectiveness Questionnaire

- Participating spiritual care clinicians take necessary steps
- Institutional Review Boards (IRBs) approve
- Brief effectiveness questionnaire becomes operational

Sixth, PBPs Inform Clinicians' Interventions

- Access database by central issue identifier
- Pertaining to a current actual situation
- "Test" the appropriate PBP

Seventh, Recipients Rate Effectiveness

- Brief Questionnaire administered
- Recipients rate PBP interventions
- Effective interventions designated as tentative best practices (TBPs)

Eighth, Other Clinicians Replicate TBPs

- TBPs replicated by other spiritual care clinicians
- TBPs rated by recipients of interventions
- Effective interventions designated as evidence-based spiritual care best practices (SCBPs)

Ninth, SCBPs Widely Available

- Refinement and validation of effective interventions continues
- Building SCBP database
- Through all six professional associations

An Outlandish Idea Pursued

- Possible *and* worth doing
- With your critique
- With your moral support
- Full paper available at mariejohn50@att.net