Pastoral Volunteer Program:

A Model for Training and Supervision in a Long Term Care Facility

Rabbis Beth Naditch and Sara Paasche-Orlow, May, 2010

Setting:

Hebrew Rehabilitation Center (HRC), one facility in the Hebrew SeniorLife web of services, is a 500 bed chronic and acute care hospital, affiliated with Harvard Medical School and the home of the Institute for Aging Research. In the past ten years, elders in our skilled nursing environment have become sicker and frailer. The average age for chronic care residents of HRC is currently 89 years old, and in our housing communities the average age is 87. Approximately 8% of our long term care resident population is Catholic, 2% Protestant, and 90% Jewish.

HRC has many employees who speak Hatian Creole serving as CNAs as well as many Russian speaking employees caring for our 150 Russian speaking residents, creating a diverse cultural environment. There are over 250 local volunteers who support recreational activities and do friendly visiting, alongside school groups and many different types of interns. Family members are another vital part of the community, visiting regularly and joining in with the life of the community.

Many residents have some level of dementia, with a portion living on special care units for dementia behavioral support. Most residents have a variety of chronic disease, and the majority ambulates with walkers and wheelchairs.

Program Background
While specially designed Sabbath services, regular opportunities for Jewish learning and Torah study, and holiday programming provide more generalized cultural and religious support to the resident population, these programs do not and can not fully address all the individual stresses and crisis in people’s lives. As our population has become frailer, and the rate of dementia has risen, the need for one-on-one pastoral care has increased dramatically.

The dominant pastoral care issues for residents relate to seeking meaning in life, evaluating life’s experiences, facing loss and bereavement, end of life decision making, trusting, and finding a sense of belonging and love. Family members also seek support at key moments in transition in care, as well as support caring for themselves. Staff suffers from the constant loss of residents they have grown to love, challenges in caring for difficult patients, and personal trials. We responded with a plan to expand the presence of pastoral care providers to respond to these pressing spiritual needs throughout our system.

In 2006, the Religious Services Department at HSL opened a Geriatric Chaplaincy Institute, offering ACPE certified chaplaincy training to clergy, seminary students, and qualified individuals in the region, and providing more clinical care to our residents and patients. The following year, we initiated the Pastoral Volunteer program, enabling us to include another population that wanted clinical pastoral education to serve in our system. With intentionality, we aimed this at a more skilled volunteer set than existing programs in the region, offering group supervision and training weekly on a Clinical Pastoral Education (CPE) model, and requiring a fixed and substantial volunteering commitment.

Skilled individuals in the community, often with related professional backgrounds, sought to combine their human relation skills with their spiritual lives. They wanted to be able to
develop and learn with good instruction and clinical group supervision, and to contribute to the lives of elders in our care.

Our pastoral care volunteers support the work of our staff chaplains and CPE students, making individual visits, checking in on staff and family concerns, doing spiritual assessment and carrying out a pastoral care plan for diverse individuals. We have longevity in the group and people tend to give more than they expected, working with a consistency that otherwise can be a problem when relying on volunteers. Volunteers have been accepted and embraced by the HRC community as they have proved their competence and commitment, seeking support from chaplaincy staff as needed. We place volunteers in long term care with our English speaking residents, many of whom are mentally and physically active, but also including many patients with higher levels of disease and/or dementia. We have not placed the volunteers with acute care patients, or on our Special Care Units (serving people with dementia related behavioral needs).

The application requirements, as well as the amount of education and supervision provided, make the pastoral care volunteer program one of HRC’s most sophisticated volunteering options. The unique volunteering feature of this program is the extent to which we have identified and attracted a population of very skilled individuals and met their need for a meaningful and sophisticated volunteer experience, allowing the volunteers to grow personally while also providing a vital service to our community.

The Volunteers:

When forming our initial group, we advertised to area rabbis, the area rabbinical training program, and looked within our own ranks of CPE graduates. The job description was for
volunteers who would provide spiritual and religious care to residents seeking support and companionship as they address spiritual concerns. In our initial materials, we sought candidates with some experiential or educational background in human relations, senior care, psychology, rabbinics, ministry or social work. The ideal pastoral care volunteer would have:

- Ability to work on a team in the spiritual care of residents.
- Good verbal and non-verbal communication skills, with demonstration of patience, empathy and good listening skills.
- Comfort in discussing issues in religious and spiritual language.
- Ability to ask for supervision as appropriate.
- Ability to be a non-judgmental supportive member of a learning group.
- Basic knowledge of religious practice.

Each applicant was required to write an essay outlining their reasons for interest in the program, their learning goals, and a brief autobiographical essay. References were sought and contacted, and a personal interview with the instructor of the course was required.

The volunteers who have made up our groups for the three years of this program have come from wildly varied backgrounds. Their ranks have included, among others, social workers, retirees, a practicing obstetrician/gynecologist, an artist, an educator, rabbinical students, cantorial students, and the chief financial officer of a company. Many of our volunteers are hovering at the cusp of retirement, and actively seeking out the next chapter in their lives. Religiously and spiritually, the volunteers occupy a wide spectrum of both observance and belief. While most of our participants have themselves been Jewish, one Christian woman has been an active group
member for the last two years. The diversity in occupation and belief systems within the group has created a dynamic atmosphere that has proved fruitful for both individual and group learning. What each volunteer seems to have in common is a desire to “give back” in a meaningful way, and to do so in a supported, spiritual context.

Support and community, have, in fact, been one of the critical aspects of the program. While many of our volunteers enter the program focused on what they can give individually, they have quickly come to treasure the sense of belonging and community that the volunteer group fosters. There is a sense of recognition in the group that each individual has of others who have the same impulse to serve; a recognition that although personal stories and styles may be quite divergent, each person approaches this as holy work. Indeed, the volunteers as a group take their responsibilities quite seriously as sacred work, not simply a lighthearted way to spend time.

From the outset, we viewed the pastoral volunteer program as working in tandem with the formal CPE program offered at HSL. We intended it to be a stepping stone to the program – a kind of trial period for those who were interested in intensive chaplaincy training, but did not have the time to dedicate to the four hundred hours required for a unit of CPE. We also envisioned the program as a way of supporting students who had completed a unit of CPE, but wanted to continue their work at HSL with support. For institutions without their own CPE programs, a volunteer program such as this might be an excellent bridge building program between a long term care facility and area hospitals who do offer CPE. Collaborations could be formed with certified CPE supervisors, and community building and the advancement of goals related to continuity of care could result.
The Method of Learning:

The Pastoral Volunteer Program follows an action/reflection/action model of learning which borrows much from a formal Clinical Pastoral Education model. Action/reflection/action serves as a kind of old-fashioned apprentice program. It is an experiential learning model where volunteers attend two hours of class a week, and are responsible for four hours of visiting with residents. This gives them the ability to visit residents, reflect on those visits within the group, integrate their new learning, and return to visiting with a stronger sense of pastoral self and skills. Volunteers present two verbatim accounts of visits during the course of the year, which are read out loud like a play, and then discussed in the group for possible lessons on listening skills, theological reflection, spiritual or psychological understanding of the resident, and insights into the feelings triggered in the volunteer chaplain. Each class session involves a combination of text study, practical pastoral skills, theological reflection, and learning exercises/didactics on issues of pastoral and personal interest. Volunteer chaplains are provided with a liaison on their assigned floor or unit—most often one of the recreation therapists or social workers, with whom they can check in for new developments on the floor, from whom they can get referrals, and to whom they can turn with direct questions about a resident’s practical concerns or particular situation. They also become acquainted with the staff chaplain, who covers all care when a particular intern or volunteer is not on site.

The floor staff gladly welcomes our pastoral volunteers when they arrive to visit with patients. It eases the burden of time on nurses, CNAs, social workers, and recreation therapists when our
volunteer chaplains can offer the kind of focus and attention on emotional and spiritual issues that is often in short supply in the course of a day.

Case:
The following case demonstrates how one of our volunteer chaplains was integrated into the team on her assigned unit, and chronicles both her care of one patient and how she was able to utilize the group to improve her care.

Joseph is a 91 year old resident of HRC. He was a nutritionist by training, and worked at a major area hospital for many years. He and his wife had three sons, all of whom are involved in his care, but none of who live locally. Joseph’s wife passed away 6 years ago. He currently has advanced dementia, and very little short-term memory. Joseph is ambulatory, and with a walker gets himself to his spot in the hall across from the nurse’s station where he sits daily. He reads the newspaper each day, though it is not clear whether this is for form or content. Joseph daily (sometimes hourly) complains of a variety of physical symptoms which tend to panic him – severe cramps, heart palpitations, etc. – none of which seem to have a physical cause that can be documented by the medical staff. There is a general perception that Joseph has somatized his emotions, and when he is particularly lonely or stressed, he suffers more physically. The floor staff is as attentive as possible, but often end up brushing by Joseph when on the way to attend to another resident, because his need runs so deep.

One of the volunteer chaplains has begun to meet with Joseph weekly. The social worker and nurses on the floor have told her that after one of her visits, Joseph is calm for hours, with no
physical complaints. Below are some excerpts from a verbatim account of one visit: (P refers to patient, N refers to nurse, and C refers to chaplain volunteer)

**Pastoral Visit:**

P1: Help me, I’m sick. I’m sick. I’m in pain! Can anybody help me?

N1: I’ll be right back, Joseph. I have to take Mrs. Rosen to her room.

P2: I’m sick, it hurts!

C1: Hello Joseph. Are you okay?

P3: I’m sick. I need to sit with someone.

C2: I can sit with you, Joseph. (I pull a chair nearer to him) Joseph, I’m Judith, the volunteer chaplain.

P4: Pleased to meet you. I’m Joseph Jacobson.

C3: It’s nice to see you again. (He smiles at me, miserably) What’s happening with you, Joseph?

P4: I don’t know what’s happening. I’m so confused. Can you help me? (I take his hand, and stay quiet, waiting for him to say more.) I think I might need a new place to live, I don’t know why.

C4: You don’t want to be here?

P5: I like it, I suppose, but I need a place. A place where there would just be someone to say “Good Morning.” Is that too much to ask (genuine, not angry – He really wants to know) I am bereft.

C5: (I squeeze his hand, listening.)

P9: A place where someone else could think for me, I wouldn’t have to do that any more. And there would be someone, someone to notice things.
C9: You want someone to take care of you.

P11: Yes! Where someone would know, I am Joseph Jacobson. And we could have a conversation – even about the weather, but someone would notice where I am and what I need. It’s too muddled for me now. I can’t think.

C10: Do you feel that God watches over you, and notices you?

P12: He does! He is here. (He slumps a little) But he doesn’t answer me when I call out.

C11: Maybe we could talk to God now, and say a prayer.

P13: Oh, yes.

C12: God, I’m sitting here with Joseph. He wants to be noticed, and to feel safe where he is. We are asking you, together, to send Your protection to him, and to…

P12: To notice me, when I have no one to talk to. I can put on a sticker, which says Joseph Jacobson is nobody.

C13: You feel like nobody?

P15: Yes. When you get old – and you have a long way to go on this road – I’m almost 90. I will be 80 soon. (He seems not to realize the discrepancy) And it’s not like I don’t have wonderful friends. But they’re all gone.

C14: No one who knows you as somebody.

P16: That’s right. I just want someone to say “Good morning.” Is that too much?

(I squeeze his hand, and he beams at me.) This (he squeezes my hand back). This is the best thing that has happened in years. (We sit quietly together for a while)

C15: I didn’t know the somebody you remember, Joseph, but I love the somebody you are right now. (He is relaxed now, nodding, smiling)
P17: Some people would say it’s not so bad. I have three wonderful sons. Do you know my sons?

C16: Richie, Jack, and Eddie.

P18: Yes. They are wonderful, aren’t they? (I nod.) My room here is very nice, the people are good to me. Do I want too much? Am I asking too much (genuine questions, not angry or accusing in tone at all)

C17: No. You aren’t asking too much. You want what every human being wants – to be seen…

P19: Doesn’t everyone?

C18: Yes. They do. And you want to be seen, to be a part of other people. Where you can be noticed. And safe. And comforted.

P24: This is okay. I can do this.

C23: Joseph, I hear some hope in your voice now.

P25: I do have hope. I don’t know why this happened, but maybe before I was falling asleep last night I thought – there are some people hope can come to.

C24: I hear that. I heard a lot of despair in what you were saying before, and now there is a spark of hope.

P26: I would like to have that. Judith, would you sit with me a little while longer?

C25: I would love to, Joseph.

When Judith presented this visit to the group, she did a spiritual assessment of Joseph, and decided that his primary issues were safety, loneliness, being respected as a person, and being “noticed.” Joseph struggles with an ever-present sense that “something” is wrong. He is lucid enough to realize that who he is now, where he is, and what his mind is doing is somehow off,
but is so deeply confused by his dementia that he continually re-experiences the freshness of panic, which leads to his physical pain. A visit – from anyone – seems to calm his fears and address the fact that he is still a person. The atmosphere on his floor is such that he is known, and people do say “Good morning,” though his experience might be otherwise. As a chaplain, Judith was able to explore with Joseph whether he could find comfort in God, who could be present when other people are not. Judith shared with the group that after visiting with him three or four times, she had noticed herself avoiding Joseph much like the staff on the floor did. In group, we helped her to get in touch with her sense of being unable to fix or help what seemed like a bottomless need, and explored with her how to handle her emotions and perceived inadequacy. This, combined with the feedback from the nurse that Joseph seemed to be pain free after her visits, allowed her to view her relationship with Joseph through new eyes. It helped her to be available to Joseph, who in turn benefited from being “noticed,” in a sense beyond his physical and/or phantom pain.

This type of analysis looks deeply at the interaction between the chaplain and the patient on many levels. It works with understanding more who the patient is, what needs the patient communicates and how this impacts the chaplain and their ability to be fully present and attentive to the patient. It also brings the possibility of God and prayer onto the care team and treatment plan. It requires a consistent and emotionally mature group to process and reflect on this level.

Curriculum:

Our program attempts to provide the basic building blocks required to provide pastoral care.
1. We teach that care of residents is undertaken in a team-based approach, between medical staff, social workers, chaplains, etc.

2. We explore what a pastoral caregiver needs to be sustained physically, emotionally, and spiritually in their care.

3. We examine methods of initiating, deepening, and terminating pastoral relationships.

4. We engage in explorations of personal and pastoral authority, and how this affects our ability to provide pastoral care.

5. We look at ways to be a “non-anxious presence.”

6. We spend a great deal of time balancing “being” and “doing” in pastoral care.

7. We inculcate awareness and sensitivity in offering pastoral care across religious traditions and theological perspectives.

8. We experiment with being able to identify our own feelings in the moment, and to work with emotions as they arise.

9. We learn to do spiritual assessments of those we visit, so that we can best direct our care and engage with others on the team around a care plan.

10. We engage in intentional theological reflection in order to better know ourselves, which leads to deeper availability to provide excellent pastoral care.

Subjects/limudim have included a focus on general issues of pastoral education, such as:

Entering a room, Addressing loss and bereavement, Creating spontaneous prayer, Orienting to pastoral vs. social pacing, Spiritual assessment, and the Dynamics of Hope.
Other topics are specific to the Jewish geriatric context in which we practice. These include:
Issues of Aging, Aging in Jewish Tradition, Holocaust Issues, Boundaries, Grief, Authority,
Anger, Death and Dying, and Dementia.

In addition to the study of Jewish texts, didactic sessions, and verbatims, volunteers have several opportunities for theological reflection during the course of a year. These are:

1) **Spiritual Autobiography Snapshots:** Each volunteer writes a 2-3 page “excerpt” from their spiritual autobiography. These are moments of experience to be presented to the group for theological exploration. One of the goals of the exercise is to have volunteers access a different way of exploring their own stories/issues. The better one knows oneself and one’s stories, the better pastoral care can be provided.

2) **Reflections on Death and Dying:** This session was requested by the group. Each volunteer prepared a one page reflection on their own view of what comes after death. After a presentation on traditional and modern Jewish views of the afterlife (prepared by one of the rabbinical students), volunteers shared their reflections.

3) **Theological Reflections:** on loss, on endings, and on fragility and stability.

4) **Ethical wills:** Volunteers studied samples of ethical wills, and then wrote and shared their own. In several cases, these were later shared with family members.

5) **Kriat ha-kodesh,** a practice borrowed from spiritual direction, in which volunteers hear a piece of text or poetry, and share theological reflections in the moment.

**Challenges and Opportunities for volunteers:**
Over the course of the program, there have been many joyous discoveries, leaps of self-reflection, and personal growth within our volunteers individually and as a group. Some of the benefits for the volunteers have included:

- Creating mini-communities on the floors, made up of residents who had not previously had deep relationships with each other. One volunteer, for example, has a “Lunch Bunch” of 4-5 women whom she “takes to lunch” at the cafeteria for conversation and a mini fieldtrip off the floor. She has visited with these residents as a group for two and a half years, and they are quite committed to her and to each other.

- Discovering a community of like-minded peers who wish to “give back” in a meaningful way.

- Ongoing and focused study of Jewish texts in a context which made the learning immediately applicable to life and work.

- The opportunity to reflect on personally held beliefs and sacred stories in a safe and supportive environment.

- Experiencing deep, authentic relationship with the residents.

- Stretching the boundaries of “comfort zones” around issues of aging.

- Discovering that meaning making and companionship are qualities that follow one throughout life.

Finding a meaningful volunteer experience that is life enhancing.
In the course of the first two years we have also begun to become familiar with some of the areas that have been challenges for our pastoral care volunteers. These are often areas with a steep learning curve and tremendous growth for the volunteers. Some areas include:

- Those who have not worked in pastoral care before are stretching themselves to try and transition away from therapeutic or academic models.
- It is a challenge to occupy the concurrent roles of highly educated adult, student in class, and spiritual authority.
- Working with elders requires personally facing aging. Many of the volunteers have cared for or are currently caring for parents of the same age and situation as those who residing at HRC. This can bring up feelings about selves as children, selves as parents, aging in general, and their own aging.
- Encountering patients with severe dementia as well as the younger highly disabled patients can be frightening on a personal level.

The group supervision model allows volunteers to go to deep places within themselves, in a safe environment, and to face their own fears of aging and illness.

**Steps for Implementation:**

1. *Ascertain and articulate a need and the benefits of increasing the pastoral care at your institution*

2. *Find in your local community a skilled pastoral care supervisor who might be willing to provide group supervision.*
3. **Reach out to local CPE programs to see if they know of people who might be interested in joining such a group.**

4. **Identify existing friendly visiting volunteers who have backgrounds in related fields who would benefit from the ability to advance their skills and abilities.**

5. **Notify local seminaries and/or rabbinical schools that you will be starting such a group.**

6. **Communicate with direct care staff about the role of the pastoral care volunteers.**

**Conclusion:**

A good pastoral training program will teach pastoral competence and reflection as well as provide a context for pastoral formation. A successful program allows for profoundly transformative learning on many levels: personal, professional and institutional. A worthwhile program also contributes substantially to the spiritual lives and needs of patients/residents. We believe that the pastoral care volunteer program at HRC fulfills these criteria. It has brought wonderful individuals into our community as committed contributors to life at HRC, and more residents have one-on-one spiritual support. The volunteers have been embraced by our residents, family members, and staff and have integrated HRC into their own lives.

*Note: An unexpected testament to the success of the program came this year. In the first two years, we had provided the funds to hire the supervisor, however, in the third year this funding was threatened due to budget cutbacks. The volunteer group felt strongly that they wanted to continue and raised the money among their ranks to make this possible.*