Providing Spiritual and Pastoral Care During COVID-19
April 22, 2020

Kenneth J. Doka, PhD, MDiv, Senior Bereavement Consultant, Hospice Foundation of America
Rabbi Gary S. Fink, DMin, Senior Vice President of Counseling & Family Support, Montgomery & Prince George's Hospices
Reverend Wanda Henry-Jenkins, Bereavement Services Manager, Vitas Healthcare

• Confidentiality and privacy
• Trust
• Unhurried attitude
• Be authentic
• Professional boundaries
• Manifest content (surface meaning) vs. latent content (unconscious themes that can be discerned beneath the surface)

Speakers
Kenneth J. Doka, PhD, MDiv
Senior Bereavement Consultant
Hospice Foundation of America

Rabbi Gary S. Fink, DMin
Senior Vice President of Counseling & Family Support
Montgomery & Prince George's Hospices

Reverend Wanda Henry-Jenkins
Bereavement Services Manager
Vitas Healthcare

• Nonverbal cues
• Open-ended questions to minimize interrogation and maximize respect
• Appropriate self-disclosure
• Consideration of the patient's and the family's religious or spiritual beliefs
• Self-knowledge and self-awareness
• Compassion (Jenko, 2010)
Assumptive World of Hospice Care Turned Upside Down

Then

Touch House calls Ministry of presence

Now

No touch Phone calls Ministry of virtual presence

Then:
Dying as loved ones look on
Bedside vigil as death approaches
May be present at the last breath
Hospice care avoids isolation of hospital confinement

Now: Loved ones outside looking in

Source: Wikipedia. Creative Commons License, Ezequiel Cabrera

• Among the suffering offering comfort and companionship
• Inspiring us, guiding us
• Watching over us with compassion, having given humanity free will, good minds, and caring hearts
• God is testing us for some good reason
• There is a Divine Plan beyond our understanding

Special Issues in COVID-19 Deaths for Clergy

Issues of Providence and Theodicy: Where is God or our “Higher Power” now?
Special Issues in COVID-19 Deaths for Clergy
Congregational Responses around the World
- "Curbside Communion"
- "Ashes to Go," quick pickup for Ash Wednesday
- Streaming Sabbath services
- The Holy Land shuts down
- Friday public prayers suspended in mosques

Special Issues in COVID-19 Deaths
Common fears raised by COVID-19
We are all vulnerable
Dying alone
Suffering
  - Dying a painful death
  - Therefore, a "good death" may not be attainable

Trajectory of COVID-19: A Compressed Timeline
"Suddenly, he was gone!"
Only days or weeks from diagnosis to decline to death.
No time to prepare...
No time to process.

Support for Non-COVID-19 Patients
- Remote communication with non-responsive or minimally responsive patients
- How to support dementia patients and others who are cognitively impaired
- Hearing-impaired patients, caregivers, or family members

We are all vulnerable
dying alone
suffering
  - dying a painful death
  - therefore, a "good death" may not be attainable

"suddenly, he was gone!"
only days or weeks from diagnosis to decline to death.
no time to prepare...
no time to process.

remote communication with non-responsive or minimally responsive patients
how to support dementia patients and others who are cognitively impaired
hearing-impaired patients, caregivers, or family members
Special Issues in COVID-19 Deaths

Ethical Concerns in Hospice
- Will limited resources limit new admissions?
- Do COVID or non-COVID patients have priority?
- How do we ensure equitable access?
- How do we ensure equitable access for underserved communities?
- What criteria can we use for emergency triage?
- If a "COVID only" team is created, how are staff assignments fairly made?

Special Issues in COVID-19 Deaths

Spiritual Issues Among Staff
- Making sense of the suffering
- Helplessness to adequately alleviate suffering
- Fear of contracting COVID-19
- Dissonance between sense of mission and sense of self-preservation
- Guilt for self-concern

Special Challenges in COVID-19 Deaths

Challenges for Hospice Inpatient Units
- How is a hospice house different than a hospital?
- Allow some, but limited, access to family?
- With limited resources, accept only non-COVID-19 patients or only COVID-19 patients?
- Do social workers and chaplains enter rooms?

Administrative challenges
- Documentation
- Time management working from home
- Updating the plan of care to be COVID compliant
- Collaboration with colleagues
Special Issues in COVID-19 Deaths
Opportunities for staff to process grief
• Video chat grief groups
• One-to-one counseling
• Schedule phone calls with friends
• Self-directed activities: journaling, creative arts, needlecraft, photography, memoiring, gardening, planting a tree
• Books or online resources on grief

Creating a “Ministry of Virtual Presence”
We are all pioneers exploring the unknowns
• Will remote pastoral care be comfortable for the provider?
• Will remote pastoral care be comfortable for the patient?
• Will remote pastoral care be effective?
Traditional roles: Priest, pastor, prophet, teacher
• Attention to spiritual and moral values
Additional role: Producer
• Attention to production values: lighting, sound, background, appearance, set decoration, eye contact; increased reliance on voice to set the tone

Creating a “Ministry of Virtual Presence”
Telephone and Videocast Outline
• Greeting: Create rapport and orient client to agenda and goals
• Consents if necessary
• Check connections – sound and video
• Review agenda and goals
• Active listening and reflection of content and emotions
• Open-ended questions
• Respect, normalize, support
• Review and assess understanding
• Graceful and thoughtful exit
Challenges of “Ministry of Virtual Presence”

Non-responsive or minimally responsive patients

• A chaplain can send pre-recorded music, hymns, prayers or blessings to the caregiver’s phone which are played at the bedside.

• A chaplain can arrange a conference call with dispersed family members and the patient’s caregiver sitting at the bedside. The chaplain offers prayers, blessings, or words of affirmation that are heard at the bedside and by the entire family.

Effective collaboration with hospice team members

• Best practice: Brief daily email reports at day’s end, and brief but regular phone huddles in the morning.

Remote pastoral care is physically and spiritually exhausting

• Heightened attention to fewer cues during interaction rapidly depletes energy.

• Taking a few minutes between video calls to intentionally clear your head can be beneficial for self-care and maintaining energy.

Creating a “Ministry of Virtual Presence”

Narrative approaches focus on validation and meaning making

• Reminiscence Therapy

• Life Review Therapy

• Dignity Therapy

• Legacy letters
Creating a “Ministry of Virtual Presence”

**Typical Life-Narrative Questions**
- What are some childhood memories of your family?
- What are some favorite memories of your childhood?
- Who were the most important people in your life? And now?
- Were there difficulties in your life that you had to deal with?
- What are some of the most satisfying things in your life, now or previously?
- Are there things that you are particularly proud of?
- How would you like to be remembered?
- If you were describing your life as a book, how would you divide it into chapters?

**Benefits of Narrative Approaches**
- Simple recollection or therapeutic can address many spiritual issues
- Recalling experiences, struggles, and triumphs validates and affirms the value of a person’s life
- Supports coping with regret
- Affirmatively answers the question, “Did my life make a positive difference?”
- Heightens gratitude for life’s blessings

**Risks of Narrative Approaches**
- Stressful memories might increase emotional and spiritual discomfort:
  - Time might be too short for effective processing of memories, due to patient's rapid decline
  - Patient or caregiver might not be able to fully engage in process of reframing deeply painful recollections due to exhaustion or lack of energy

**Other interventions consistent with virtual presence**
- Spiritual counseling to address spiritual dissonance
- Visualizations or meditation to address anxiety and isolation
- Music to foster calm and connectedness
- Prayer or scripture by phone
- Normalizing anxieties and spiritual questioning
- Facilitate spiritual connection with Higher Power or nature
- Enable ongoing sense of connection with people, living or dead, whose relationship with patient brings comfort
Creating New Rituals for the Sick

- Confessions, Reconciliation, and Atonement
- Standing in for the Eucharist
- Lay-led Last Rites
- Threshold blessings
- Online prayer lists of those who are ill
- Patient receives transitional (ritual) object to represent presence of comforting family: quilt, blanket, stuffed animal

Rituals of Self-Care

- Handwashing blessings/prayers for healthcare providers
- Hospice worker sheds clothes upon coming home while reciting Buddhist mantra prayer
- Chaplain working from home sets aside two times during workday to walk outside with spouse
- Chaplain posts a picture of one beautiful thing that is seen during daily walk

Organizational Support

Does the organization help you deal with questions of meaning and identity:
- Do you have doubts about your role and your work during this time of pandemic?
- How is the pandemic affecting how you see your role as a nurse/aide/social worker/chaplain?

Are chaplains or bereavement counselors available to staff who:
- Struggle with existential questions of suffering?
- Experience despair, and helplessness to adequately alleviate suffering?
- Fear contracting COVID-19?
- Experience guilt for being concerned with their own health and safety?

Does the organization support humor, and relief from exhausting work?
Implications for Spiritual Care, Post-Pandemic

Questions regarding use of remote pastoral care

- Will productivity concerns, medical models, and financial pressures push hospice and other healthcare organizations toward remote spiritual care?
- Will regulatory changes allow for remote spiritual care to count as a valid patient visit?
- Will patients and family members continue to be comfortable with spiritual care by phone/videochat instead of in-person?

Need for assessment tools to differentiate between need for face-to-face visits rather than remote support.

More research on the effectiveness of remote spiritual care versus in-person spiritual support.

Create alternate ministry practices through electronic, tele-technology and social media

- Bible Study through conference call, Zoom, and e-learning
- Pastoral care and counseling through Skype, Zoom, and telephone
- Weekly worship through Facebook Live, You Tube Live, conference call
Clergy will need to identify the grief needs of families experiencing losses

Employment loss
Fear, anxiety of the unknown
Ability to meet their fiscal needs

Provide spiritual support to all essential workers experiencing separation from their families

Offer debriefing and sharing opportunities
Develop and offer clergy and chaplain support services
Send out inspirational emails and blogs

Offer culturally sensitive spiritual care

Clergy need to connect with diverse clergy to address needs of population at large
Compassionately meet needs of the homeless, the hungry, children, and underserved
Establish cross-cultural spiritual care during births, baptism, circumcisions, Bar Mitzvahs or Bat Mitzvahs, weddings
Final Rites (cremation, disposal or storage of ashes, funeral or memorial services, and burial)
Provide spiritual care to help the bereaved of both non-COVID 19 and COVID 19 deaths

It is important to accept that regardless of how one dies in this season, the death results in following all the standards of a COVID-19 death.

Special concerns in underserved and urban populations

COVID has affected the African American community at very high numbers in urban areas.

Difficulties faced by these population is a lack of understanding of the true purpose of hospice.

Community and church clergy can be a resource of appropriate hospice and COVID information.

Chaplain Staff at VITAS partner with community clergy.

Current Grief Theory

- Personal pathways of grief rather than predictable set of stages.
- Recognizes that grief is manifested physically, emotionally, cognitively, behaviorally, spiritually.
- Stresses continuing bonds rather than detachment.
- Draws from new models:
  - Worden's Task Model
  - Stroebe and Schut, Dual Process Model
  - Neimeyer, Meaning Reconstruction
  - Doka and Linley, Grieving Styles
- Acknowledges possibility of post-traumatic growth (e.g., C.S. Lewis)
Grief Over the Pandemic

A time of multiple losses, including:
- Employment/schooling
- Income
- Freedom of movement
- Relationships

Loss of an assumptive world
- World no longer viewed as safe, benevolent, and predictable
- The nature of trauma
- Challenge to spirituality
  - Why, God?
  - Past pandemics have had varied spiritual effects - sometimes reinforcing spiritual beliefs - other times, modifying

Grief and COVID-19 Deaths

- Complicated grief likely
- Deaths often relatively sudden and unexpected
- Minimal visits to the ill
- Physical distancing and the limits of funeral rituals
- Contagious nature of disease and the issue of survivor and/or death causation guilt
- The spiritual dimension – Moral guilt and cosmic anger

Non COVID-19 Deaths

- Disenfranchisement of non COVID-19 deaths
- Lack of physical presence and limits to funeral rituals
- Anger, including cosmic anger, as a likely spiritual component of grief
- Subsequent treatment of complicated grief
The nature of the COVID-19 pandemic complicates grief in both COVID-19 and non COVID-19 deaths

Ritual as an Aspect of Spiritual Care

- One of the critical components of spiritual care is ritual
- Grollman: “Ritual makes mountains out of molehills”
- Invests the commonplace with uncommon meaning
- Gennep: Rites of Passage are Liminal
  - At the threshold
  - Between conscious and unconscious
  - Between life and death

Ritual as an Aspect of Spiritual Care

- Some faith communities may have rituals that are used soon after the death
- In many faiths such as Judaism or Islam there may be rituals such as washing the body
- In some Eastern Religions there may be rituals to release the spirit from the body
All Faiths Have Funeral Rituals

- Funeral rituals are one of humankind's rites of passage
- Psychological benefits
  - allowing activity of a disorganized time
  - sharing memories and feelings
  - confirming the reality of death
- Social value of support funeral rituals have a strong spiritual benefit – interpreting the death theologically – how does my faith speak to my loss?
- Yet current restrictions and gatherings limit those benefits

Current Alternatives May Not Have the Same Value

- Virtual wake, remote viewing
- Zoom funerals, including remote speakers and PowerPoint
- Recorded and streamed funerals
- Drive-in funerals
- Accompanying the dead in procession by car
- Prayers for remote witnessing of a cremation
- Online guest books and Facebook pages for condolences and remembrances.
- Funeral and later memorial service

Alternative Options

- Memorial Programs with photographs and eulogies
- "Longest Night" Services during the winter solstice to acknowledge grief and bring together a community of mourners
- In churches with multiple deaths, joint memorials at an appropriate time (as happened after 9/11)
- Using liturgical options such as All Saints Day
- Creating individual therapeutic rituals
Therapeutic Ritual

- Types
  - Continuity
  - Transition
  - Reconciliation
  - Affirmation
- Principles
  - Emerge from the narrative
  - Objects are both visible and symbolic
  - Planned and processed
  - Use primal elements

Questions?

Kenneth J. Doka, PhD, MDiv
Senior Bereavement Consultant, Hospice Foundation of America

Rabbi Gary S. Fink, DMin
Senior Vice President of Counseling & Family Support, Montgomery & Prince George’s Hospices

Reverend Wanda Henry-Jenkins
Bereavement Services Manager, Vitas Healthcare

Please note: The information provided on this program is intended for educational purposes only.

If you or a loved one needs professional support, please contact Hospice Foundation of America at 800-854-3402.
Upcoming HFA Webinars

April 29  Disenfranchised Grief and COVID-19
May 21  Increased Relevance of Advanced Care Planning in the COVID-19 Era
June 16  The Evolving Role of the Trained Death Doula in End of Life Care

For more information on these upcoming programs and free on-demand COVID-19 programs, visit: hospicefoundation.org

Online Bereavement Support Resource

Journeys Newsletter is now available electronically

The April and May issues of Journeys is available as a PDF for unlimited use for $250 per issue. The online version makes it easy for you to forward these issues to your email distribution lists.

HFA’s 2020 Living with Grief® Program

Intimacy and Sexuality During Illness and Loss
Live broadcast: September 24, 2020, 1:00pm to 3:00pm ET

Expert Panelists: Carla Arnold, PhD, FT, M.Ed., RSW, CCC; Alua Arthur, JD; John J. Giaglis, PhD, MSW; Kenneth J. Doka, PhD, MDiv