

PASTORAL CARE

Training Manual

Congratulations on your interest and desire in Pastoral Care. We pray your involvement will change your life.

Your experience with the will be a result of both God's call in your life, and your own giftedness. As you minister to ordinary people in extraordinary circumstances, you will never be the same!

Above all, never forget whose power you bring to every visit, the power of God the Father, His loving Son, and the Holy Spirit.

TABLE OF CONTENTS

AN INTRODUCTION TO PASTORAL CARE.....	3
• Why Do We Visit?.....	3
• Jesus Cares for the Sick.....	4
• Who Are We Really Serving?.....	5
• The Cost of Caring.....	6
• Caring Isn't Always What It Seems.....	7
• Qualities of a Christian Provider.....	8
UNDERSTANDING THE CRISIS OF ILLNESS.....	9
• Hospitalization is a Crisis.....	10
BASIC SKILLS OF PASTORAL CARE.....	12
• How Do I Prepare?.....	13
• The Precious Skills of Active Listening.....	14
• The Importance of Confidentiality.....	16
• Practical Information.....	17
• Praying for the Patient.....	18
SPECIAL SITUATIONS.....	19
• Special Considerations.....	20
• Convalescent and Nursing Homes.....	21
• Those Hard of Hearing.....	21
• Those Who Are Blind or Nearly Blind.....	21
• Those Who Have Suffered a Stroke.....	22
• Those Who Are Depressed.....	22
• Visiting the Terminally Ill Patient.....	23
• Visiting Children.....	25
• Visiting Those with Aids.....	26
• Closing Your Visit.....	27

AN INTRODUCTION TO PASTORAL CARE

*“We love because He first loved us.”
John 13: 34-35*

Why Do We Visit?

Purpose for our ministry:

Love is the primary motivation for the ministry of caring, and Jesus is our example and teacher. In Matthew 25:34-40, He tells us that whatever we do to minister to others in need we actually do for Him!

We are representatives of Jesus Christ. We are there to show that as Christians we really do care for one another and we do love our neighbor. We are there to show this person that we want to care for, connect with, and have a relationship with them. We will show them that they can trust us and that they can trust our Lord.

*“A new command I give you: Love one another.
As I have loved you, so you must love one another.”
John 13:34 (NIV)*

Jesus Cares For the Sick

Jesus is there to comfort and help us. He instructs us to help others in His name. We are His hands, His feet, His eyes, His ears and His voice. He wants to show His love through us...through you!

Jesus continues to advance His ministry of love and care for people through His church. The church is not just a place to give us a good feeling but is the primary motivation for all Christian care.

Jesus will never waste a hurt. We have seen Jesus carry us through hard times in our own lives. He wants us to share what He has done in our lives with others by ministering to them by being there for them—just as He is there for us.

“He comes alongside us when we go through hard times, and before you know it, He brings us alongside someone else who is going through hard times so that we can be there for that person just as God was there for us”.
2 Corinthians 1:4 (The Message)

We are to take time out of our busy schedules to share others' pain; we are His hands and His feet.

“Stoop down and reach out to those who are oppressed. Share their burdens, and so complete Christ's law.”
Galatians 6:2 (The Message)

Who are We Really Serving?

We are serving Jesus. He tells us when we serve others we are serving Him.

"The King will reply, 'I tell you the truth, whatever you did for one of the least of these brothers of mine, you did for Me'."

Matthew 25:40 (NIV)

The Cost of Caring

There is a cost.

Helping those in need is not an easy task. The cost of caring for others may involve our personal time, energy, finances and emotions.

Visits never come at a convenient time. God knows what the right time for us to visit is, and this opportunity to visit is no surprise to Him.

”Those of us who are strong and able in the faith need to step in and lend a hand to those who falter, and not just do what is most convenient for us. Strength is for service, not status.”
Romans 15:1 (The Message)

What is the cost?

The Good Samaritan

...“A Jewish man was traveling on a trip from Jerusalem to Jericho, and he was attacked by bandits. They stripped him of his clothes and money, beat him up, and left him half dead beside the road. “By chance a Jewish priest came along; but when he saw the man lying there, he crossed to the other side of the road and passed him by. Temple assistant walked over and looked at him lying there, but he also passed by on the other side.

“Then a despised Samaritan came along, and when he saw the man, he felt deep pity. Kneeling beside him, the Samaritan soothed his wounds with medicine and bandaged them. Then he put the man on his own donkey and took him to an inn, where he took care of him. The next day he handed the innkeeper two pieces of silver and told him to take care of the man. ‘If his bill runs higher than that,’ he said, ‘I’ll pay the difference the next time I am here.’

“Now which of these three would you say was a neighbor to the man who was attacked by bandits?” Jesus asked. Luke 10:30-36 (NLT)

What did it cost the Good Samaritan?

His time? His energy? His finances? His emotions?

How do you define “your neighbor”?

Caring Isn't Always What It Seems

We who seek to provide Christian care must face a basic issue in the caring relationship. What I may think is caring behavior may not be experienced by the others as caring. The other person may not feel cared for or helped by what I do, no matter how strongly I intend to care for them. In fact, the other person may not be prepared to accept anything I do as caring. More importantly, some ways of caring I choose to use may not be helpful at all. Therefore, we want to take time to think through the true nature of caring and become aware of some of the potential pitfalls of Christian care.

This ministry is not about us, it is about the patient and their family. We must not have expectations of the patient or their family. They may tell you they will call you to update you and then not call. Do not take this personally. This is a season where there is so much on their mind; we do not want to add more. Do not get overly emotional with them. Emotion is normal but we do not want the patient to feel like they need to care for us...we want to care for them. Pray for God's strength! If for any reason this patient or family hits too close to home, ask to be replaced.

Qualities of a Pastoral Care Provider

- Is genuine (sincere)
- Is respectful (has an attitude of worth and dignity)
- Is warm (able to exude the love of Christ)
- Is full of spiritual integrity (displays deep faith and trust in God)
- Is able to utilize resources (finds help when needed)

REAL CARING IS...

- Trusting: having a genuine belief in the worth and integrity of another
- Listening carefully
- Being open to learning and receiving
- Engaging in a mutual search for solutions
- Focusing on the person
- Empathizing: feeling the pain and joy of another
- Confronting another by speaking the truth in love when appropriate.
- Respecting the privacy of the other, giving space when needed
- Being there
- Being open to the work of God in another's life

AND MAY BE BLOCKED BY...

- Distrusting: doubting that another can grow or solve their own problems
- Assuming I know what the problem is and don't need to listen
- Feeling superior to the person I want to help
- Believing I have the important answers and can solve someone's problems
- Focusing on the problem
- Staying detached; observing
- Passively approving everything the other is doing without regard for my own values or perceptions
- Pushing into the private space of another without permission or invitation
- Concern about demonstrating my own skills and showing how "helpful" I am
- Believing it is all up to me, being unresponsive to what's happening in the process

UNDERSTANDING THE CRISIS OF ILLNESS

*“Carry each other’s burdens, and in this way you will fulfill the law of Christ.”
Galatians 6:2*

Hospitalization is a Crisis

Hospitalization can affect all phases of a person's life – relationships with family members, personal self-esteem, job responsibilities, even faith in God. Hospitalization or illness is a crisis experience and for many reasons.

1. Illness involves dependency
2. Illness is usually a time of uncertainty
3. Illness often involves a re-examining and a re-ordering of our lives
4. Illness involves our spiritual lives

An illness or hospitalization gives us an opportunity to look onward – accessing our lives, priorities, and relationships.

Current trends in hospitalization cause additional stress. A few of these trends are:

- Shorter stays in the hospital – patients are being discharged in a weaker, less mobile and less independent state
- Extended family members are more distant and less available to provide support to the hospitalized person
- Patients and family members often must struggle with “patient advocates” and “benefits counselors” representing their health insurance policies
- Many Americans cannot afford health insurance coverage
- Many times the patients leave the hospital without really knowing what is wrong
- Often the patient feels they should be hospitalized but are not admitted

What would be the unique concerns and feelings for the following patients?

- 1) A 17 year-old high school student (hospitalized with a broken leg)?
- 2) A 40 year-old divorced woman with two children (hospitalized for surgery)?
- 3) A 67 year-old widow (hospitalized for cancer tests)?

As with all crises, the crisis of hospitalization represents both concerns and opportunities for growth.

The concerns are seen not only in the threat to physical health, but in other areas such as loss of employment, financial stress, depression, strained family relationships, and even a loss in one's faith in God.

The opportunities lie in the new possibilities to grow physically, emotionally and spiritually.

Physically – to return to health again, to learn new ways to care for self, etc.

Emotionally – to develop new coping skills, to learn new decision-making skills, etc.

Spiritually – to reevaluate and discover new meaning and purpose in life and faith.

It frequently happens that people who experience a crisis in their lives, like hospitalization, not only bounce back after the experience, but also grow from the experience.

You can be a significant factor in helping hospitalized people and their families to work through their concerns about their hospitalization, while helping to make their experience an opportunity for growth.

It is helpful to distinguish between a social visit and a ministry visit. While friends and family members make social visits, ministry visits will be different.

A social visit from a friend or family member concentrates on:

- Talking about the weather, people, and events
- Maintaining a friendly atmosphere
- Sharing mutual stories
- Comforting, sometimes by avoiding painful topics

Although your ministry will likely include the elements of a social visit, it should also consist of:

- Exploring the hospitalized person's thoughts, feelings, reflections and experiences (should this be a desire of the patient)
- Accepting problems as they now exist
- Comforting through facing and sharing the pain
- Understanding and encouraging the person's faith in God.
- Never assume they are a believer or a non believer...talk with them about it

Basic Skills of Pastoral Care

***“Each one should use whatever gift he has received to serve others, faithfully administering God’s grace in its various forms.”
1 Peter 4:10***

How Do I Prepare?

As you go to visit, be sure you are in the right place with the Lord. Don't go until you can go before the Lord and ask for His guidance. Pray for His direction, His agenda, not yours! Don't plan what you are going to say - let the Lord direct you. He knows just what they need to hear!

Ask the Lord to prepare your heart as well as your patient's heart.

Before you enter the room, say another prayer for guidance and for His love to shine through *YOU*.

Remember God goes before you.

Personal Presentation

The following are some suggestions that may seem obvious to you, other suggestions you may not have previously considered!

- Dress appropriately, remembering that you represent your church.
- Please don't wear perfume; some patients have a heightened sense of smell.
- Make sure your hands and fingernails are clean and presentable.
- Please don't chew gum or eat anything in front of the patient.

Remember to smile and be cheerful!

You may be one of the most refreshing parts of your patient's day!

What to Expect

- This person may only have one good hour a day - maybe not even that - and you may not have come during that time; just be considerate...they may be cranky
- They may be lonely and want to talk a lot
- They may not want to talk at all

The Precious Skills of Active Listening

Some people have an inborn knack for helping others, but our abilities, no matter how slight, can be enhanced through awareness, education and participation. There is little doubt that the most important skill in pastoral care ministry is the precious skill of active listening. This skill requires patience and practice.

It does not take the hospitalized person long to discover whether we are listening or concerned for our own needs. We must remember that ministry is patient-centered. Remember it is not about us! Listening patiently and often with a “third ear”, hearing the manner in which something is being said, not only what is being said is so important.

Allow the patient the right to have his/her opinions, and also the right to express them no matter how strange or unreasonable they may seem. When you listen keenly, you are saying, “I care about you, even if we don’t agree, your comments and feelings are important to me. I accept you as you are.”

You as the visitor have no opinion on the doctor they should see, the meds they should take, what course of treatment they should consider or the care they have received...no opinion.

Please do not tell them stories about your hospital visits or illnesses. Please do not tell them experiences of yours or your friends who had the same surgery. This is not the time!

Active listening involves **Concentration, Comprehending** and **Being Objective**

To practice active listening, use these three techniques:

Accept :: Clarify :: Probe

Active listening is a reflection, in your own words, of your understanding of what the other person meant.

Some examples of questions and statements to help you practice active listening are:

- “I really want to follow what you are saying...”
- “Please tell me more about that...”
- “If I am understanding you correctly, you feel like...”
- “Let me summarize what you have told me...”
- “I’m not certain I understand how you feel about the situation...”

As you read the following words from an unknown author, may it remind you that listening does not include giving advice.

LISTEN!

**When I ask you to listen to me and you start giving advice,
you have not done what I asked.**

**When I ask you to listen to me and you begin to tell me
why I shouldn't feel that way,
you are trampling on my feelings.**

**When I ask you to listen to me and you feel
you have to do something to solve my problem,
you have failed me, strange as that may seem.**

**Listen! All I asked was that you listen,
not talk or do - just hear me.**

**Advice is cheap; you can get both
Dear Abby and Billy Graham in the same newspaper,**

**And I can do that for myself; I'm not helpless.
Maybe discouraged and faltering, but not helpless.**

**When you do something for me
that I need to do for myself,
you contribute to my fear and weakness.**

**But, when you accept as a simple fact
that I do feel what I feel,
no matter how irrational,
then I can quit trying to convince you
and can get about the business of understanding
what's behind this irrational feeling.
And when that's clear,
the answers are obvious and I don't need advice.**

**Irrational feelings make sense
when we understand what's behind them.**

**So please listen and just hear me.
And if you want to talk,
wait a minute for your turn;
and I'll listen to you.**

Author Unknown

The Importance of Confidentiality

As a representative of Jesus Christ and Heritage Church, you will have the privilege in Pastoral Care ministry of entering another's private world. With that privilege, you will be the recipient of their trust. When you visit in the hospital or follow-up on the telephone, you will have the responsibility to maintain that person's personal privacy.

Confidentiality refers to matters that are secret and/or private. It is basic in guarding and protecting the privacy and reputation of an individual. It is the foundation for trust and honest communication, including the freedom to express personal thoughts, feelings and beliefs.

What information is considered confidential?

ALL interactions, observations, impressions and records having to do with the individual being cared for are confidential.

What are the Exceptions?

- Information that you have received permission to share
- Information that is public knowledge
- Information that involves suicidal or homicidal threats and/or behavior
- Information that the law requires to be reported

You may be asked to pass on information to the church staff or other ministry leaders such as requests for the prayer team or meals ministry. Additional information that you must ask for permission to share would include questions or details on the circumstances of an accident, psychiatric problems, substance abuse problems and specific types of illnesses and surgeries.

When in doubt, ask the patient or family for permission before sharing ANY information

Public knowledge is information that can generally be shared. Examples of public information would be an individual is in the hospital, the birth of a child, an extended convalescence, or a death. Be careful, some details of ALL of these situations may be considered private.

If you are caring for a person who has mentioned thoughts or intentions of harming themselves or others – please notify the nursing staff immediately. It is helpful in these situations to ask direct questions to access potential danger.

Practical Information

- Do call and get information first.
- Wash your hands before and after the visit.
- Wear your name tag.
- See nurse or caregiver first.
- Knock before entering a patient's room. Comply with posted signs, such as NO VISITING or ISOLATION. If the curtain is pulled around the patient's bed, check with the nurse for further assistance
- Respect hospital policies, rules, and visiting hours. You should usually leave when a patient's meal arrives.
- Be sensitive to the responsibility of the hospital staff to provide confidentiality to the patient. Excuse yourself if a doctor or nurse comes in the room, unless you are asked to stay
- Talk also with the family and friends in the room visiting
- Don't be in a hurry; don't look at your watch.
- Turn off your phone before entering.
- Position yourself so the patient can easily see you.
- Don't sit on the bed.
- If the TV is on, ask if you may turn it off or down.
- Ask easy questions and then listen.
- Don't stay too long or too short.
- If you bring flowers, bring a vase (be sure they are not allergic).
- Don't wear perfume.
- If you bring a gift, make sure it is appropriate (e.g., don't bring a book if the patient has just had eye surgery).
- Ask the patient, the family member or caretakers if there is anything you can do for them (e.g., mail a letter, call someone and get them something to eat).
- If the patient is sleeping, do not wake them up; leave a note.
- If the patient complains about the hospital or the church, just listen and try to redirect the conversation; don't agree or debate

DO NOT

- Don't talk about yourself; this is their time.
- Do not visit if you have a cold or infection of any kind.
- Do not touch, lean, or sit on the patient's bed.
- Do not defend God, the church, or medical science, even if things are not the way you think they should be.

Praying for the Patient

Some people think they should pray every time they enter the hospital/home and before leaving. Prayer should be a response to the patient's feelings and/or request, not just a means to end a visit. Always ask the patient if you can pray for them. As you are talking to the patient and they are sharing their concerns be compiling them in your heard for later prayer.

Your prayers should be short and sincere. Pray with courage, convictions and faith. Try to choose language that your patient understands and is comfortable with. If you find yourself stumbling along and groping for words, keep going! Neither God nor others are concerned with the eloquent words! Many times the best prayer is the one most difficult to express, the prayer that comes from the heart and reflects genuine concern.

Always pray spontaneous prayers not ritual prayers. Prayers should be from your heart not from a religious book.

Both you and the patient will benefit if you are clear about the specific needs you will bring to God before you pray. It is always helpful to ask "How can I pray for you?"

Meaningful prayer is simple, easy to understand and specific.

Special Situations

**“Let your speech always be with grace, seasoned [as it were] with salt, so that you may know how you should respond to each person.”
Colossians 4:6**

Special Considerations

Families

Each person in the patient's family has their own particular reaction to their loved one's hospitalization. There will be many attitudes and concerns as you help them express the feelings they have concerning their loved one's situation. At times there is a greater need to care for the family members than for the patient. You may want to step out of the room and talk with the family in the hall or in the cafeteria.

The family may share that the prognosis is far more critical than the patient is aware of. If this should happen, it is not your place to tell the patient.

If this is a difficult family or for any reason you feel you cannot continue, call us for a replacement.

Even if someone is in a coma or appears to be sleeping they may be able to hear everything said in the room!!

Convalescent and Nursing Homes

Convalescent and nursing homes require a special commitment. They often demand a longer term commitment. If you can no longer visit please call for a replacement.

Elderly people are increasingly aware of their limitations. They may be very concerned about their mortality. The question of death is always present, even when they are thought to be non-terminal. Additional concerns about the burdens and cost of their ongoing care present additional problems.

Those Hard of Hearing

- Speak clearly and distinctly. Do not shout, but speak at the level the patient needs to hear you. Ask if they can hear you okay.
- Look the person in the eyes as you speak.
- Speak at a moderate pace. Do not talk too fast or slow.
- Gently repeat until they understand.
- Consider using writing as a means of communication.

Those Who are Blind or Nearly Blind

- Remember they are blind, not deaf, so don't shout.
- Describe things to them.
- Consider reading scripture, letters, stories or other written material to them.

Those Who Have Suffered a Stroke

Paralysis often accompanies a stroke, usually leaving one side affected. It may help to stand on their “good” side. Some have a hard time speaking.

- Be patient when they speak to you. Try not to supply words for them until absolutely necessary.
- Speak so the patient may give “yes” or “no” answers.
- Give the person choices such as, “do you want me to pray for you today or would you rather not?”
- Stroke patients may get upset or frustrated with their limitations. **BE PATIENT.**
- Do not assume that a stroke patient is senile or unintelligent, because they are unable to speak or function as they did before. Treat them with dignity and loving care!

Those Who are Depressed

Symptoms of a depressed person may include a depressed mood, chronic sadness, change in gait or posture, loss of weight, insomnia, chronic physical complaints, lack of energy and feelings of hopelessness and worthlessness.

Depression is prevalent in those who are hospitalized. You can bring hope by simply “being there” and accepting the patient right where they are.

If you are visiting a psychiatric ward remember to call for visitation hours. They are very limited there. They will not verify if a patient is in a psychiatric ward.

Visiting the Terminally Ill Patient

We are all terminal. Our days on earth are limited and only God knows the day He will take us home. We may not be afraid of death itself; however, we may likely be frightened by the process itself. Death is not something that we enjoy thinking about. This is true for the patient who must face mortality and impending death.

Each situation is quite different. Some patients experience great discomfort, many are sedated so they die peacefully, not fully cognizant of their surroundings.

Those who deal with death and dying are in agreement that when a patient is loved, cared for, and surrounded by loved ones, death is much easier to face.

For some people, facing death is a time to reflect and take an account of what has been accomplished during their life. For others, they may look back and see wasted years, and may need to be reminded of the forgiveness of God available to them.

The peace of a dying Christian believer is often evident, particularly if that person is spiritually prepared to die. Families sometimes see this as giving up. Even when there is suffering, there may be an underlying peace and acceptance. Other believers may experience denial or anger towards God. Understanding Dr. Elisabeth Kubler-Ross's five stages of dying will greatly help in understanding the terminally ill. Remember that these stages come and go and may not occur or repeat themselves.

1. **Denial and isolation:** "This is not happening to me."
How you can help: Know this is a natural reaction. Be patient, do not judge. It may be a coping mechanism.
2. **Anger:** "How dare God do this to me?"
How you can help: Listen and accept the person where they are. Don't argue back or react defensively. Allow them to release their anger by talking, crying or other non-destructive means.
3. **Bargaining:** "Just let me live to see my son graduate."
How you can help: Again, listen and accept them where they are.
4. **Depression:** "I can't bear to face going through this, putting my family through this."
How you can help: Reassure the patient. Be there to listen. Provide gentle, quiet understanding, not false cheerfulness.
5. **Acceptance:** "I'm ready; I don't want to struggle anymore."
How you can help: Allow them to share their thoughts and feelings. Be with the patient offering your quiet presence, not demanding conversation. Do not feel rejected because they are detached.

Remember that a serious illness in the family may affect all members. Be present to family and friends who may also be going through these stages.

- Be honest in sharing your feelings, but be considerate
- Don't be shocked by whatever the dying person may say
- If the person is open, talk about heaven and the Lord, always giving hope
- You may be the only person the patient feels comfortable talking about death with

Questions

- Is your house in order? Do you have a will?
- Is there anyone you would like to see?
- Is there anyone you need to talk to or forgive?
- Are you prepared to meet Jesus?
- Are there any questions I can try to answer?
- Is there any special Scripture I can read to you?

Visiting Children

Be sure to check in with the nurse before visiting a child. As you check in identify yourself.

As you enter the room, introduce yourself to the child first then the family member. Sometimes it will be more appropriate to speak to the family members first before the child. Talk to the child at their level.

Age Level Guidelines

Young Children

- Will want their parents close to them
- Need constant reassurance they will be cared for, even when parents are not present
- Have difficulty understanding their hospital visit
- Treat them as real and important people

Pre-Adolescence

- View of peers is important – we will contact youth ministry for support
- Moods may change quickly
- May feel uncomfortable with the hospital stay
- Give them your full acceptance and encouragement, allow them to vent freely their fears and concerns

Teens

- May have concerns about peer's view of their illness
- May be concerned about how this will affect their appearance
- May have concerns about school assignments, missed activities, sports and work commitments
- Give them an atmosphere of friendship and support; visits from friends or youth ministry will be most meaningful

Visiting Those With Aids

Don't ask them how they contracted the disease

How is HIV Contracted

- Sexual contact
- Sharing needles
- Blood transfusion
- Pregnant women can pass it on to their babies before/during birth and/or while breastfeeding after birth.

How is HIV NOT Contracted?

- By air
- Shaking hands or hugging a person with HIV
- Toilet seats
- Insect bites
- Sharing food dishes with HIV infected people

Closing Your Visit

Close by letting your patient know you care about them and will be praying for them. If you will be able to see them again let them know. If you tell them you will see them again be sure to follow through.

Follow-up care is an important part of the total pastoral care experience. Because most patients are released early for their full recovery at home, the need for additional contact and support is very important. If you are not able to come back to see them again but feel another visit would be beneficial please contact us so we can send someone else. Do not allow them to fall through the cracks. Remember you are Jesus' eyes and ears.

Be aware of other ministries that your patient may benefit from; Meals Ministry, Small Groups, etc. Do not promise the patient any of these services, but let them know you will check them out for them or tell them how to look into these services themselves.

After your visit, again go to the Lord and thank Him for
the opportunity to serve Him by serving His people.