Chaplaincy Taxonomy
User’s Guide

May 2014
Version 1

This document has not been reviewed by a professional editor. It may contain typographical and grammatical errors along with font misalignments.

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<th>Brief Description</th>
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1.0 Introduction

The Chaplaincy Taxonomy is an effective tool for categorizing and describing chaplaincy activities. By having a uniform way of describing chaplaincy activities, chaplains can better interpret their care to other members of the inter-disciplinary (care) team.

1.1 How the Chaplaincy Taxonomy was Developed

The taxonomy was developed by a mixed methods approach of surfacing things chaplains do and the rationale chaplains have for those things. The methods of surfacing the numerous items included a literature review, a retrospective medical record review, chaplain focus groups, self-observation and experience sampling of chaplains in the course of clinical work. The items were scrutinized, categorized by chaplain focus groups and categorized and rated by chaplains by way of concept mapping. The resulting taxonomy is a confident inventory of chaplain activities organized around a hierarchical structure.

The taxonomy will be further developed and refined by chaplains using the tool in their clinical practice. We invite you to use the taxonomy in your personal clinical ministry and explore how it helps chaplains portray their work. This User’s Guide is intended to help you use the Taxonomy reliably and accurately.
2.0 Chaplaincy Taxonomy Structure

The chaplaincy taxonomy is organized into three categories; 1) Intended Effects, 2) Methods, 3) Interventions.

1) Intended Effects are defined as the desired purposes, goals, and outcomes of ministry actions.
   a. Intended Effects can be thought of as the ‘goal’ of the spiritual care or the outcome of the care.
   b. Intended Effects are the WHY chaplains do something.

2) Methods are manners by which a specific gesture, action or activity supports a purpose, goal, and outcome.
   a. Methods can be thought of as the ‘via’ or the bridge between the Intended Effect and the Intervention.
   b. Methods are the HOW chaplains do what they do.

3) Interventions are any gestures, actions, or activities by a chaplain during a specific encounter with a patient, patient’s family/friend or care team member.
   a. Interventions can be understood to be the concrete things chaplains do.
   b. The Interventions are the WHAT chaplains do.

The chaplaincy taxonomy items are used to develop a ‘pathway’ which is the building block of a Spiritual Care Plan (SCP). The plan is developed based upon a Spiritual Care Assessment (SCA).
3.0 How to Use the Chaplaincy Taxonomy

3.1 Chaplaincy Patient Centered Outcomes Model (CPCOM)

The chaplaincy taxonomy is used to build a Spiritual Care Plan (SCP) which is part of the Chaplaincy Patient Centered Outcomes Model (CPCOM). This model includes the components of Spiritual Care Assessment (SCA) and Spiritual Care Plan (SCP) and requires post care assessment to determine the chaplain’s next steps.

**Note:** This model was developed by Reverends Marilyn J. D. Barnes and Kevin Massey during the Advocate Health Care, *What Do I Do? Developing a Taxonomy of Chaplaincy Activities and Interventions for Spiritual Care in ICU Palliative Care*, research.
3.2 Spiritual Care Plan (SCP) Development

Using the chaplaincy taxonomy to develop a Spiritual Care Plan (SCP) includes performing a Spiritual Care Assessment (SCA) selecting an Intended Effect (IE), a Method (M), and an Intervention (I) which is denoted by the term ‘pathway’. It is noted that there can be more than one pathway comprising a SCP constructs include those reflected in figure 2.

![Diagram of Spiritual Care Plan (SCP) Constructs](image)

**Figure 2 - Possible Spiritual Care Plan (SCP) Constructs**

### 3.2.1 Building a Pathway

Building a pathway first requires a Spiritual Care Assessment (SCA) be performed which surfaces a specific need or needs. Based upon that need, determine your goal which will lead to selecting the Intended Effect. Next, select the way or via for achieving your Intended Effect. Lastly, select the Intervention which is the gesture/action to complete your Spiritual Care Plan (SCP).

After completing the Spiritual Care Plan, your personal style or faith specific practice, which we have labeled ‘technique’, may be used to implement your plan. Refer to figure 3 for an example.

<table>
<thead>
<tr>
<th>Intended Effect</th>
<th>Method</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote a sense of peace</td>
<td>Assist with spiritual/religious practices</td>
<td>Perform a religious rite or ritual</td>
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</tbody>
</table>

**Figure 3 - Spiritual Care Plan Example**
## 4.0 Chaplaincy Taxonomy

<table>
<thead>
<tr>
<th>Intended Effects</th>
<th>Methods</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aligning care plan with patient’s values</td>
<td>Accompany someone in their spiritual/religious practice outside your faith tradition</td>
<td>Acknowledge current situation</td>
</tr>
<tr>
<td>Build relationship of care and support</td>
<td>Assist with finding purpose</td>
<td>Acknowledge response to difficult experience</td>
</tr>
<tr>
<td>Convey a calming presence</td>
<td>Assist with spiritual/religious practices</td>
<td>Active listening</td>
</tr>
<tr>
<td>De-escalate emotionally charged situations</td>
<td>Collaborate with care team member</td>
<td>Ask guided questions</td>
</tr>
<tr>
<td>Demonstrate caring and concern</td>
<td>Demonstrate acceptance</td>
<td>Ask guided questions about cultural and religious values</td>
</tr>
<tr>
<td>Establish rapport and connectedness</td>
<td>Educate care team about cultural and religious values</td>
<td>Ask guided questions about faith</td>
</tr>
<tr>
<td>Faith affirmation</td>
<td>Encourage end of life review</td>
<td>Ask guided questions about purpose</td>
</tr>
<tr>
<td>Helping someone feel comforted</td>
<td>Encourage self care</td>
<td>Ask guided questions about the nature and presence of God</td>
</tr>
<tr>
<td>Journeying with someone in the grief process</td>
<td>Encourage self reflection</td>
<td>Ask questions to bring forth feelings</td>
</tr>
<tr>
<td>Lessen anxiety</td>
<td>Encourage sharing of feelings</td>
<td>Assist patient with documenting choices</td>
</tr>
<tr>
<td>Lessen someone’s feelings of isolation</td>
<td>Encourage someone to recognize their strengths</td>
<td>Assist patient with documenting values</td>
</tr>
<tr>
<td>Meaning-Making</td>
<td>Encourage story-telling</td>
<td>Assist someone with Advance Directives</td>
</tr>
<tr>
<td>Mending broken relationships</td>
<td>Encouraging spiritual/religious practices</td>
<td>Assist with determining decision maker</td>
</tr>
<tr>
<td>Preserve dignity and respect</td>
<td>Explore cultural values</td>
<td>Assist with identifying strengths</td>
</tr>
<tr>
<td>Promote a sense of peace</td>
<td>Explore ethical dilemmas</td>
<td>Bless religious item(s)</td>
</tr>
<tr>
<td>Explore faith and values</td>
<td>Blessing for care team member(s)</td>
<td>Pray</td>
</tr>
<tr>
<td>Explore nature of God</td>
<td>Communicate patient’s needs/concerns to others</td>
<td>Prayer for healing</td>
</tr>
<tr>
<td>Explore presence of God</td>
<td>Conduct a memorial service</td>
<td>Provide a religious item(s)</td>
</tr>
<tr>
<td>Explore quality of life</td>
<td>Conduct a religious service</td>
<td>Provide access to a quiet place</td>
</tr>
<tr>
<td>Explore spiritual/religious beliefs</td>
<td>Connect someone with their faith community/clergy</td>
<td>Provide compassionate touch</td>
</tr>
<tr>
<td>Explore values conflict</td>
<td>Crisis intervention</td>
<td>Provide Grief Processing Session</td>
</tr>
<tr>
<td>Exploring hope</td>
<td>Discuss concerns</td>
<td>Provide grief resources</td>
</tr>
<tr>
<td>Offer emotional support</td>
<td>Discuss coping mechanism with someone</td>
<td>Provide hospitality</td>
</tr>
<tr>
<td>Offer spiritual/religious support</td>
<td>Discuss frustrations with someone</td>
<td>Provide religious music</td>
</tr>
<tr>
<td>Offer support</td>
<td>Discuss plan of care</td>
<td>Provide sacred reading(s)</td>
</tr>
<tr>
<td>Setting boundaries</td>
<td>Discuss spirituality/religion with someone</td>
<td>Provide spiritual/religious resources</td>
</tr>
<tr>
<td>Ethical consultation</td>
<td>Respond as chaplain to a defined crisis event</td>
<td></td>
</tr>
<tr>
<td>Explain chaplain role</td>
<td>Share words of hope and inspiration</td>
<td></td>
</tr>
<tr>
<td>Facilitate advance care planning</td>
<td>Share written prayer</td>
<td></td>
</tr>
<tr>
<td>Silent prayer</td>
<td></td>
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5.0 Chaplaincy Taxonomy Descriptions

The following descriptions expand on the meanings of the Chaplaincy Taxonomy items by illustrating the ways Intended Effects, Methods, and Interventions relate to each other. The examples of associated Intended Effects, Methods, and Interventions are for illustrative purposes only and by no means exhaust the possible connections between items.

5.1 Intended Effects

The descriptions below detail those items within the taxonomy that define the desired purposes, goals, or outcomes of actions by chaplains which we have defined as an ‘Intended Effect.’ An Intended Effect may be associated with numerous different Methods. A few examples are given of potential Methods to achieve specific goals of spiritual care within a Spiritual Care Plan (SCP).

Aligning care plan with patient's values – Chaplains help align a care plan with patient’s values by exploring those values and communicating them to the care team. This can be achieved via educating the care team about cultural values and exploring spiritual/religious beliefs.

Build relationship of care and support – Beyond building rapport, chaplains build a foundation of trust and care that someone can draw upon for support. This includes offering support and encouraging self-care.

Convey a calming presence – Chaplains convey a calming presence by being present in a non-anxious manner, many times while demonstrating acceptance and providing support.

De-escalate emotionally charged situations – Chaplains often de-escalate emotionally charged situations by setting boundaries and providing emotional support.

Demonstrate caring and concern – Chaplains demonstrate caring and concern for someone in numerous ways such as offering emotional support and encouraging self care.

Establish rapport and connectedness - Chaplains establish rapport and connectedness by establishing an initial relationship with someone. Examples include accompanying someone in their spiritual/religious practices outside of their faith tradition and demonstrating acceptance.

Faith affirmation – Chaplains support faith affirmation as a process of bolstering someone’s sense of connection to their own closely held spiritual and religious beliefs as a source of strength and healing. This may be accomplished through assisting someone with spiritual/religious practices and exploring faith and values.

Helping someone feel comforted - Chaplains help someone feel comforted using numerous methods which may include demonstrating acceptance and providing support.
Journeying with someone in the grief process - Chaplains journey with someone in the grief process by accompanying them in times of loss and sorrow. This may include encouraging sharing of feelings and exploring spiritual/religious beliefs.

Lessen anxiety - Chaplains lessen anxiety, which may include all the forms of reducing worry, anxiousness, or concern, using a number of methods which may include setting boundaries and exploring hope.

Lessen someone’s feelings of isolation - Chaplains lessen someone’s feelings of isolation in ways such as demonstrating acceptance and offering emotional support.

Meaning-Making - Chaplains assist someone with meaning-making through helping them construct new frames of reference in the story of their life for their current situation. Means of accomplishing this may include encouraging self reflection and story-telling.

Mending broken relationships - Chaplains encourage the mending of broken relationships by exploring forgiveness and reconciliation. This may be accomplished by encouraging self-reflection and the sharing of feelings.

Preserve dignity and respect - Chaplains preserve someone’s dignity and respect by uplifting someone’s worth and value. Examples include demonstrating acceptance and respecting cultural values.

Promote a sense of peace - Chaplains promote the process of someone experiencing a sense of peace and fulfillment by potentially exploring the quality of life and spiritual and religious beliefs with someone.
5.2 Methods

The descriptions below detail those items within the taxonomy that define the ‘via’ or way which may be used to accomplish an Intended Effect or outcome of actions by chaplains which we have defined as a ‘Method.’ A Method may be associated with numerous different interventions. A few examples of potential Interventions to achieve different specific Intended Effects (outcomes) of spiritual care within a Spiritual Care Plan (SCP) are shared.

Accompany someone in their spiritual/religious practice outside of your faith tradition – The opportunity to directly participate in or provide religious and spiritual practices outside of a chaplain’s own faith tradition may be used toward the goal of helping someone feel comforted. Chaplains may support this process by performing a religious rite or ritual and performing a blessing from a faith tradition that is not their own.

Assist with finding purpose – Finding purpose may be a challenge in the midst of someone’s current situation and may be used to assist with the goal of meaning-making. Chaplains may achieve this by asking guided questions about purpose and active listening.

Assist with spiritual/religious practices – Helping someone with their spiritual/religious practices with a possible goal of faith affirmation. Chaplains may accomplish this with connecting someone with their faith community/clergy and providing sacred readings.

Collaborate with care team member – Partnering with a member of the interdisciplinary care team for a goal such as aligning care plan with patient’s values. Chaplains may use interventions such as communicating patients needs/concerns to others and incorporating cultural and religious needs in plan of care.

Demonstrate acceptance – Promotes the experience of someone feeling acceptance of their person or situation, for example being open to someone's beliefs and coping mechanisms, with the potential goal of preserving someone’s dignity and respect. Chaplains may accomplish this by discussing coping mechanisms with someone and acknowledging responses to difficult experiences.

Educate care team about cultural and religious values – Educating the care team about someone’s cultural and religious values endeavors to ensure those values are respected and honored; for a goal such as aligning care plan with patient’s values. Chaplains may accomplish this by asking guided questions about cultural and religious values and communicating patient needs and concerns to others.

Encourage end of life review – Encouraging review of someone’s journey toward the end of life with the possible goal of promoting a sense of peace. Chaplains may accomplish this by using such interventions as facilitating preparing for end of life and life review.
**Encourage self care** – Encouraging someone to take care of themselves emotionally, physically or spiritually with the possible goal of lessening anxiety. This may be accomplished through discussing coping mechanisms with someone and asking questions to bring forth feelings.

**Encourage self reflection** – The process of personal examination and introspective listening for a goal such as meaning-making. Chaplains may accomplish this through asking guided questions about purpose and active listening.

**Encourage sharing of feelings** – The sharing of feelings is an important way for someone to connect with their emotional state and needs toward a possible outcome of mending broken relationships. Chaplains may encourage this by inviting someone to reminisce and asking guided questions.

**Encourage someone to recognize their strengths** – Recognizing one’s own strengths can be an important way for coping and may achieve the outcome of promoting a sense of peace. Chaplains may encourage someone to recognize their strengths by assisting someone with identifying supportive relationships and assisting with documenting choices.

**Encourage story-telling** – Story-telling is the process of surfacing meaning and feelings through the purposeful telling of stories and life experiences, for the possible goal of mending broken relationships. Chaplains may achieve this by inviting someone to reminisce and asking guided questions.

**Encourage spiritual/religious practices** – Spiritual/religious practices may be a source of strength and encouragement for someone with a goal such as faith affirmation. Chaplains may accomplish this through providing religious item(s) and providing spiritual/religious resource(s).

**Explore cultural values** – Exploring the distinct perspectives and practices of a specific cultural group with a possible goal of preserving dignity and respect. Chaplains can accomplish this by asking guided questions about cultural and religious values and communicating a patient’s needs/concerns to others.

**Explore ethical dilemmas** – Used for moments when important values may be in conflict toward the possible goal of preserving someone’s dignity and respect or aligning care plan with the patient’s values. Chaplains may explore ethical dilemmas by facilitating decision making and ethical consultation.

**Explore faith and values** – Exploring the inner compass that someone uses to guide their life journey with the potential goal of meaning-making. Chaplains often explore faith and values by asking guided questions about faith and purpose. This includes personal values, relationships and beliefs.

**Explore nature of God** – Examining someone’s image and experience of God with a potential goal of journeying with someone in the grief process. Chaplains may achieve this by asking guiding questions about the nature and presence of God and active listening.
**Explore presence of God** – Exploring the presence of God with a potential goal of helping someone feel comforted may be achieved by asking guided questions about the nature and presence of God and praying.

**Explore quality of life** – Chaplains explore the expectations and desires for someone’s life with a goal such as meaning-making. Chaplains may accomplish this through inviting someone to reminisce and discussing frustrations with someone.

**Explore spiritual/religious beliefs** – Exploring the beliefs that someone draws upon for strength with the possible goal of faith affirmation. Chaplains may accomplish this by asking guided questions about faith and discussing religion with someone.

**Explore values conflict** – Used to surface conflicts when competing values govern different perspectives for the potential goal of aligning care plan with someone’s values. Chaplains may accomplish this through ethical consultation and facilitating communication between the patient and the care team.

**Exploring hope** – Exploring hope is a powerful way to enhance someone’s coping and perseverance toward a possible goal of promoting a sense of peace. Ways chaplains may explore hope include assisting with identifying strengths and asking questions to bring forth feelings.

**Offer emotional support** – Attending to the emotional needs of someone, generally triggered by change, with a potential goal of lessening anxiety. Chaplains may accomplish this by crisis intervention and acknowledging someone’s response to a difficult experience.

**Offer spiritual/religious support** – Using the content and resources of a spiritual/religious tradition to enhance someone’s coping for a possible goal of helping someone feel comforted. Chaplains may accomplish this by praying and providing spiritual/religious resources.

**Offer support** – Generally supporting someone in need. Consists of providing a supportive non-intrusive presence with interventions such as hospitality and compassionate touch.

**Setting boundaries** – The process of setting boundaries is identifying and setting situational limits. This may be towards a possible goal of establishing a relationship of care and support. This also includes boundaries of actions and roles. Chaplains may accomplish this through asking guided questions and discussing concerns.
5.3 Interventions

The descriptions below detail those items within the taxonomy that define the actions of the chaplain. These Interventions leverage personal style, techniques and faith specific gestures and practices toward supporting the Spiritual Care Plan (SCP) Method and Intended Effect. Any Intervention may be associated with numerous Methods. Some examples are given below.

**Acknowledge current situation** – When using this intervention, the chaplain may use the techniques of being open to someone’s beliefs and feelings. A possible method is demonstrating acceptance.

**Acknowledge response to difficult experience** – Techniques for this intervention may include normalizing someone’s emotional and personal response to a difficult experience. It may also be associated with the method of offering emotional support.

**Active listening** – The purposeful listening to what someone is saying and giving appropriate responses to what is being shared which may include mirroring back thoughts to someone. Chaplains employ active listening when someone begins self-surfacing their own areas of spiritual exploration and may be used to encourage someone to recognize their strengths with the possible method of exploring hope.

**Ask guided questions** - The act of sharing leading questions for the purpose of bringing out particular responses. Techniques include spiritual/religious word association and topic-focused conversations, asking someone to envision what is possible and using their imagination. An associated method may be exploring quality of life.

**Ask guided questions about cultural and religious values** – Used by chaplains to surface someone’s cultural and religious values. This intervention may be associated with the method of accompanying someone in their spiritual/religious practice outside or your (the chaplain’s) faith tradition. Techniques may include asking specific questions related to a cultural or religious practice unfamiliar to the chaplain and/or care team.

**Ask guided questions about faith** - The act of sharing leading questions for the purpose of bringing out particular responses specifically about faith. Techniques include asking questions about someone’s faith community or about someone’s faith. An associated method may be exploring spiritual/religious beliefs.

**Ask guided questions about purpose** - The act of sharing leading questions for the intention of bringing out particular responses, specifically about purpose. Techniques may include conversations focused on someone’s life purpose and conversations focused on the purpose of a specific occurrence in their life. An associated method may be finding purpose.
Ask guided questions about the nature and presence of God – The act of sharing leading questions for the purpose of bringing out particular responses specifically about the nature and presence of God. This may be associated with the method of exploring the presence of God.

Ask questions to bring forth feelings – Engaging in a conversation with someone in a formal guided manner focused on eliciting an emotional response. Techniques may include emotional enabling and encouraging someone to share and experience emotions using open-ended conversations. This intervention may be linked to the method of exploring faith and values.

Assist patient with documenting choices – This act may be associated with the method of educating the care team about decisions or choices a patient has made. Possible techniques may include completing a Living Will.

Assist patient with documenting values – This act may be associated with the method of educating the care team about someone’s cultural values. Possible techniques may include completing Five Wishes document and providing journal resources.

Assist someone with Advance Directives – This intervention includes all aspects of the Advance Directives Documents process, including discussing the documents and assisting in their completion. A possible associated method is exploring faith and values.

Assist with determining decision maker – The identification of the appropriate person(s) to make decisions when a patient cannot make her or his own decisions. This intervention may use techniques such as contacting a Next of Kin (NOK) listed in someone’s belongings. A possible method associated with this intervention includes collaborate with care team member.

Assist with identifying strengths – Used to surface strengths that may enhance someone’s coping. Techniques include asking someone to do an inventory of personal and relational strengths and affirming observable courage and strength. This intervention may be associated with the method of encouraging self care.

Bless religious item(s) – Chaplains may personally bless items such as prayer beads. This intervention may be associated with the method of accompany someone in their spiritual/religious practice outside of your faith tradition.

Blessing for care team member(s) – Many times associated with the methods of offering emotional support and spiritual/religious support. Techniques may be Blessing of the Hands during nurses week and blessing of staff prior to organ donation recovery.

Communicate patient’s needs/concerns to others – Used to ensure that a patient’s needs are understood and valued by persons such as the care team and/or family members. Techniques may include sharing a patient request with the care team or patient care preferences with family using a method of educating the care team about cultural values.
Conduct a memorial service – Many times associated with the method to encourage someone to share feelings. Techniques include a Pediatric Memorial Service and staff member Memorial Service.

Conduct a religious service – Conducting a religious service may include the techniques of conducting a wedding, baptism, prayer or memorial service. This intervention is often associated with the method of offering spiritual/religious support.

Connect someone with their faith community/clergy – This intervention may be associated with the method of assist with spiritual/religious practices. Possible techniques include contacting someone’s Imam, Sangha, Priest, etc and contacting a house of worship requesting prayer.

Crisis intervention - Includes all actions chaplains employ to contain and improve someone’s experience of crisis or sudden loss. This intervention may be associated with the method of offering emotional support. Techniques may include modulating your voice and personal body language.

Discuss concerns - Discussing concerns is used to encourage someone to share their concerns and needs. Chaplains may discuss concerns associated with the method of exploring values conflict. Possible techniques include discussing worries about employment and family members.

Discuss coping mechanisms with someone - Talking about someone’s personal style of coping. Includes helping someone find alternative ways of coping by providing documentation or a referral. This intervention may be associated with the method of setting boundaries. Techniques may include being open to someone’s feelings in a non-judgmental way and exhibiting empathy.

Discuss frustrations with someone – Commonly used with the method of sharing of feelings. Techniques may include compassionate listening and providing a space to share freely.

Discuss plan of care – Conversations regarding goals and levels of care. Includes discussion of code status and achievable medical outcomes as it relates to someone’s faith tradition. An associated method may include exploring values conflict. Techniques may include care conferences and advocacy.

Discuss spirituality/religion with someone – A chaplain may use techniques such as screening for spiritual struggle and providing a spiritual care consultation. A possible method associated with this intervention includes exploring the nature of God.

Ethical consultation - Includes all types of inquiry and discussion on ethical issues. Techniques include meeting with a Clinical Ethicist and conducting a patient care conference regarding plan of care. An associated method may include collaborate with care team member.

Explain chaplain role - Includes all the forms of a chaplain introducing and describing the chaplain role. Techniques may include providing a business card, providing a chaplain services card or verbal introduction of the chaplain role. This may be in conjunction with the method of offering support.
Facilitate advance care planning – Often associated with the methods of exploring ethical dilemmas and values conflict. Techniques include discussing someone’s desires regarding their care and providing faith specific resources regarding advance care planning.

Facilitate closure – Guiding someone toward completeness and peace around interrupted or unfinished circumstances. Often associated with the methods of storytelling and encouraging the sharing of feelings. Techniques include being a non-judgmental presence and encouraging positive thinking.

Facilitate communication - Used to assist with the sharing of information, this intervention may be associated with the method of educating the care team about cultural values. Techniques may include presentations on specific cultural and personal values.

Facilitate communication between patient and/or family member and care team - Used to assist with the sharing of information between the patient and care team. This intervention may be associated with the method of setting boundaries. Techniques may include care planning meetings and clarifying expectations.

Facilitate communication between patient/family member(s) - Used to assist patients and family members in reaching “neutral ground” communicating associated with care needs. Techniques may include separating the patient and family members for separate conversations and education on patient’s condition.

Facilitate decision making – Used to assist patient and/or family members in partnership with the care team with making decisions regarding health care plans. Techniques may include care conferences, a one on one conversation with patient, family/member or faith community leader. The method of educate care team about cultural values may be associated with this intervention.

Facilitate grief recovery groups – Associated with loved ones of a deceased person. A chaplain may use this intervention with the method of encouraging someone to recognize their strengths. Some possible techniques include empathetic listening and providing journaling resources.

Facilitate life review - Inviting someone to tell a life story. Potential techniques include scripture reading, scrap booking with verbal and non-verbal communication, music therapy, and celebrating memories. This intervention may be associated with the method of encouraging someone to recognize their strengths.

Facilitate preparing for end of life - Personal preparation for someone’s death. Techniques may include discussing the death and dying process with someone, sitting and holding someone’s hand, or prompting someone to share verbally and non-verbally with gestures. This intervention may be associated with the method of encouraging the sharing of feelings.

Facilitate spirituality groups – A chaplain may use this intervention with the methods of assisting with spiritual/religious practices. Some possible techniques include empathetic listening and providing journaling resources.
Facilitate understanding of limitations – Used to assist with setting boundaries and encouraging self care after changes in someone’s abilities. Techniques may include discussing changes and sharing words of affirmation. An associated method may be setting boundaries.

Identify supportive relationship(s) – Identifying supportive relationship is used to assist someone to recognize and acknowledge supportive family members, colleagues, friends and others. It can be associated with the method of encouraging someone to recognize their strengths. Techniques include calling friends and family for someone and asking if there is someone who they may want to sit with them.

Incorporate cultural and religious needs in plan of care - Used to describe chaplain activities that connect someone’s cultural and religious needs with their care; this intervention may be associated with the method of exploring ethical dilemmas. Techniques include arranging, when possible, for same gender caregivers and cultural/religious dietary requirements.

Invite someone to reminisce – Chaplains may invite someone to reminisce associated with the method of finding purpose. Possible techniques include open-ended questions and reading a favorite story.

Perform a blessing – Often associated with the methods of offer spiritual/religious support and assist with spiritual/religious practices. Techniques include baby blessings and blessing of a space.

Perform a religious rite or ritual – Used in support of someone’s faith tradition. Techniques include Sacrament of the Sick, Baptism, lighting of Sabbath candles, and Smudging. An associated method may be to encourage spiritual/religious practices.

Pray – A conversation with God. Techniques include verbal prayer, prayer in a care conference, and prayer in a public gathering. This intervention may be associated with the method of assist with spiritual/religious practices.

Prayer for healing - A prayer prayed by someone with the intent to bring about any form of healing. Techniques may be prayer of healing for someone’s physical body and prayer for healing of someone’s soul. This intervention may be associated with the method of offering spiritual/religious support.

Provide a religious item(s) – Frequently used to assist with the methods of spiritual/religious practices and exploring hope. Techniques may include providing prayer beads, Communion, figurine, etc.

Provide access to a quiet place – This act may include the techniques of providing a private room and access to a chapel. It may be associated with the method of offering support.
Provide compassionate touch – The act of touching someone with the intent of demonstrating compassion. Possible techniques include placing a hand on someone’s shoulder and offering an embrace. This intervention may be associated with the method of offering emotional support.

Provide Grief Processing Session – A meeting or gathering associated with members of the care team in the midst of difficult crisis or loss. A chaplain may use this intervention with the method of encourage someone to recognize their strengths. Some possible techniques include empathetic listening and providing journaling resources.

Provide grief resources – Used to help someone in the grief process. Techniques include providing organization/faith specific grief support resources and providing a list of grief groups. A possible method associated with this intervention is offer emotional support.

Provide hospitality - Used to make someone feel welcomed, honored and supported. This intervention may be associated with the method of encouraging self care. Techniques include, but are not limited to, providing basic necessities such as water, tissue, or orientation to space.

Provide religious music – A chaplain may use this intervention with the method of offering spiritual/religious support. Possible techniques include a referral to Music Therapy and turning on a site’s music channel.

Provide sacred reading(s) – This act may include the techniques of providing a Bible, Quran, Torah, etc. This intervention may be associated with exploring the nature of God.

Provide spiritual/religious resources - Chaplains provide spiritual/resources in support of someone’s faith tradition via numerous methods including encouraging spiritual/religious practices. Techniques may include providing information on a parish/church and providing information regarding a specific site’s services.

Respond as chaplain to a defined crisis event - This covers the chaplain role in defined events such as a Code Blue and would be associated with the method of collaborating with care team member. The techniques associated with this intervention vary by work site and area of chaplaincy.

Share words of hope and inspiration – Chaplains may use this intervention with the method of exploring hope. Possible techniques include reading inspirational poems or providing inspirational quotes about hope.

Share written prayer – A chaplain may use this intervention with the method of assisting with spiritual/religious practices. Possible techniques include writing a prayer specific for a particular person and taking an existing prayer to share.

Silent prayer – This intervention could be used with the techniques of praying silently at the bedside or repeating faith specific prayers in silence. Accompanying someone in their spiritual/religious practice outside of your faith tradition may be an associated method for this intervention.
### 6.0 Term Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Chaplaincy Taxonomy</td>
<td>A list of chaplaincy activities classified according to their relationships with each other.</td>
</tr>
<tr>
<td>Faith Specific</td>
<td>Pertaining to a specific religious group.</td>
</tr>
<tr>
<td>God</td>
<td>Personal beliefs, feelings, or connection to a power greater than an individual.</td>
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<tr>
<td>Intended Effect</td>
<td>These are the desired purposes, goals, and outcomes of ministry actions.</td>
</tr>
<tr>
<td>Intervention</td>
<td>These are any ministry gestures, actions, or activities by a chaplain.</td>
</tr>
<tr>
<td>Method</td>
<td>These are manners by which a specific gesture, action or activity supports a purpose, goal, and outcome.</td>
</tr>
<tr>
<td>Pathway</td>
<td>The assemblage of an Intended Effect – Method – Intervention.</td>
</tr>
<tr>
<td>Spiritual Care</td>
<td>Includes anything that assists an individual, family or community in drawing upon their own spiritual perspective as a source of strength, hope and healing</td>
</tr>
<tr>
<td>Spiritual Care Assessment (SCA)</td>
<td>Disciplined technique to surface spiritual care needs, e.g. 7x7, FICA, SOAP, etc.</td>
</tr>
<tr>
<td>Spiritual Care Plan (SCP)</td>
<td>The pathway or pathways developed in response to the identified spiritual care needs surfaced in the spiritual care assessment.</td>
</tr>
<tr>
<td>Technique</td>
<td>Any intervention which includes faith specific or personal stylistic content.</td>
</tr>
<tr>
<td>Verbatim</td>
<td>An abbreviated transcript of interpersonal conversation.</td>
</tr>
<tr>
<td>Vignette</td>
<td>A brief presentation of a spiritual care encounter.</td>
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7.0 Getting Started

Let’s start trying out the taxonomy. This section contains numerous vignette examples with one, two, or three pathways.

The vignettes contained in this User's Guide are not intended to be the perspective of any specific chaplain practice. They present numerous theological and personal style perspectives. Your focus is on the Spiritual Care Plan (SCP) associated with the present vignette. Critiquing the assessment and practice will deter from developing a working knowledge of the taxonomy. As you continue, focus on what was done to meet the need, not how it was done or how your personal style would have accomplished meeting that need in a different way.

Note: All names included in the vignettes are fictional.

7.1 One Pathway Spiritual Care Plan - Example 1

This vignette has one primary pathway where you will see the chaplain perform an intervention in response to an identified spiritual care need. See if you can identify the correct pathway from the options provided. All the best as you proceed …

Setting:
The chaplain receives a page from the nursing station that a patient is requesting a visit by a chaplain. The nurse says that the patient asked to see that chaplain and that the patient is crying. The chaplain reviews the patient’s medical record and sees that she was admitted yesterday and has not yet been seen by a chaplain. The patient listed her faith tradition as Christian and she is listed as Caucasian/White, 75 years old, single, and a sister is listed as her emergency contact. The chaplain is a 46 year old male, Lutheran, and Caucasian/White. Outside a strong snowstorm has begun. The chaplain arrives to visit the patient. The patient’s door is open, the curtains and blinds are open and the sight of heavily falling snow fills the window.

Verbatim:
Chaplain 1: (knocking on door) Pardon me, Ms. Smith? My name is Rev. Jones, I’m the chaplain covering this floor today, and the nurse called me saying you had asked for a chaplain to come.

Patient 1: (speaking in a strong Irish brogue) Yes, please come in, won’t you have a seat? (gestures to chair, chaplain moves it closer to the bedside and sits down) I’m just so glad you came to see me, you see, I just feel so alone right now. I just learned that my sister can’t come to visit me today because of the snow. I don’t want her out in this weather as it is, but I just needed her to visit today.
Chaplain 2: I’m so sorry to hear that your sister won’t be visiting today; it sounds like her visit was something that you were looking forward to.

Patient 2: We’re so close, we’ve always been there for each other, and I can face anything when I can have her near me, but I won’t get to see her today, which is why I called for you. You see, second to my sister, I have always enjoyed the presence of God when I feel alone, and Holy Communion is what I think I really need right now. I just know that it will make me feel better, that I’m not really alone. Can you arrange for me to receive Holy Communion?

Chaplain 3: Certainly I can. We would want to arrange that for you so that you are most comfortable with whom you receive that from. Do you have a specific faith tradition, like Catholic or Protestant that you would want to receive Holy Communion from?

Patient 3: Not really, I was raised Catholic but I go to all kinds of churches. I go to Lutheran churches, I go to Baptist churches, you might say I shop around a lot, but I don’t care, what’s your denomination Reverend?

Chaplain 4: Well, I’m Lutheran, and if you wouldn’t mind receiving Communion from me, I could provide that for you right now.

Patient 4: Could you really? That would be just marvelous. Thank you so much, and please pray for my sister Jenny. I worry about her in this weather. She’s older than me and I worry about her falling. Thank you so much.

Chaplain 5: I’ll certainly pray for your sister, would you like me to say a prayer for you today as well?

Patient 5: Yes please, that would be very nice. (The chaplain sets up the elements for Holy Communion and then prays the following prayer.)

Chaplain 6: Gracious God, in the midst of times of sorrow and solitude, we find your presence refreshes us and encourages us. Be present today for Anne as she is here in hospital, and missing her sister Jenny. Bless Jenny and care for her during these winter days. Grant your presence and healing for Anne. Bless her nurses and doctors and caregivers that their skill provides for her healing and renewal. Now as we receive your sacrament of Holy Communion, be present to us, refresh us, surround us and provide for us, for we pray in Jesus’ name. Amen. (The chaplain gives Anne Holy Communion after which Anne says.)

Patient 6: Thank you so much Chaplain. I can feel God’s presence with me, and I don’t feel so alone now. Your visit helped with that too. The nurses and everybody come in and out, and I know that they have so many people to take care of. It meant a lot to me for you to come and spend a few minutes with me.

Chaplain 7: It was very nice to make your acquaintance ma’am. Please know that we have a chaplain here in the hospital 24 hours, so if you feel again later on that you would like a chaplain to visit, please mention it to your nurse and somebody can come and visit again.
**Patient 7:** Thank you, it’s a great comfort to know that. Thank you for your visit today and for giving me Communion. It was exactly what I needed.

**Summary:**
The chaplain excuses himself and documents the visit in the electronic medical record at the nursing station. The patient’s RN thanks the chaplain for coming so soon.

**Spiritual Care Plan (SCP)** – Refer to the underlined areas in the vignette for pathway details:

Lessen someone’s feelings of isolation (IE) - Assist with spiritual/religious practices (M) - Perform a religious rite or ritual (I)

If you had difficulty identifying the correct pathway; please consult the troubleshooting section (Section 8). Read the next vignette and look for the primary pathway the chaplain chose to use.

### 7.2 One Pathway Spiritual Care Plan - Example 2

**Setting:**
The patient is a 41 year old male who has suffered a traumatic brain injury. The patient’s Intra-Cranial Pressures are very high and the patient will be worked up for brain death criteria later in the day. The patient’s girlfriend has been keeping the patient’s mother in California up to date and facilitating conversation and decision making between the patient’s care team and the patient’s mother. The mother is in a rehabilitation facility in California following a lengthy hospitalization and cannot travel to the hospital. The patient’s girlfriend asks the chaplain to call the patient’s mother because she has asked to talk to a chaplain about all that is happening.

**Verbatim:**
Chaplain dials the patient’s mother’s phone number from her office.

**Mother 1:** Hello? This is Barbara Weaver.

**Chaplain 1:** Ms. Weaver? My name is Rev. Sally Bridges; I’m calling from the hospital. I’m the chaplain who was with your son when he came in to the Emergency Room. I’ve been visiting him regularly and keeping him in my prayers. His girlfriend asked for me to call because you wanted to talk to a chaplain.

**Mother 2:** Thank you for calling, I guess you know all of what is happening right now, with the brain death thing they’re doing later on today?

**Chaplain 2:** I do Ma’am, I’m so sorry.

**Mother 3:** Well you can imagine what this would be like for a mother, to have her son dying so far away, and I can’t even be with him. *(Mother begins to cry.)* I just want to thank you all, all the doctors and nurses for everything that they tried to do for my boy.
Chaplain 3: I’m so sorry Ma’am. The doctors and nurses have worked very hard, and it seems like we couldn’t change what happened. I have personally been praying for him every day and I wish that we were talking today under different circumstances.

Mother 4: Have you been praying for healing for my boy?

Chaplain 4: Yes, I have.

Mother 5: Good, because I need you to do something for me, I hope you will, I need you to pray one more time for healing for my boy. I know that what he has is incurable, I know he’s dying, in fact, if he couldn’t get better and would just be in an institution, then I want him to pass instead of that. I know he wouldn’t want to live that way, but I need to hear one more prayer for his healing before I let him go. Would you do that for me?

Chaplain 5: Absolutely, would you like to hear me pray that prayer with you on the phone so you can hear?

Mother 6: That’s exactly what I would like, thank you chaplain. *(Chaplain is previously aware of the family’s faith background.)*

Chaplain 6: I’ll offer the prayer, Gracious God, we pray today for Richard. Richard is a child of your creation, dear and tender to you, and he is here in hospital with us and suffering from injuries. Gracious God we are bold to ask you to give him healing and strength for his body and soul. We place Richard in your hands God. Heal him and support him and provide for his every need. Deal graciously with his family in these uncertain times; give them your presence as they walk this difficult path. Send family and friends to journey with them at this time. We pray these things in Jesus’ name. Amen.

Mother 7: *(Sobbing strongly)* Thank you for those beautiful words Chaplain. I know my boy isn’t going to get better, but a Mom needs to do everything she can for her boy, and I needed to do that. I really appreciate your spending this time with me. Please continue to pray for my Richard.

Chaplain 7: I will Ma’am. Again I am so sorry about all that is happening, and about how hard it is that you aren’t able to be here personally as I know you wish you could.

Mother 8: I wish I could, but I can’t. I know that, but it feels good to have somebody like you still walk this path with me. No mother should ever have to lose a child.

Summary:
The patient’s mother begins to ask questions about some of the practical issues of a funeral and medical examiner issues and the chaplain shares background information about these issues before concluding the conversation.

Spiritual Care Plan (SCP):
Journeying with someone in the grief process (IE) - Offer spiritual religious support (M) - Prayer for Healing (I)

If you had difficulty identifying the correct pathway; please consult the troubleshooting section (Section 8).

7.3 One Pathway Spiritual Care Plan - Example 3

Setting:
A 95 year old patient was struck in her car by a 17 year old that was texting and driving. The patient has multiple fractures and is in a lot of pain. She has a Health Care Power of Attorney (HCPOA), an 85 year old woman Josie, who is present at the bed side. She also has a son and grandson, neither of which is the HCPOA. A care conference is set up with the son, grandson and HCPOA Josie with the doctor, nurse, and social worker. The chaplain is present for the meeting where the patient’s prognosis is shared. The chaplain remains in the room after the care conference to assist the caregiver and family members with what was discussed.

Verbatim:
Chaplain 1: Josie tell me what you heard the doctor say about Josephine’s condition.

HCPOA 1: Josephine is really sick, she might even die, but she might get better. She needs a surgery, but because she is old there are more risks that she could die. I know she would not want to be on all these machines long term, but I think she would want to try with the surgery.

Son 1: (Glaring at Josie) You don’t know what she wants, I am her son and I should make the decision about what happens to her. She will not have the surgery; it’s too risky!

HCPOA 2: Brian I know you are upset, I am upset too, but I have the papers to say that I make the decisions for Josephine and she told me what she wanted. (she pulls the papers out of her purse) We have been together 25 years and I know her, I know her.

Son 2: It will not happen, you will not decide anything! Isn’t that right chaplain? I am her son; I have her blood flowing through my veins.

Chaplain 2: (reviews the papers Josie has in her hands) Brian per these papers, your mom has named Josie as her agent. It appears she has been named her agent for the past 20 years. Per the law, Josie is who was selected to honor your mom’s wishes. Even though you are her son, ethically and legally the staff is to listen to Josie.

Son 2: I refuse to let that happen!

Chaplain 3: Brian, I can only image how difficult this is for you. I can see you love your mother very much; perhaps respecting her wishes is a way to honor her and demonstrate your love for her. I am not saying you have to like it, rather go along with it.

Son 3: I do want to honor her. (his head is hung down) Josie, go ahead.
Summary:
Josie agreed to the surgery and Josephine was able to leave the hospital for rehab.

Spiritual Care Plan (SCP):
Aligning care plan with patient’s values (IE) – Explore ethical dilemmas (M) – Acknowledge response to difficult experience (I)

If you had difficulty identifying the correct pathway; please consult the troubleshooting section (Section 8). In addition, we recommend reviewing the taxonomy item descriptions and using the Quick Reference Guide for support while selecting the primary pathway.

7.4 One Pathway Spiritual Care Plan - Example 4

Setting:
A 25 year old oncology patient expired approximately two hours ago and his family has not arrived to the hospital because his wife is in labor at another hospital. She is not aware of his passing, however the patient’s mother and mother-in-law are aware and have informed the staff that they are going to stay with the patient’s wife. The nurse who is expecting her second child is very emotional as she has taken care of the patient for almost all of his admissions. The charge nurse contacts the chaplain to check-in with this nurse. The chaplain and the nurse have worked together previously; however there is some tension in their relationship.

Verbatim:
Chaplain 1: Hi Veronica, I heard Bradley passed away. I am so sorry; I know you all had a close relationship.

Nurse 1: (Veronica’s eyes are red and her face is flush. She is standing in the room working on the computer.) Yep, he sure did and now his wife is having a baby and she does not know her husband is dead! This sucks! I just can’t believe it! (she forces herself to hold back the tears.)

Chaplain 2: Veronica, I can see what a difficult time this is for you. Please let your tears flow, they are freeing; holding all the emotion in is not good for you and your baby. (The chaplain extends his arms to embrace Veronica)

Nurse 2: (standing up and walking away from the chaplain) I will be just fine! I have things to get done here.

Chaplain 3: Veronica, I hear you saying you are fine, but your body language tells me you don’t want my presence right now. Will you please take just a few moments to pause and take care of you and your baby? Maybe just sitting for a moment or walking off the floor?

Nurse 3: I will, I will. I just need to take care of Bradley right now, this is helping me too. I do appreciate you stopping by and I will take your suggestions.
Summary:
The chaplain leaves the room and consults with the charge nurse to follow-up with Veronica regarding the suggestions to focus on herself.

Spiritual Care Plan (SCP):
Demonstrate caring and concern (IE) – Encourage self care (M) – Acknowledge response to difficult experience (I)

7.5 One Pathway Spiritual Care Plan - Example 5

Setting:
The patient was in a motor vehicle accident (MVA) and is in critical condition in the ICU. The doctors have declared the patient brain dead and the family (wife, sister, brother) are very upset. The chaplain on call is a Rabbi in her early forties, the family is Muslim and they do not want their Imam (religious leader) contacted. The chaplain has been engaged to speak with the family with the organ donation organization regarding the patient. The family is torn on what to do regarding organ donation. The chaplain greets the family in a small consultation room with the organ donation representative.

Verbatim:
Chaplain 1: Hi, I am Sophia the chaplain, I believe you have met Brad with Organ Donation United.

Wife 1: Yes, we just don’t know what to do here. It just seems wrong to cut him up into pieces. (tears flow down everyone’s faces)

Chaplain 2: I am sorry about what has happened with Nabil and the sorrow you and your family are experiencing. Please, tell me about Nabil.

Brother 1: My brother is a loving and giving person. He is committed to our religion and is a devout Muslim who believes in family. He is always there for me and our family, and now (pause fighting back tears) he is no longer.

Chaplain 3: It sounds like he is a wonderful person, I am sorry I was not able to get to know him. From what you have said about Nabil being a giving person, the giving of his organs to help someone else would be something he might consent to doing. What do you think? What does your faith tell you about this current situation?

Wife 2: No, we just can’t cut him up!

Brother 2: The Holy Quran says, "Whosoever saves the life of one person it would be as if he saved the life of all mankind." We all know that Nabil always believed in that principle. I think Nabil would want us to do this. Maybe we should consent to help others? (the wife looks at the brother and gently nods her head.)
Chaplain 4: I can only imagine how difficult this decision was for you, yet based upon what you have said about Nabil you are honoring the type of person he was and the gift of his organs will help others to live.

Summary:
The chaplain and family return to the patient’s room where the family offers prayers, tears are shed, and affection is demonstrated. Nabil’s organs help five other people live and Nabil’s family is able to meet each person.

Spiritual Care Plan (SCP):
Aligning care plan with patient’s values (IE) – Exploring faith and values (M) – Ask guided questions about cultural values and religious values (I)

As before, please consult the trouble shooting section (Section 8) if you could not find the primary pathway. Let’s try another group of vignettes; these are a little more challenging. They include two (2) distinct pathways (there are not duplicates).

7.6 Two Pathway Spiritual Care Plan - Example 1
Setting:
A 41 year old male is airlifted to the hospital. The patient had fallen down stairs at home and while being evaluated at a community hospital he lost consciousness. The patient was found to have a significant intracranial hemorrhage and was transferred to the Level I Trauma Center. The chaplain is told that the patient’s girlfriend is on her way. The patient goes in to surgery shortly after arrival. While the patient is still in surgery, the chaplain is paged that the patient’s girlfriend has arrived. The chaplain meets the girlfriend in the ER waiting room.

Verbatim:

Chaplain 1: Pardon? My name is Rev. Sally Bridges; I’m the chaplain working in the Emergency Room today. I was here earlier when Mr. Weaver was brought to our hospital. Are you his girlfriend Vicki?

Vicki 1: I am, the traffic was horrible getting here all the way from the other hospital, but I know Richard is really sick. The doctors there even said that he could die. I just can’t believe this is happening. I feel like I’m about to come apart (beginning to shake and cry) I get really nervous, you should know that, and I think I just might lose it here. God, could you get me something to drink? I mean something strong if you know what I mean? (beginning to hyperventilate)

Chaplain 2: Vicki, could you do something for me? Take some deep breaths. Just breathe in and out, breathe in and out really slowly, and take your time. That’s right, that’s good. I’m going to go get you a glass of water in just a moment. Breathe in and out really slowly. You’re doing good. That’s really good.（Vicki seems to calm down a little bit）
Chaplain 3: I’m going to step out and get you a glass of water and a cool rag; I’ll be back in just a moment.
(Chaplain gets a glass of ice water and a fruit cup and a wet wash cloth and returns)

Chaplain 4: Ok, now take some sips of this water Vicki, and just keep breathing slow. You’re doing really good. Here, put this washcloth on the back of your neck, it will feel soothing for you.
(Vicki sips water and breaths slower and cries for a time. She eats some of the fruit and continues to cry. The chaplain sits silently with her.)

Vicki 2: I almost lost it right there you know. I feel a lot better. Thank you. That was very kind. You certainly are a welcoming place here, and you’ve made me feel a lot better. Do you think that this is something serious enough to call his mother about?

Chaplain 5: Well, that’s something that I did want to ask about. I’m really glad that you’re here to be here with Richard and we don’t know what we may face over the next few days. Richard’s family need to be able to communicate with his care team and make decisions if necessary about his care. Please forgive me for how some of these questions sound but I have to ask them to find out some things about Richard’s family so that we at the hospital are making sure that the right people are making decisions about Richard’s medical care. Has Richard ever been married or had any children?

Vicki 3: No, never. His family is really just his mom.

Chaplain 6: Richard’s father isn’t living?

Vicki 4: No, he died many years ago. His mom lives in California, but she’s in a Rehab facility right now because she had a stroke a couple months ago herself. I can call her though and tell her what’s going on. You know what? I think since Richard is in surgery right now, I’ll go home and call her, I have her number at home.

Chaplain 7: That sounds like a good idea, when you do get in touch with her please share with her our phone numbers here, and please call the hospital to give us Richard’s Mom’s name and phone number. I’ll let Richard’s doctors know that we’re making contact with his Mom. It will be important for the medical team to know that Richard’s mom is the person they should be in touch with, and they can ask her to give permission for you to be given fuller updates about his care too.

Summary:
The next day the patient is in the SICU. The chaplain visits and the patient’s nurse describes that the patient’s mother in California has spoken to the doctor and that she shared with her that the patient is an organ donor because he had a cousin he was close to who died while on an organ waiting list.

Spiritual Care Plan (SCP) – Refer to the underlined areas in the vignette for pathway details:
Lesson Anxiety (IE) - Encourage Self Care (M) - Provide Hospitality (I)

Aligning care plan with patient's values (IE) - Setting Boundaries (M) - Assist with determining decision maker (I)

7.7 Two Pathway Spiritual Care Plan - Example 2

Setting:
The nurse asks the chaplain to visit an elderly female African American patient. The nurse describes that she has been crying all morning. The chaplain scans her face sheet and sees that she is Catholic, widowed, and has a son listed as her emergency contact. The chaplain is an Episcopal male.

Verbatim:
(Chaplain knocks on the open door and takes a step into the room)

Chaplain 1: Mrs. Randall? Pardon me, my name is Reverend Taylor. I’m the chaplain working on this floor of the hospital today. Your nurse mentioned to me that you were a little upset, I wanted to stop by and introduce myself and offer my support.

Patient 1: Thank you Father, thank you for coming, please come in. I am feeling really upset today. You see, I just don’t think I’m going to be able to do all the things I’m used to doing anymore. I’m not going to be good for anybody anymore. I don’t feel like I have any purpose left for even being here. If I can’t be of any good for anybody my life doesn’t mean anything. (The chaplain converses with the patient who describes that she has enjoyed a very active lifestyle, especially enjoying her service to her parish. She describes that she has proudly had the role of preparing the altar for Mass every Sunday at her parish for twenty years. She has had deteriorating vision in addition to congestive heart failure and earlier in the day her son and her doctor spoke with her about stopping driving. She agrees that she has to stop driving, but it is hitting her what this will mean for her lifestyle.)

Patient 2: So you see Father, I won’t be good for anybody anymore. I just always felt so proud to serve at church, like I could stand a little straighter because I could do something like prepare the Mass. I always felt like I was worth something that way. Now it’s like I’ll have no purpose.

Chaplain 2: Ma’am, let me ask you a question, you’ve said that you felt like you won’t have a purpose without this ministry you have done for so many years, do you think that there’s something else you could do for the parish that could give you a sense of purpose?

Patient 3: Maybe, and I know I can pray for people, it’s just that I was known for so long as the person that prepared the altar.

Chaplain 3: I wonder if there might be something that you could still do to help prepare the altar. In the parish where I attend, there’s a lady who’s a member of the church who cleans and irons all the altar linens. Who does that for your parish right now?
**Patient 4:** You know, a number of us ladies take turns doing that, but it has lately been sort of tough finding volunteers to take their turn. *(Patient begins smiling)* I wonder if Father Abraham would let me just take that on. I could do that every Sunday. They wouldn’t have to hunt for volunteers at all, it could be my thing. I’m going to ask if I can take that on. Oh the thought of doing that every week makes me feel like I’m worth something.

**Chaplain 4:** Ma’am I believe that you are worth something even if you weren’t doing that kind of ministry, but I can see that it would give you a sense of doing something to serve the parish.

**Patient 5:** You’ve given me something to look forward to today young man! Maybe I have to get used to my life being pretty different from now on, but that doesn’t mean that I’m worth any less.

**Summary:**
*The chaplain continues to discuss with the patient the changes she is experiencing before excusing himself when her dinner arrived.*

**Spiritual Care Plan (SCP):**

Meaning Making (IE) – Finding purpose (M) – Ask guided questions about purpose (I)

Preserve Dignity and Respect (IE) – Finding purpose (M) – Ask guided questions about purpose (I)

7.8 Two Pathway Spiritual Care Plan - Example 3

**Setting:**
*The chaplain is paged by a nurse to come visit the partner of a dying patient. The nurse reports that he has been crying off and on all day. The chaplain reviews the patient’s record. The patient is an African American male; the partner is a Caucasian male. No religious preference is listed on the face sheet. The chaplain is a Muslim male. The patient just entered hospice care earlier today. The patient is unresponsive in bed and the partner sitting by his side. The chaplain introduces himself.*

**Verbatim:**

**Chaplain 1:** Excuse me; my name is Chaplain Abdel-Kader. Your nurse called me asking me to come visit. I wanted to introduce myself and see if there is anything I could do to be of any support.

**Family 1:** Well, I do wish somebody could help me think through some of the things I have to figure out. I’m worried about what life will be like all alone. I actually haven’t been alone in my whole life. Is that the kind of thing we could talk about?

**Chaplain 2:** Certainly. Let me sit down and we can discuss anything you would like. *(The chaplain sits down and he and the patient’s partner talk about all that has been happening.)* The patient is dying of cancer which is a recurrence of a cancer he had ten years earlier. *(The patient is unresponsive in bed and the partner sitting by his side.)*
partner tells how he and the patient had met in the Air Force and have been together ever since. The partner states that he just doesn’t know what life will be like, and that he just can’t believe that this is happening. The chaplain asks:

Chaplain 3: I’m wondering, when you think back about the life you and Richard shared together, what are some of the things that carried you through hard times before, like when Richard was sick the first time?

Family 3: Well, we did have tough times you know. Back in 1968, Richard had to spend a year in Vietnam and I got sent to Germany. We couldn’t be open of course about our relationship in those days. Do you know what helped it all make sense in those days? We would write about how we were looking at the same moon at night. Isn’t that corny? It’s one of those things that you hear about in songs, but it actually helped us. Isn’t that silly?

Chaplain 4: No, I don’t think it’s silly at all. And you know, one thing I’ve learned is that things that have given us hope in the past can give us hope in the future. It wouldn’t be silly at all for you to look at the moon in future days that same way you did back then.

Family 5: I guess it will take a while for me to get used to having a new life. But it won’t be as sweet as the life I knew.

Chaplain 5: It will certainly be different. I’m so sorry. Your loss you are facing is so deep, and yes, nothing will be the same.

Family 6: I appreciate your sitting with me and talking about these things. It may never make sense, but it does feel good to talk about it.

Summary:
The partner continues to think back and share episodes of he and Richard’s life together. The chaplain excuses himself when the partner says that he is going to go make some telephone calls.

Spiritual Care Plan (SCP):
Meaning Making (IE) – Exploring hope (M) – Facilitate life review (I)

Journeying with someone in the grief process (IE) – Explore quality of life (M) – Discuss concerns (I)
7.9 Two Pathway Spiritual Care Plan - Example 4

Setting:
A patient has just expired in an Intensive Care Unit (ICU). The nurse for the patient is a little flustered. She sees the chaplain Roosevelt, whom she knows well and she begins to debrief what has happened.

Verbatim:
Nurse 1: Roosevelt, I think I killed him.

Chaplain 1: Killed who, what are you talking about.

Nurse 2: Liam, the guy in 3415. He was very ill and I was loosening his draining catheter, his heart rate dropped and he died.

Chaplain 2: I hear you saying that you killed a patient. Do you really think loosening the tube contributed to him passing away? You are a great nurse. If I were on this unit, I would want you to take care of me.

Nurse 3: (looking at the chaplain with a small smile on her face) No, I guess not. It was going to happen anyway.

Chaplain 2: (the chaplain embraces Rosa) Things happen and there are times we second guess ourselves, but I want you to remember that you are a great nurse who provides wonderful competent care.

Nurse 4: Thank you Roosevelt, you are the greatest; you always know what to say and you are there for me; well really for all of us.

Summary:
The chaplain and nurse continue to talk for a little while. The chaplain takes care of the death paperwork and leaves the unit.

Spiritual Care Plan (SCP):
Helping someone feel comforted (IE) – Demonstrate acceptance (M) – Active listening (I)
Helping someone feel comforted (IE) – Demonstrate acceptance (M) – Acknowledge current situation (I)

7.10 Two Pathway Spiritual Care Plan - Example 5

Setting:
A patient has expired in the emergency department and the chaplain has been requested to come and meet with the patient’s family and the emergency room physician in a consultation room. The chaplain and the physician collaborate on the approach to sharing the information and
enter the consultation room where five family members are gathered. They include the adult
daughter and two adult sons, a brother and one of the son’s ex-wives.
The physician and chaplain introduce themselves and the physician proceeds to explain what
occurred in the field and what occurred once the patient arrived at the hospital. The physician
informs the family the patient “did not make it.” Wailing proceeds to erupt in the room, including
the ex-daughter-in-law falling out on the floor kicking the doctor and the chaplain and
screaming in her grief. The family members are calling on the Lord in their sorrow. After a few
moments ...

Verbatim:

Doctor 1: I am sorry; we tried everything we could to save Jorge. (crying continues as the
chaplain hands out tissues) Do you have any questions for me? I know it’s hard to think right
now and this must be a shock. I will be here for a few more hours if you have questions. The
chaplain will stay here with you and assist you. (the doctor looks at the chaplain and leaves the
room)

Chaplain 1: (continuing to hand out tissue) I am sorry for your loss. As Dr. Blunt said I am the
chaplain and my name is Lucy. When you are ready to see Jorge, I will take you back to where
he is right now. I will also be here to help you with calling others, like your faith community and
place of employment. Lastly, I will assist you with completing the hospital paperwork. (one of
the daughters comes forward to speak with the chaplain)

Daughter 1: We don’t want Cindy, his ex-daughter-in-law, to see him; she is too unstable. I just
can’t believe this is happening. Just wait until my other uncles and aunts get here. (she leans her
head on the chaplain’s shoulder)

Chaplain 2: (the chaplain hugs the daughter and she begins to cry. She continues to hug her for
a few moments) I am here to journey with you during this difficult time and I will follow your
lead as it applies to your family. I am very sorry for your loss. Just let me know how I can
support you. I am going to step out and give you and your family a few moments alone.

Daughter 2: Thank you for being here, it has been very helpful.

Chaplain 3: My honor. From what I have been hearing your family has a strong faith. I offer
that you all draw upon that faith during this difficult part of your journey. The Holy Bible tells
us, “Blessed are those who mourn, for they shall be comforted.” I pray you feel God’s comfort
and peace.

Summary:
The chaplain excuses herself from the room and ensures the room is set-up for sitting with the
patient. The chaplain continues to bring family members back to the room until everyone who
wanted to see Jorge had seen him. The chaplain assisted the eldest child with completing the
paperwork and extended her condolences as the family left the hospital.

Spiritual Care Plan (SCP):
Journeying with someone in the grief process (IE) – Offer emotional support (M) – Explain chaplain role (I)

Journeying with someone in the grief process (I) – Offer emotional support (M) – Share words of hope and inspiration (I)

7.11 Three Pathway Spiritual Care Plan - Example 1

Setting:
The patient is a 26 year-old Caucasian male who was in a very bad car crash and brought to the hospital as a trauma patient. The patient has recovered to the point of being ready for rehabilitation. A chaplain visit has been requested by the nurse by way of the patient’s mother. The mother is concerned about her son’s physical therapy not going well because he is in pain and very tense. The chaplain is a 70 year old Rabbi with no children.

Verbatim:
Chaplain 1: Hi, I’m Rabbi Aerie. How are things going today?

Patient 1: I don’t need a Rabbi, I am not Jewish. I grew up Catholic but I don’t even practice.

Chaplain 2: I was just rounding today. I am not here to talk about religion. I know you have been here a long time and as a young person it must be hard. I just thought a different face, that did not want to poke you, ask you questions or make you do something would be good.

Patient 2: Yeah, that would be good. So what do you do around here?

Chaplain 3: (The chaplain shares what he does and then continues by saying) I would like to share something with you. From what I can tell you are a good young man with a bright future. This right here is just a little rough patch. There is a scripture in Jeremiah in the Bible that says, “For I know the plans I have for you, says the LORD, plans for good and not for evil, to give you a future and a hope.” Remember these words.

Patient 3: Ok, I got it.

Chaplain 4: One more thing, how about some music to calm you before your next physical therapy session, it might help you relax and make for a good session. I only know the religious channel for music. Here you go. (Chaplain places the TV on the spiritual channel.) I’ll see you around.

Patient 4: Ok I’ll try it, bye. (The chaplain leaves the room.)

Summary:
The chaplain had no further contact with the patient or the nurse. The patient was discharged after thirty days.

Spiritual Care Plan (SCP) – Refer to the underlined areas in the vignette for pathway details:
Demonstrate care and concern (IE) – Exploring hope (M) – Share words of hope and inspiration (I)

Build relationship of care and support (IE) – Offer support (M) – Explain chaplain role (I)

Lessen someone’s feelings of isolation (IE) – Demonstrate acceptance (M) – Acknowledge current situations (I)

7.12 Three Pathway Spiritual Care Plan - Example 2

Setting:
While a chaplain is writing a chart note on a previous patient, a medical resident asks the chaplain if she can talk for a few moments. The medical resident is an African American female. The chaplain is a Caucasian male Lutheran. The chaplain and the medical resident sit in an unoccupied sitting area off the unit.

Verbatim:
Resident 1: Thanks for taking a moment to talk with me. Maybe you know, it’s been a tough year for me, being in this program far from my family, and I’m feeling like I’m getting into the swing of things, but my gramma mentioned to me on the phone last night that I don’t need to carry all these struggles alone, that God is always ready to pick me up. I feel like it would be good for me to get back to my faith. I love God, but I haven’t had any connection to my faith for a while. I’m wondering if you can help.

Chaplain 1: Sure, let me ask you a few questions though to be sure I’m thinking about things that would be helpful for you. (the chaplain asks some questions learning about the resident’s faith background and then asks the following question) Can you tell me about a time when you had a deeper connection to your faith?

Resident 2: Well, practically every other stage of my life. This is new for me, to languish this way. I’ve just been so busy in this program, and I can’t get to a church that feels like a church home for me, and I work most weekends anyway. I long for the days when I sang in choir and attended Bible study. That felt so good and so right for me.

Chaplain 2: Maybe starting out by reconnecting to those two things would be a great place to start. What do you think about if I could suggest some Scripture readings to focus on, and share some sacred music for you to listen to when you have some down time? What do you think?

Resident 3: That would be great. Do you have those kinds of things in the chapel?

Chaplain 3: Sure we do. Let me pick out some scripture verses that I think might be fulfilling for you along with some religious CDs that we have. I’ll drop those off to you today.

Resident 4: That would be great, I would love to tell my gramma next time we talk that I’ve invited Jesus back in!

Summary:
The chaplain selects some psalms and puts bookmarks in their places in a Bible to give to the resident. He also finds a CD of gospel choir music and shares these with the resident.

**Spiritual Care Plan (SCP):**

Faith affirmation (IE) – Encouraging spiritual/religious practices (M) – Ask guided questions about faith (I)

Faith affirmation (IE) – Encouraging spiritual/religious practices (M) – Provide sacred readings(s) (I)

Faith affirmation (IE) – Encouraging spiritual/religious practices (M) – Provide religious music (I)

**7.13 Three Pathway Spiritual Care Plan - Example 3**

**Setting:**
The chaplain is paged late one night to visit a patient. The nurse says that the patient has surgery tomorrow morning and is having trouble sleeping. The chaplain sees on the patient’s face sheet that she is a 25 year old Caucasian, married, Presbyterian. The chaplain is a female African American, Church of God. The chaplain introduces herself.

**Verbatim:**

**Chaplain 1:** Pardon me, Ms. Steele? My name is Chaplain Sommers. I’m the night chaplain here today, and your nurse mentioned to me you were awake, so I thought I’d poke my head in and see how you are.

**Patient 1:** Please, yeah, I’m wide awake, I wish I could get a little sleep; tomorrow’s going to be a rough day.

**Chaplain 2:** *(Chaplain carefully speaking in slow low volume tone.)* Well it’s nice to meet you. And we don’t have to talk about your day tomorrow unless you wanted to.

**Patient 2:** I want to talk about anything but. I’d really like it if you can say anything to inspire me to just relax and take it easy and maybe rest a little.

**Chaplain 3:** Well, I will share some words for you. It sounds like you would really like to get some rest. What does the best rest look like for you?

**Patient 3:** For me, it’s like when I was a kid and I didn’t feel good. I always felt better when my Mom would just rub my back and hold my hand. I know that there are professional distances, and being in the hospital right now, it feels so sterile because nobody touches you, don’t they know that for thousands of years that’s how people comforted each other?

**Chaplain 4:** There are important professional distances, but you’re right, touch is an important way to feel comforted. Would you be comfortable with me touching your shoulder?
Patient 4: Please do. I’d like that.  
(The chaplain gently rubs the patient’s shoulder.)

Patient 5: Thank you, that’s very nice.  
(The chaplain gently rubs the patient’s shoulder.)

Patient 6: So how about those inspirational words you said you could share?  

Chaplain 5: OK, just listen and relax while I share some words that have always given me hope.  
(The chaplain recites a number of Scripture passages and poems on the theme of hope while continuing to gently caress the patient’s shoulder. The patient appears to be nodding off near the end of the chaplain’s words.)

Patient 7: Don’t take it personally chaplain. I think that my tiredness is finally catching up with me. Thank you.

Summary:  
The chaplain excuses herself and lets the patient rest.

Spiritual Care Plan (SCP):

Convey a calming presence (IE) – Offer support (M) – Active listening (I)

Convey a calming presence (IE) – Offer support (M) – Provide compassionate touch (I)

Convey a calming presence (IE) – Offer support (M) – Share words of hope and inspiration (I)

7.14 Three Pathway Spiritual Care Plan - Example 4

Setting:  
The chaplain is making initial visits on the Rehab Unit. She enters the room to meet a new patient who is an elderly female African American Baptist. The chaplain is a 30 year old female Unitarian Universalist.

Verbatim:  
Chaplain 1: Good morning Mrs. Davis. I wanted to introduce myself, I’m Chaplain Meg Cooper. I’m the chaplain who works in this rehab unit where you are and I wanted to introduce myself to learn how we can best support your religious and spiritual needs while you’re here.

Mrs. Davis 1: Now isn’t that nice, and aren’t you the prettiest little thing? Well I want to tell you that my Lord is the solid rock on which I stand. I’ll be up and going strong again, this hip surgery was a blessing, and I will work hard here to make it prosper. And my faith will help me get through it.
Chaplain 2: That’s wonderful to hear, and I want to support you in that. It sounds like your faith is a great support to you. It says in your information sheets that you are a member of Plymouth Baptist in the city. Does your church know you’re here?

Mrs. Davis 2: You know, I don’t know if they do or not. Could you call them and let them know?

Chaplain 3: Absolutely. I’ll call them right as soon as we’re done talking. Is there anything else we can provide that would help you in terms of your faith?

Mrs. Davis 3: Well, there is something else, and I hope you don’t think it’s unusual. You see, my sister, she went Catholic a lot of years ago. Raised Baptist, but she went Catholic. We can disagree about that, but there’s one thing, you see, she gave me some rosary beads a long time ago, and I kind of feel good when I hold them when I pray. Could you get me some of those rosary beads while I’m here?

Chaplain 4: You know I actually carry some with me just in case of a request. Here, here’s some rosary beads we provide free here at the hospital (handing Mrs. Davis the rosary beads).

Mrs. Davis 4: Well, when I get ready to go home I’ll get these back to you.

Chaplain 5: Please, they’re a gift. You can keep them and remember us here at the hospital in your prayers when you hold them.

Mrs. Davis 5: Well that’s very sweet. Now will you pray for me Chaplain? I’m so blessed that you came here to meet me today.

Summary:
The chaplain prays a prayer with Mrs. Davis, praying for her healing and for the rehab unit and for her congregation. The chaplain promises to visit Mrs. Davis regularly during her stay on the rehab unit.

Spiritual Care Plan (SCP):

Faith affirmation (IE) – Assist with spiritual/religious practices (M) – Connect someone with their faith community/clergy (I)

Faith affirmation (IE) – Offer spiritual/religious support (M) – Provide a religious item(s) (I)

Faith affirmation (IE) - Offer spiritual/religious support (M) – Pray (I)
7.15 Three Pathway Spiritual Care Plan - Example 5

Setting:
A family is gathered around the bedside of their loved one who is actively dying. The patient and the family are Catholic; however they do not have a parish. They request a priest; however one is not available on site. The chaplain on call, an African American Pentecostal pastor in his mid-forties, goes to meet with the family. Upon his arrival, he explains the situation and talks with them about their loved one. After providing a few options they ask the chaplain if he would perform the Sacrament of the Sick ritual.

Verbatim:
Chaplain 1: I am willing to do that if you are ok with a Pentecostal minister performing the ritual.

Family Member 1: We would consider it an honor. We want this blessing for him; it will give us peace and comfort.

Chaplain 2: (The chaplain administers the Sacrament of the Sick ritual using the Catholic Book of Prayers. The chaplain then gives the family members copies of the Hail Mary and prays it aloud with them.) I pray peace and comfort for Bob and for each of you.

Family Member 2: Thank you very much for being with us and giving Bob Last Rites.

Summary:
As the chaplain left the room, the family was gathered around Bob holding his hands and one another. The chaplain returned once Bob had died and spent time with the family.

Spiritual Care Plan (SCP):

Helping someone feel comforted (IE) – Offer spiritual/religious support (M) – Facilitate closure (I)

Helping someone feel comforted (IE) – Accompany someone in their spiritual/religious practice outside your faith tradition (M) – Perform a religious rite or ritual (I)

Helping someone feel comforted (IE) – Offer spiritual/religious support (M) – Share a written prayer (I)
8.0 Troubleshooting

8.1 Developing a Spiritual Care Plan (SCP)
When developing a Spiritual Care Plan (SCP) the chaplain selects taxonomy items to build a pathway. The SCP can be comprised one to many pathways. The pathways many have different configurations as reflected below.

\[
\text{IE} \rightarrow \text{M} \rightarrow \text{I}
\]

one to one to one

\[
\text{IE} \rightarrow \text{M} \rightarrow \text{I}
\]

one to many to one

\[
\text{IE} \rightarrow \text{M} \rightarrow \text{I}(n)
\]

one to one to many

\[
\text{IE} \rightarrow \text{M} \rightarrow \text{I}(n)
\]

one to many to many

\[
\text{IE} \rightarrow \text{M} \rightarrow \text{I}(n)
\]

one to many to one

8.2 Differentiation with Taxonomy Items
The differentiation of the following items is provided to assist the user with understanding the slight differences between them. It is hoped this will decrease mistakes in the way they are used in association with each other.

8.2.1 Offering Support

**Offer emotional support** – Support offered by the chaplain which focuses on the emotions of someone. For example, sadness, anger, grief, joy, etc.

**Offer support** – Support offered by the chaplain which focuses on a general need. For example, making a requested telephone call, escorting family members from one place to another, carrying items for an elderly family member, etc.

**Offer spiritual/religious support** – Support offered by the chaplain using spiritual/religious elements as the medium of care.

8.2.2 Patient Care Plan

**Aligning care plan with patient's values** – This item includes when the patient values are communicated by the patient or by the patient’s agent, family, loved ones, etc.
8.2.3 Grief

**Facilitate grief recovery groups** – With bereaved loved ones of the patient. Examples include, Bereavement Support Groups or Suicide Survivor Groups.

**Provide Grief Processing Session** – With staff significantly affected by loss and grief in their work places.

8.2.4 Asking Questions …

**Ask questions to bring forth feelings** – Open ended questions to help someone bring out feelings and emotions.

**Ask guided questions** – The asking of questions aimed at eliciting specific responses. This item can be used for any theme of questioning. The following taxonomy items are provided for a number of prevailing themes in the field of chaplaincy.

- Ask guided questions about cultural and religious values
- Ask guided questions about faith
- Ask guided questions about purpose
- Ask guided questions about the nature and presence of God

8.2.5 Use of other items

**Explore ethical dilemmas** – Any exploration of real or apparent conflicts and disagreements among patient, family, and clinical team values.

**Accompany someone in their spiritual/religious practice outside of your faith tradition** – When the chaplain directly participates in or provides religious and spiritual practices outside of a chaplain’s own faith tradition.

**Respond as chaplain to a defined crisis event** – This covers the chaplain role in defined events such as a Code Blue. The chaplain role in such events is site specific.

**Perform a religious rite or ritual** – This is faith tradition specific and may include Sacrament of the Sick, Smudging, or lighting Sabbath candles.

**Connect someone with their faith community/clergy** – Includes the act of calling or notifying someone’s faith community.

8.2.6 Acknowledgement

**Acknowledge current situation** – Any way the chaplain recognizes someone’s current circumstances whether in grief or celebration.

**Acknowledge response to difficult experience** – Any way the chaplain recognizes in the present moment someone’s previous challenges or suffering.