

Rhema University

Chaplaincy Course Syllabus

Course Title:	Chaplaincy Course
Course Description	The course administers a wholeness approach with effective fundamental counseling and training skills for the ministry of Chaplain in various settings that include crisis response.
Credit Hours:	3 credit hours
Textbook Title:	Basic Types of Pastoral Care & Counseling (Howard Clinebell) Spiritual Caregivers as First Responders (Jennifer Cisney and Kevin Ellers)
Publisher's Name:	Ablingdon Press, 1984; Ablingdon Press, 2009
Author's Name:	Howard Clinebell – Pastoral Care & Counseling, Jennifer S. Cisney, Kelvin L. Ellers – The First 48 Hours
ISBN:	1. ISBN 0-687-02492-7 2. ISBN -13: 978-1-426-70014-9
Course Time:	Students have 30 Days to complete course.
Test Instruction:	Within 30 days you may contact the school at 877-270-0349 ext.702 or at ecourses@rhemauniversity.com in order to take the final exam online. It is a Pass/Fail test. The required passing grade is 70%.

BASIC TYPES OF PASTORAL CARE & COUNSELING

(RESOURCES FOR THE MINISTRY OF HEALING GROWTH)

CHAPTER 2

The General Shape of the Model

- The overarching goal of all pastoral care and counseling (and of all ministry) is to liberate, empower, and nurture wholeness centered in Spirit.
- Spiritual and ethical wholeness is the heart of all human wholeness.
- Pastoral care and counseling seek to utilize and integrate both psychological and theological insight regarding the human situation, and the healing of persons.
- Pastoral and counseling must be holistic, seeking to enable healing and growth in all dimensions of human wholeness.
- The pastoral care ministry, within the caring community of a congregation, is both the empowering context and the foundation of the preparative ministry of pastoral counseling.
- Pastoral care is the shared ministry between the pastor and the whole congregation.
- Crises and losses in the lives of individuals and families, and social crises and transitions in the wider society, constitute the occasions within which most caring and counseling opportunities in general ministry occur.
- Pastoral care must liberate itself from its dominant middle-class, white, male orientation and become more inclusive in its understanding, concern and methods.
- Enabling people to increase the constructiveness of their behavior as well as their feelings, attitudes, and values is crucial in the helping process.
- Pastoral care and counseling should utilize the unique professional identity and role of ministers.
- Right brain methods of healing and growth (intuitive, metaphoric, imagining approaches) should be used more than in the past and integrated with left brain methods (analytical, rational, intentional, problem-solving approaches).
- To become more effective in liberating wholeness, pastoral care and counseling must understand wholeness for both men and women in androgynous ways that encourage growth far beyond traditional sex roles stereotypes.

- Pastoral counselors and therapists need to strengthen their conceptual base and methodologies by drawing on the newer systems and growth-oriented psychotherapies.
- To be an effective growth-nurturer, ministers must continue to grow.

The six Dimensions of Wholeness

- Enlivening one's mind.
- Revitalizing one's body.
- Renewing and enriching one's intimate relationships.
- Deepening one's relationship with nature and the biosphere.
- Growth in relation to the significant institutions in one's life.
- Deepening and vitalizing one's relationship with God.

CHAPTER 4

The Fundamental Counseling Skills

- Attending and caring behavior
- Inviting the person to talk
- following the person's lead
- Empathetic responding
- Clarification
- Exploring significant areas that the person has not discussed by asking focusing questions
- Confronting as needed and appropriate, in the context of valuing and affirming the person
- Understanding and making recommendations for help based on this diagnostic insight

CHAPTER 5

The Goal of Counseling on Religious Problems

- Developing a viable philosophy of life
- developing creative images and values to guide their life-style constructively
- Having a growing relationship with and commitment to a loving God that integrates and energizes their lives
- Developing their higher self (Assagioli) or soul as the center of their whole being
- Renewing regularly their basic trust
- Discovering ways to move from the alienation of guile to the reconciliation of forgiveness
- Developing ways to under gird self-esteem and reduce alienating narcissism (pride) with an awareness of being deeply valued by God
- Having regular moments of transcendence, mystical “peak experiences”
- Belonging to a caring community (e.g., a church, that nurtures and sustains them on their spiritual journey.

Using Religious Resources to Pastoral Care and Counseling

- Use religious words and resources only after one has some awareness of persons' problems and their background, their feelings, and attitudes regarding religion.
- Before using resources such as prayer or scripture in care of counseling, ask if this would be meaningful.
- After using a traditional religious resource, give persons and opportunity to discuss the thoughts, feelings, and fantasies they had during the experience.
- Use religious resources more frequently in supportive, crisis, and bereavement counseling and less frequently in pastoral psychotherapy and insight-oriented counseling.
- Use these resources in ways that do not diminish a sense of initiative, strength, and responsibility, especially in dependent people.
- Use prayer and biblical material in ways that facilitate rather than block the owning and catharsis of negative feelings by arousing guilt about them.
Use religious resources to deepen, enrich, and strengthen a relationship, by giving

CHAPTER 6

Nurturing a Healthy Conscience

- A healthy conscience is a positive, liberated conscience.
- It is a conscience shaped by participating in Christian community.
- It is a continually growing conscience.
- It is an integrative conscience, a call toward the wholeness of one's full humanity.
- It is a caring conscience.
- It is a socially responsible conscience.
- A healthy, maturing conscience is an androgynous conscience.
- A healthy conscience today must be oriented to give highest priority to survival values for humankind.

CHAPTER 7

Verities of Supportive Care

- Supportive crises counseling constitutes a major pastoral counseling.
- Stopgap supportive counseling consists of the use of supportive methods with disturbed persons until they can be referred.
- Sustaining counseling uses supportive methods periodically, within a long term pastoral care relationship.
- Supportive growth counseling is a valuable approach in pastoral work.

CHAPTER 8

The Goals of Short Term Counseling

- Provide a supportive, empathetic relationship.
- Help restore functioning by reducing the pressure of pent up, blocking feelings through emotional catharsis.
- Help persons deal directly and responsibly with specific decision or concrete problem.
- Help persons mobilize and use their latent resources for coping.
- Assist persons to achieve a broader and more constructive perspective on their situation by an objective view of it.
- Interrupt panic reactions and regressive snowballing by helping persons face and deal with immediate here-and-now problems.
- Help persons clarify the issues and explore alternative approaches to their problems.
- After alternatives have been explored, help them choose the most promising plan of action and then take steps toward implementing that plan.
- Provide guidance in the form of useful ideas, information and tentative suggestions.
- Stimulate the person's self-reliance and functional competence by suggesting a limited number of sessions.
- Establish a warm, accepting relationship that will make it easy for the person to return for additional counseling later.
- Ascertain whether persons are deeply disturbed or other reasons are in need of medical, psychiatric, or other specialized help. Make a referral if it appears to be the case.

The ABCD Training Model

- Achieving A Relationship (of trust and caring)
- Boil Down the Problem (to its major parts)
- Challenge the Individual To Take Constructive Action (on some part of the problem)
- Develop An Ongoing Growth-Action Plan

CHAPTER 9

Healing the Grief Wound: Study the five task chart list on page 221, and know the process and type of help that facilitates the completion of each task.

CHAPTER 12

Whom to Refer

- Those who can be helped more effectively by someone else.
- Those with problems for which effective specialized agencies are available in the community.
- Those who do not begin to use pastoral help in four or five sessions.
- Those whose needs obviously surpass the minister's time and/or training.
- Those with severe chronic financial needs. Public welfare agencies with trained social workers are appropriate referrals.
- Those who need medical care and/or institutionalization.
- Those who need intensive psychotherapy.
- Those about the nature of whose problem one is in doubt.
- Those who are severely depressed and/or suicidal.
- Those toward whom the minister has strong negative reaction or intense sexual attraction.

How to Refer

- Create this expectation.
- Mention the possibility of referral early in counseling relationships where it is likely to occur, explaining why specialized help may be needed.
- Start where persons are in their perceptions of their problems and the kind of help needed.
- Work to bring counselees' perceptions of their problem and their solutions close enough to the counselors' perceptions to permit referrals to take.
- Help counselees' resolve their emotional resistance to the particular helping person or agency recommended.
- Interpret the general nature of the help that persons may expect to receive, relating it to their own sense of need.
- Establish strong enough rapport with persons to develop a bridge over which they may walk into another helping relationship.

- Encourage referred persons to really try a given therapist or agency, even if they are mildly willing.
- Let persons know that one's pastoral care will continue after referral.

THE FIRST 48 HOURS

(SPIRITUAL CAREGIVERS AS FIRST RESPONDERS)

CHAPTER 2

What is at the Core of a Ministry of Presence?

An Effective ministry of presence provides:

- A comforting and non-anxious presence
- An environment of safety
- Being emotionally and spiritually present in the moment
- Demonstrating “I will be with you”
- Good listening
- Being other-focused not self-focus
- Acceptance and a lack of judgment
- Being a servant and meeting basic needs
- Good thinking skills to help survivors sort through the tasks at hand

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Quick Reference Tips for Providing a Ministry of Presence during the First 48 Hours

- Remember that it is possible to be present physically but not emotionally and spiritually present with survivors. Be on guard against getting distracted.
- Understand that being fully present with people in times of crisis is the first step in ministering to deeper needs.
- Sometimes just being there is more powerful than any thing else you can do.
- Remember that when you are present, your represent God.
- Carefully watch a survivor's nonverbal language and know when it is time to go.
- Make sure that survivors have others who can be present with them throughout the duration.

CHAPTER 3

Quick Reference Tips for Meeting Safety Needs during the First 48 Hours

- Understand that survivors are particularly vulnerable in times of crisis.
- Remember that survivors are likely to have a reduced level of functioning and a diminished capacity to make good decisions to protect themselves and others.
- Assess whether they feel safe and take practical steps to help them feel safer.
- Make sure that they are surrounded by people who are safe people.
- Educate those who will be their primary support systems on how to protect and keep them safe.

CHAPTER 4

Quick Reference Tips for Assessment during the First 48 Hours

- Assess the basic needs of the survivors and take practical steps to help meet those needs.
- Remember to assess any physical damage.
- Assess traumatic elements to which the survivors may have been exposed.
- Assess the survivors' perception about the critical incident. Do they see it as a traumatic event or as just a stressor?
- Assess how the survivors perceive their available resources.
- Assess how the survivors perceive the personal impact.
- Don't assume that survivors will have adverse long-term impacts.
- Look for ways to foster resiliency in the survivors and to help them sustain emotional and spiritual growth through the adversity.

- Assess the survivors' social support system and take steps to connect them with a good ongoing support system.
- Assess how you can help educate people within the survivor's social support system as to what signs and symptoms to watch for and how to help survivors cope.

CHAPTER 5

Quick Reference Tips for Providing Practical Care during the First 48 Hours

- Reach out to survivors, don't expect them to ask you for help.
- Seek to serve.
- Understand that in the first 48 hours survivors may be overwhelmed by the critical incident and need more support, help, and direction than normal. However, make sure you don't do things they can do for themselves and further disempower them by making them feel as if they have less control.
- Assess what would be most helpful to the survivor and don't assume that you know what they need.
- Care provided should meet basic needs and be practical.
- Understand that a compassionate presence may be as helpful as anything else.
- Make sure that you do not do anything that interferes with a survivor's natural coping mechanisms.
- Get permission from the survivor before helping, but see if there are ways that you can coordinate care within the faith community for immediate and ongoing support.
- When there is an unmet need, find and coordinate a link for them with a referral for support or services.

CHAPTER 6

Quick Reference Tips for Providing Information during the First 48 Hours

- Help survivors gather the critical facts about what happened.
- Advocate for survivors to get adequate information.
- Understand that survivors may express strong emotions and that those with the information may not want to be exposed to this and may need a liaison to help convey the information.
- Ensure the amount of detail given is age appropriate.
- Information should be provided in a timely manner.
- Information should be given sensitively, with care and compassion..
- Information should be given in a language the person can understand.
- Remember that in a state of crisis survivors often have a diminished short-term memory capacities.
- Try to surround survivors with a solid support system when they have to confront difficult information.

CHAPTER 7

(Educating Survivors about the Past, Present, and Future)

Quick Reference Tips for Providing Education during the First 48 Hours

- Make sure you really listen as survivors tell you the symptoms that they are experiencing as well as any fears and anxieties that they may be having as a result.
- Remember that “normal” post trauma symptoms do not feel normal to survivors.
- The primary focus of crisis education in the first 48 hours is on stabilizing, protecting, and meeting basic needs.
- Remember that in times of crisis a survivor will often have an impaired level of cognitive functioning as well as a diminished capacity to retain information in their short-term memory. Thus, any information given should be simple and direct.
- Information should be shared with trusted friends and family who will be supportive and monitor the care of the survivor.

CHAPTER 8

(Telling the Story)

Quick Reference Tips for Providing Education during the First 48 Hours

- Seek to be a great listener.
- Learn to ask gentle, leading, questions and listen more than you talk.
- Understand that it is important to establish a connection and a safe environment before survivors may be ready to talk about their situation.
- Be available to talk when survivors need to talk.
- Be prepared for strong emotions that survivors may need to express, but don't assume that the absence of this is an indicator of negative coping.

- Remember that survivors may say a lot of things from an emotional place when they are working through their trauma and loss that they don't really believe.
- Be accepting and nonjudgmental.
- Understand that there is a broad diversity in the amount that people need to talk about their situation.
- Balance talking about the critical incident with normal conversation.
- Understand that a survivor's story relating to a critical incident is likely to continue to change as his or her perspective changes throughout life.

CHAPTER 9

(Hope in time of Crisis)

Quick Reference Tips for Providing Education during the First 48 Hours

- Remember that hope in the early aftermath needs to focus on something simple and concrete.
- The church can stand as a beacon of hope for survivors when they are unable to find hope in their darkest hours.
- It is better to help survivors discover hope than to lecture them about what they should hope in.
- Understand that it is natural for people to lose hope when life becomes overwhelming.
- Encourage survivors to read the psalms of lament to see that it is okay to struggle with hope.
- Connecting survivors with other survivors who have experienced similar crises and who are emotionally healthy can be helpful.