

Spiritual Care



In This Issue:

**We Focus On
“Care for the
Caregiver”**

Aging
Page 4

**Aboriginal
Spirituality**
Page 5

Education
Page 15

Events
Page 17

RHAs
Page 19

A Lament for Caregivers

by John Lenshyn

Not too long ago a nurse in the facility in which I work came to me and said the following: “I really appreciated the short memorial we had for Mrs. S. It really helped me with some things I needed.” About half of the unit staff was present. This nurse’s statement reflects a sentiment I hear frequently from staff of many disciplines in the care home. They are saying, in part, that they have needs themselves. When these needs are met there is comfort, relief, and gratitude that what could so easily be overlooked is considered serious enough to be addressed.

The health care system can be a very unhealthy place, unfortunately, for those who work within it. Stress levels, turnover, and rates of burnout can be high. Persons who enter the helping professions full of compassion, enthusiasm, and a desire to make a difference in another’s life are often the first victims or suffer the most. For some, it is too much, and they leave a life-long dream prematurely. For others, survival techniques are developed which result in the compassion, enthusiasm, and desire being repressed. This then can contribute to feelings of unhappiness, disillusionment, a sense that something is missing, and a feeling that what once was a call to a vocation of healing has been replaced by “a job.” At a health care conference a few years ago, I heard many nurses state that they will counsel their children not to become nurses.

It would seem that caregivers are not always receiving the care they themselves need to meet the high emotional and physical stress related to their disciplines. Lack of time and a lack of resources are factors that contribute to a dearth in support for caregivers. It may also be, however, that the structure of the health care system itself bears some responsibility for this often unmet need.

Continued on Page 3

Spiritual Care Newsletter

Welcome to Spiritual Care, a newsletter for Spiritual Care Providers across Manitoba.

This bulletin is made available through the support and cooperation of a variety of interfaith organizations and Manitoba Health.

We welcome the participation of any and all Manitoba Interfaith organizations.

To submit an article or for more information, please contact a member of the editorial committee, listed on the back of this issue.

Please feel free to contact a member of the editorial committee with your suggestions.

The Spiritual Care Newsletter is developed by a committee of community spiritual care advisors, including:

Paul Campbell
786-9857
Tim Frymire
235-3286
Timothy Fenlon
237-2356
Laure Salo
237-2356
Harry Ritchie
661-7402
Richard Dearing
786-9252
Jonathan Ellerby
926-7040
John Lenshyn
926-7040
Marline Wruck
237-9263
George Neufeld
786-7146

If you have comments on this newsletter, please contact:

Reverend George Neufeld
Provincial Coordinator
Manitoba Health
2051-300 Carlton Street
Winnipeg MB R3B 3M9

Telephone: (204) 786-7146
Fax: (204) 772-2943
Email: geneufeld@gov.mb.ca

To add your name to the mailing list, or to have your name removed, please contact:

Marline Wruck
(204) 237-9263

We are keenly aware that the old proverb is true:

“Wherever there is no vision the people perish.”

Herein is our intention to spell out a renewed vision of Spiritual Care, and to offer some ways of fulfilling that vision.

Mission Statement

The Spiritual Care Newsletter articulates, affirms and explores the essential role of spirituality in holistic health and healing.

Intention

This mission is carried out by providing information, fostering collegiality within and amongst disciplines, affirming the provision of professional care, and connecting persons in all regions of Manitoba.

Vision

The Newsletter will:

- Offer a format that is fluid, organically relevant, and open
- Provide a format for the exploration of issues of access and barriers to care for marginalized people and communities
- Promote and reclaim the spirituality of wholeness and healing
- Include all disciplines
- Encourage diverse and complementary approaches
- Dialogue with other fields of Spiritual Care: prisons, schools, etc.

A Lament for Caregivers

Continued from Page 1

There can be a strong, covert institutional message, along with some peer pressure, for staff not to dwell on loss or other psycho/social, spiritual issues, either because it is seen as unprofessional, or, more likely perhaps, because there is no time to devote to caregiver care because of the demands of patients, residents, and their families. Further contributing to the problem is that some caregivers either do not realise, or do not want to acknowledge, the need they themselves have for self-care.

This need is real. Caregivers themselves need care if they are to be able to continue to bring holistic care that on the one hand provides the efficiency, professional distance, and the business-like attitude necessary, along with the equally important values of compassion, empathy, love, and helpfulness which must be inherent in health care for it to be holistic. Caregivers, regardless of discipline, must not sacrifice either for the other.

Does the health care system have the structure to meet the emotional, spiritual, and even physical needs of the caregiver? As a spiritual caregiver I often find myself asking this in regards to other disciplines, and my own. I spend many hours talking with staff, crying with them, laughing with them.

Can more be done to make the health care system a healthier place for staff? At our facility we have a weekly time set aside for yoga during the work day for those interested. Others engage in a regular walking exercise. We have a philosophy of Be There, Choose Your Attitude, Make Their Day, and Have Fun that we try to incorporate into our work ethos.

Spiritual Care providers need care as well. A peer group to which I belong met together recently for a night of self care. We were on the receiving end of therapeutic touch and other similar

therapies. For all of us, it was a rewarding and healing night. We realised how often we give to others, but so seldom receive ourselves. While this may have to do with the health care system, it is also our own choices and scheduling which make this a reality. As attitudes towards our own self care change, and as the health care system can accommodate the care of caregivers, all will benefit.

Rev. Dr. John Lenshyn is Coordinator of Pastoral Care for the Fred Douglas Society in Winnipeg.

Self Care

Self care is never a selfish act—it is simply good stewardship of the only gift I was put on earth to offer others.

Anytime we can listen to true self and give it the care it requires, we do so not only for ourselves but for the many others whose lives we touch.

Parker Palmer, *Let Your Life Speak*

The Caregiver Journey onto Holy Ground

Sleepless nights, missed meals, concerned phone calls, guilt inspired tears, angry outbursts, exhaustion, relationship problems, high levels of stress, loss and sorrow, feelings of abandonment by both other people and by God – these and many other difficult experiences can be a major part of the daily life of the person who is faced with the changes that accompany the aging process.

These experiences can also be characteristic of the life of the person who is caring for the older person at home, in the community, or who maintains an important relationship after a loved one has been admitted to a long-term care setting.

Changes can happen so quickly and can be so profound that the caregiver, like the one cared for, is often left reeling in emotional, physical, mental, spiritual, social, and physical turmoil. It is not unusual that the family member or friend who cares for another finds him or herself stretched to the limit, and beyond.

Women are most likely to be the caregivers. An estimated 60-75% of care of the elderly in Canada is provided by women. The caregiver is often the spouse (especially the wife), or surviving oldest child (especially the oldest daughter – 70-80% of care provided by adult children caregivers is provided by daughters). These caregivers often have health problems of their own. Often they are providing care essentially alone. Their average age is 73.

Depression has been found to be higher among caregivers than in the general population. The effects of caregiver burden are widespread, and manifest themselves in not only in depression, but also in those other symptoms and behaviours already noted. (Source – *A Guide to End-of-Life Care for Seniors*. University of Toronto, University of Ottawa, Health Canada. Ottawa. Tri-Co Printing Inc. 2000. Chapter 6.)

It is of course true that not all caregivers of the elderly are stressed, depressed, or alone. Many, however are. Further, of those many who find themselves to be stressed, depressed, and alone a large number likely suffer silently. They may be unaware of the community resources and self-help methodologies that exist to help them. They may need encouragement to continue. They are perhaps afraid or ashamed to reach out for help, fearing they would appear to be persons who are unable to cope, or that they would be seen as ineffective caregivers and as failures. They may, simply, be alone and on the verge of burning out from compassion fatigue, without even being aware of the fact that they are reaching a point of extreme personal distress.

An important task facing spiritual care providers is to assist in the maintenance of, and even beyond that, the development of the well-being of those who are caring for their elderly loved one or friend. This can be done by directing the individual to any one of the large number of resources and ideas for promoting self-care that abound in books, articles, and on the internet. This requires of the spiritual care provider that he or she keeps informed of such resources and research and have access to them.

In many if not most cases however, passing on information about resources, and giving out books and articles is not sufficient to meet the open wounds of the caregiver's heart as she or he witnesses the aging and, in her or his eyes and perception, the deterioration of a human being who has been known and loved for so long. The maintenance and development of caregiver well-being also must be direct, human, and relational. Spiritual care providers can enhance the well-being of the caregiver by ensuring that the caregiver is welcomed into the compassionate circle of care and support, and embraced as one who is also wounded, vulnerable, and struggling.

Continued on Page 7

Aboriginal Spirituality

Understanding Concepts in Aboriginal Spiritual Care by Sakoieta Widrick

In order for caregivers to work in Aboriginal communities and with Aboriginal peoples, there needs to be an understanding created that we are in essence entering into a foreign way of thinking and doing, for the most part. We get excited when we think about taking trips overseas and learning about new customs and cultures. We are always ready to try to accommodate our hosts as we travel in those countries and “when in Rome, do as the Romans do”, yet very often we neglect to allow ourselves to believe or accept that when we work with First Nations peoples, we need to apply the same “rules” of travel and accommodating the “hosts” in the same manner.

This is a hard concept to accept when we have been taught all along that this is Canada, OUR home and OUR Native land. Here we make the rules. Here we set the standards for education, health, justice, etc. I need to put forward a statement though, that rings with truth when viewed through Native eyes. “As soon as you cross the bridge into our way of life and our culture, you have entered a land, still occupied by a people, who are in many ways different from anyone else in the world. You are no longer in Canada. You have entered into a land that is still rich in ancient and deep tradition. You have entered into another way of life. You are once again a guest in a “foreign” land.” With this being put forward as a preface, we can now begin to address concepts in Aboriginal Spiritual Care.

Wholistic. What does it mean? Where does it come from? How is it implemented? These are a few of the questions that come forward when we begin to talk about Aboriginal Spiritual/Cultural Care. Taking care of or offering care of the whole body as it exists in spiritual, physical, mental and emotional form is the simplest way of describing the basics of wholistic care.

But it doesn't stop there. It also includes the inclusion of all life forms from the natural and

spiritual world, as well. There is a strong belief in Aboriginal society that everything needs to be done out of respect for seven generations. This includes those who have passed on as well as those whose time is yet to come. Everything must be done in a manner, to maintain the positive balance that allows life to continue to exist. I am often reminded of the story in Genesis, after Noah comes out of the Ark. God makes a promise with him and ALL of creation, by setting a rainbow in the sky, that He will never use water to destroy the earth again. God uses wholistic language that includes everything, or all parts. Creation is as much a part of the healing process as are humans being.

Aboriginal people operate from a strong extended family context. People involved in Aboriginal Spiritual/Cultural care will often find themselves addressing the whole family, cousins, relatives, members of the same clan, community members, all brought together by a request from an individual, for Spiritual/Cultural care. Few hospitals are ready or prepared for the onslaught of people who arrive to “sit” with the individual receiving care. Yet for our people, to do any less is seen as being disrespectful to the relationship that is so essential for good healthy balance in the family, community, and clan.

Most of the Christian Dogma taught is based totally on individual spiritual health or salvationist thinking and belief. When Spiritual care is offered it is often seen as being offered to soothe the individual's soul and spirit. It is seen as renewing or strengthening the relationship between God and man, usually totally isolated from community or the created order.

In Aboriginal thinking and belief, soothing the spirit or soul cannot take place unless balance is restored to the individual as part of a community and the created order. The relationship between God and man doesn't “exist” apart from the community or the created order.

Continued on Next Page

Aboriginal Spirituality

Continued from Previous Page

It is in fact, most integral part, or basis of a wholistic response to the world of reality or existence.

This is one of the reasons ritual was so highly accepted. Established ritual that helps to right the wrong or balance the unbalanced. Ritual often includes words of thanksgiving, anointings, burning of medicines, sacred songs, dances, prayers, dreaming, fasting, questing, use of sacred objects to aid in healing, etc. All of them being done out of respect for the created order of life and the Creator of that order.

This is just a small bit of information put forward at this time. I hope it helps to clarify a few questions individuals may have as well as to cause others to begin to seek new information for the way they offer Spiritual care, especially to Aboriginal peoples.

Those are my thoughts. Onen ki.

*Article submitted by Rev. Sakoleta Widrick,
Spiritual and Cultural Care Coordinator, WRHA.*

Cross Cultural Care-Givers and Caretakers

by Tim Frymire

“Immediate Family Only”

These instructions are often found on the doors of Intensive Care Units. They are meant to protect the critically ill patient from the burden of too many visitors. However they also serve as a clear example about the clash of values and cultural expectations I have experienced as a chaplain when I support the family members and care givers of aboriginal patients. Though these words originate in an intensive care setting, I want to broaden my discussion to the whole health care environment.

“Immediate”

In our non aboriginal nuclear families with our two point one children, we quickly interpret immediate to be spouse, children, siblings and parents. However when I asked a family from a northern reserve who the immediate family was, I was told that all of the 30 or so persons gathered in the waiting room were considered immediate family. The family and clan ties in traditional aboriginal life create a much wider definition of family than I was used to.

My grand parents lived 2 provinces away, unlike the patient in this case, who grew up in the same house as his grandparents. The patient spent huge amounts of time with his maternal uncles and aunts and considered his many cousins to be as close as brothers and sisters. Yet our health care system recognized only a hand full of those visitors as legitimate immediate family.

“Family”

As a chaplain I am interested in what relationship a care giver has with a patient. When I ask Aboriginal family members how they are related I am often told “Cousin” or “She’s my Auntie”. Later I find out that they were using “Cousin” or “Auntie” as a generic term that covers family and kinship relationship not understood in my non-aboriginal culture. Often genetic first cousins raised in such a way relate more as brothers and sisters than my concept of the word encompasses. Godparents, friends, neighbors and elders are often part of the support system of aboriginal families in a time of illness.

Continued on Next Page

Aboriginal Spirituality

Continued from Previous Page

We do a disservice to the depth and richness of these “extended” family relationships when we exclude them from the definition of family.

“Only”

Hospitals and most health care institutions were designed to accommodate family and visitors in small numbers, preferably 2 at a time if you count the chairs and space available in most rooms. This reduction of the support system to its smallest possible number seems opposed to the style of support I have seen in aboriginal families. When one of their members is hospitalized, a large contingent of family, friends and supporters come to the institution to be with the sick member. They do not usually come for a quick 15 minute visit, or a perfunctory hello and good bye. They come with the expectation of spending a considerable amount of time with the sick one. Often the numbers will swell to 20 or 30 supporters if the situation is especially critical.

I have heard hospital staff complain about the problems this creates. The family fills up the patient’s room and the family lounge and then the sitting room at the end of the hall by the window.

They bring babies, children, food and supplies. Some staff have said to me. “Why don’t they go home? They aren’t doing anything here.” But I think this misses the unique nature of how aboriginal care givers provide support. They often sit quietly at the bedside. They keep vigil in another room. Some tend to the practical and emotional needs of the spouse or children of the patient, allowing them to remain focused on the patient. The presence of a dozen or two supporters is a loud and powerful statement of the value and worth and connection of the patient to the community. Yet our institutions are not set up to facilitate this type of care giver support. We try to squeeze aboriginal families

into our narrow visiting hours, regulations and visitor lounges, and are surprised and upset when they overflow these boundaries. If we are to truly offer respectful holistic care to aboriginal patients and their often large families and support systems, we will have to re-vision the face of hospitality (or lack there-of) created by our present institutional space and procedures.

Article submitted by Tim Frymire, Coordinator of Spiritual Care at St. Boniface General Hospital.

Aging—Continued from Page 4

When this grace and support is offered the road ahead may seem less dark, hopeless, and lonely. It may, in fact, come to be seen and experienced as Holy Ground, a road on which the Divine is encountered in ways previously unknown to the one who is now journeying in the role of a caregiver.

Through compassionate active listening, religious ritual, spiritual direction, or other vehicles of Grace, the Divine can be discovered in such a way that caring for another is transformed into a spiritually rewarding experience. Soul to soul encounter between the caregiver and the one cared for can occur in new ways, enhancing an already meaningful relationship. A deepened encounter and relationship between caregiver and the Divine Caregiver can also develop.

This can happen when the act of caregiving is discovered to be leading to Holy Ground where the great “I Am” waits for people to discover that this too really is part of a Holy Journey. Spiritual care providers in the health care system have a vital role in opening this door of possible transformation and even redemption of the caregiving journey, so that it becomes life and spirit affirming for he or she who travels upon it.

This article was submitted by Rev. Dr. John Lensyhn, Coordinator of Pastoral Care, Fred Douglas Lodge Pastoral.

God in the Test Tube: Research on Care Givers

This space has previously discussed how the overwhelming majority of people, when ill, turn to their faith for support. 93% of women in a study of gynecological cancer patients reported that religion enhanced their sense of hopefulness (Roberts et. Al. 1997). While 88 % of breast cancer patients stated religion was important to them, 85% of them felt it helped them cope with their illness. Johnson & Spilka, 1991). 76 % of breast cancer outpatients reported that they prayed about their illness as a way to cope. In this issue, we look at some of the research indicating that faith and spiritual care is important not just for those who are ill, but also for the care givers of the sick.

Family members accompany their loved ones through all aspects of illness and often carry heavy burdens of anxiety, fear, and distress. 56% of families in Harold Koenig's 1991 study reported that their religion was the most important factor in helping them cope with the illness of a loved one (Koenig, et. Al, 1991). The sick person is often acutely aware of the impact of their illness on their family and thus very appreciative of any support given to family members. Several studies have indicated that patients rate spiritual care for their family members as even more important than care for themselves (Carey, 1972, Cary, 1985). Family members appear to agree with this estimation, as they, when asked, also rated the spiritual care received from chaplains higher than the patients did (Van Der Creek, et. Al., 1991). Though less a factor in our Canadian Health Care environment, research shows that when chaplains support a patient's family, the patient was more likely to choose that institution again for future health care needs (Gibbons, et. Al., 1991).

Chaplains helped both patients and their families as their visits "made the hospitalization easier", provided "comfort" and helped the patient relax. Chaplains helped patients "get better faster" and improved "readiness to return

home" due to a more hopeful out look in the patient (VandeCreek, & Lyons, 1997). Chaplains are often important persons to help patients and family members communicate with the health care team, identifying and clarifying the values around treatment choices and end-of-life decisions. These functions can reduce expenses and cut down on unwanted care (Daly, 2000).

The research continues to mount indicating that spiritual support for both the ill person and their care givers is a desired, appreciated and cost effective part of holistic care.

Article submitted by Tim Frymire, Coordinator of Spiritual Care at St. Boniface General Hospital.

References

- Carey, Raymond G. (1975). Chaplaincy, Component of total Patient Care? Hospitals: *Journal of the American Hospital Association*, 47(14), 166-172.
- Carey, Raymond G. (1985). Change in Perceived Need, Value and Role of Hospital Chaplains. In Lawrence E. Holst (Ed.) *Hospital Ministry: The Role of the Chaplain Today*. (New York: Crossroad Publishing Company), pp. 28-41.
- Daly, G. (2000) Ethics and Economics. *Nursing Economics*, 18(4), 194-201.
- Gibbons, James L., Thomas, J., VandeCreek, L., & Jessen, A. K. (1991). The Value of Hospital Chaplains: Patient Perspectives. *Journal of Pastoral Care*. 45(2), 117-125.
- Johnson, Sarah C., & Spilka, B. (1991). Coping with Breast Cancer: The roles of Clergy and Faith. *Journal of Religion and Health*, 30(1), 21-33.
- Koenig, Harold, G., Hover, J., Bearon, L., & Travis, J.L. III. (1991). Religious Perspectives of Doctors, Nurses, Patients and Families. *Journal of Pastoral Care*, 45(3), 254-267.
- Roberts, James A. Brown, D., Elkins, T., & Larson, D.B., (1997). Factors Influencing Views of Patients with Gynecological Cancer About End-of-Life Decisions. *American Journal of Obstetrics and Gynecology*, 176, 166-172.

Continued on Page 10

When Someone Has A Mental Illness ...Caring For Families

About a year ago, I had a conversation with a neighbour who works for the Manitoba Schizophrenia Society's Winnipeg office. She had just received a frantic phone call from a woman in another region of Manitoba, whose son had been diagnosed as having schizophrenia. The family's church had made it clear to them that they were no longer welcome at that church. At the very moment when they most needed the support of their faith community in coping with devastating news, it was taken away.

A diagnosis of serious mental illness precipitates a profound personal, familial, and spiritual crisis. Families experience a range of emotions in response to the news. Like other chronic and/or life-threatening illnesses, the diagnosis of mental illness is met with shock, disbelief, perhaps anger, often shame, and always grief. Families and the ill member experience loss on many levels.

The once-intact family unit is disrupted. The person they know and love and for whom they had so many dreams seems no longer to exist, yet still lives on. In that familiar person's place is a stranger whose behaviour is uncontrolled and frequently unbearable.

Family members may feel intense anger: at the ill person, at the illness itself, at other relatives and friends who have turned away from them, at the medical establishment which is often perceived as unhelpful and even hurtful, at "the system" for its fragmented and inadequate resources, at the unfairness of life, at God.

As family members learn more about the suffering of mental illness, they frequently feel helpless about their ability to make things better for the ill person or themselves.

Accompanying these feelings is often terrible shame and guilt. It is natural to search for an

explanation for the illness, for someone or something to blame. Many families blame themselves for causing the illness or not being able to "fix it". They may fear being embarrassed by the ill person's unpredictable behaviour. Anyone who has lived through the experience of calling the police to commit an ill relative for involuntary treatment knows about guilt. In addition, many social services are predicated on being poor, thus severely limiting the financial assistance families are able to provide.

What is different about mental illness, compared with other chronic conditions, is the powerful stigma still associated with the diagnosis. Families find themselves socially isolated as others around them withdraw. They may worsen the isolation by attempting to hide their relative's illness. The sheer burden of supporting someone with a serious, chronic illness limits the time and energy available to invest in outside relationships and activities.

In addition, for spiritually or religiously committed families, the diagnosis of mental illness often provokes a crisis of faith. Like all tragedies that we experience as senseless or unfair, mental illness can shake our confidence in God. How can God permit this to happen? Why does God not send a miracle and remove this disease? Why has God abandoned us? And how do we respond when the ill person's delusions take on religious form and content that may be deeply disturbing, perhaps even offensive to all that we have believed?

Anger, loss, grief, guilt, shame, isolation, questioning faith – these are all deeply spiritual issues that impact on the well-being of the family. However, these same issues can also provide strength and energy for recovery, both for the ill person and the family.

Continued on Next Page

Continued from Previous Page

It is accepted practice now in mental health treatment to include the family as partners in the patient's recovery, recognizing that they are most often the ill person's closest natural support. By their attitudes and actions, families can affect the risk of relapse and influence the course of the illness.

Families frequently channel the energy of their emotions into advocacy for their ill relative and all people living with mental illness. They lobby for more effective and accessible treatment and rehabilitation resources, and spearhead fundraising for research into the causes of mental illnesses and development of better treatments.

Many families living with a diagnosis of mental illness have found their faith both challenged and strengthened. They have embarked on a journey from anger and despair, through struggling to do everything "right", trying to "make it all better", to acceptance and hope.

For the spiritually committed family, acceptance and peace come as gifts from God. "Acceptance means the ability to face the reality of the illness; learn about it; to learn about treatment; to live with compassion toward the person who is mentally ill; and the patience and forgiveness toward those who do not understand" (Baggett).

Acceptance also means reinvesting in one's own life, paying attention to one's well-being and the needs of other family members, and perhaps advocating for justice and better conditions for persons with mental illness.

As new medications are developed and treatments improve, there is always hope for recovery and a meaningful and satisfying life.

Most of all, acceptance means knowing that we do not have the whole picture, believing that our imperfect efforts are enough, and trusting in the goodness of the universe and its Creator. Resources for families in the crisis of mental illness:

- Spiritual care departments of hospitals
- Local faith communities, who can provide emotional and spiritual support, also practical help with meals, transportation to appointments, etc.
- Self-help groups: Manitoba Schizophrenia Society, Mood Disorders Association of Manitoba, and Anxiety Disorders Association of Manitoba, with offices in Winnipeg and the various regions.

This article submitted by Mary Holmen, Coordinator and Chaplain at the Selkirk Mental Health Centre.

References

Baggett, J. "When Mental Illness Strikes in a Family of Faith". Manitoba Schizophrenia Society.

Manitoba Schizophrenia Society, Interlake Region. Family Experience Presentation.

Research—Continued from Page 8

VandeCreek, Larry, Thomas, J., Jessen, A., Gibbons, J., & Strasser, S. (1991). Patient and Family Perceptions of Hospital Chaplains. *Hospital and Health Services Administration*, 36(3), 455-467.

VandeCreek, Larry, & Lyon, M. (1997). Ministry of Hospital Chaplains: Patient Satisfaction. *The Journal of Health Care Chaplaincy*, 6(2), 1-61.

VandeCreek, Larry, Rogers, E., & Lester, J. (1999). Use of Alternate Therapies Among Breast Cancer Outpatients Compared with the General Population. *Alternative therapies*, 5(1), 71-76.

In keeping with the theme for this Newsletter, (reinforcement, affirmation, and nourishment for those who are giving support, help or comfort to those who are suffering in one way or another...) this Liturgy offers some brief ideas that might be suitable for a Prayer Service for Care-Givers. Where, but to our God, could we go for what we require as we journey with those who are struggling. (which somehow turns into our concern too.) This liturgy may be used/adapted to various settings of caregiving and various purposes.

The Service might address some of the caregivers needs: reassurance, respect, appreciation, recognition, gentleness with other and self, support, hope... My hope is that through these ideas for worship, those who accompany the "diseased" will:

1. recognize their strength, courage, love, and kindness
2. discern that the process they are undertaking is a sacred, holy work
3. that they will come to know their many mixed emotions are normal,
4. that they likely cannot change the reality of this situation,
5. that their own living and being gentle with themselves is important work too.

Soft music playing in a rather dimly lit place as people gather quietly in chairs prepared in a circle.

Order of Service

(A more fully detailed proposal for this liturgy is available. See end.)

Welcome

The one presiding or leading begins with something like:

All of us gathered here today, have been called to be with someone as they make their way to

acceptance of many struggles and changes in their lives... to a new way of living, or to going to a new Home (or whatever your situation). The one we care for has many needs: medication, companionship, help, protection from stress or harm, love patience, reassurance.... and the list could go on.

As we journey with others, we, their care-givers, family friends, also have needs.

We need care too.... support and hope.....

Our life, too, has been affected by this situation... stress, energy, familiar, normal routines, hopes, dreams... Much has been impacted.. changed...

We may feel privileged, challenged, grateful... At the same time, we may also feel, among many other things, anxious, stressed, hopeless, discouraged, exhausted, inadequate, helpless.....

We may even feel resentful... bitter... guilty..... impatient... frustrated... used...

We hope this time we spend together will provide an opportunity for strength and comfort in the midst of a situation that often calls for us to dig deep into our inner resources to find what we didn't even know we had: dedication, strength, devotion, creativity, flexibility..... So let's first gather, and join our voices singing...

Song, Prayer, Reading, and Reflection

Blessing

It is an important component of the service to invite each person, after personal reflection, and when they feel comfortable, to request a certain strength or grace they believe they particularly need at this time. The one presiding or a group leading then goes to each person, hears their request, and invites those around him/her to touch, or "lay hands on" as leader blesses and prays for that specific needed grace.

Continued on Page 13

Bringing Health and Wholeness to the Institutional Setting: Calling Back the Spirit

Introduction

In September of 2002 the Winnipeg Regional Health Authority welcomed a new initiative and corporate division titled: Organizational Development and Wellness. This initiative began with the hiring of a director, and I was blessed to be the person chosen for the job - I write this as a personal reflection and account.

At the core of the original motive and inspiration for the development of this initiative were two areas of concern, linked by common spiritual themes. The first area of concern that growing numbers of staff have raised is the subject of staff wellness. There is a pervasive sense that most healthcare staff are under great stress and strain, working in demanding environments that are high in conflict and low in mutual care and respect. The second topic that surfaces behind this area of concern is about the quality of care that patients receive. Many staff have expressed that the lack of staff wellness has contributed to care settings where patients are not given the level personal and compassionate attention they deserve.

Inherent in both of these areas of concern is the recognition that compassion, respect, hope, dignity and meaning in healthcare work and the healing process are essential to success, sustainability and satisfaction. In my own opinion, this gives evidence that matters of the spirit are essential to healthcare at all levels. Our capacity to recognize and embrace this truth is directly related to our capacity to work well together, and to care effectively for others. This realization is striking: the very elements that are often left out of healthcare for the sake of financial efficiency and scientific rigor, are the very elements which reduce our capacity to work well together, and enhance the process of treatment and the development of wellness in those we serve.

Healing Staff and Organizations

Research in organizational development shows that all teams have four basic areas of need that are developmentally interrelated:

1. the need for a clearly defined ends;
2. the need for appropriate means;
3. the need for effective coordination of resources; and,
4. the need for effective team relationships.

At present the WRHA Organizational Development and Wellness initiative addresses these four areas of need in a team system and educational sessions from an Accountability-Based organizational development model (see www.impaqcorp.com). Teams at all levels of our healthcare institutions are beginning to use these sustainable systems of effectiveness improvement, on-going development, and performance management. Through this approach communication and coordination improve, and moral and efficiency increase in a measurable way.

The spiritual essence of this work is simple: teams are guided through working sessions where a common vision of and commitment to the greater good is created. People begin to see that meaningful work is difficult in environments of conflict and competition, where personal gain and comfort is pursued at the expense of others.

Success in both clinical and personal terms comes when people are free to experience their potential in the security of a group of people committed to mutual support and respect. In such an environment, integrity and interdependence becomes the core vehicles for keeping commitments and caring for one another - not codes of conduct or union regulations.

Continued on Next Page

Complementary Healing

Continued from Previous Page

Healing Our Clients and our Community

When given the time to focus on priorities and creating a clear picture of the future, most teams I have worked with find a great pride and comfort in the common goal of serving their clients better. The aspiration to provide compassionate and responsive client-centered care is the core intention of most healthcare teams. This commitment to client-centered care goes beyond good quality and evidence based care, it is a philosophy which seeks to embrace the unique needs of the families and patients cared for. There is a pervasive desire to affirm the religious, cultural, sociological and personal diversity that exists within our community. There is a firm belief that compassion and dignity are both the rights of the patients, and the source of meaning for staff.

In Closing

There are many people that fear that “organizational development” is a tool for business efficiency, and a means to place control and blame on individuals and teams that do not perform well. Clearly, that is not the intention. It is also true, however, that we have the power as individuals and as teams to create what we fear by not taking advantage of the opportunities presented to us for personal and professional betterment. The question is whether we approach our opportunities with the intention to learn, grow and be partners, or whether we approach such opportunities with judgment, blame and suspicion.

Like any healing process and approach, organizational development efforts can provide an avenue to develop meaningful work environments where people can count on each other, a chance to articulate dreams, and to seek greater wholeness. Yet, healing can be a frightening process, and change, even for the better, can feel threatening. In the teams that have made a

commitment to development for the betterment of their work life and services, we have seen great results. For those who yet remain unconvinced or unsure, the invitation stands.

My hope is that people in healthcare realize that whatever system, tool or model they use for development, the most important thing is that they are committed to a path of healing for themselves and those they work with and serve. From such a path the gifts of a spiritual life naturally emerge. Healing and service bring us closer to the mysteries and miracles of creation. Healing and service reveal the diversity of life and our own capacity to find peace through meaningful work. Our healthcare system is facing great challenges and I believe it is due for a transformation: to make the transition from working towards health, to embracing healing as a way of being.

Submitted by Rev. Jonathan Ellerby, Director of Organizational Development and Wellness, WRHA

Liturgy—Continued from Page 11

Others near could be invited to pray as well, if they so choose.

(soft music during blessing prayers... and as each has been blessed, a suitable remembrance symbol is offered)

Closing Prayer and Song

A more fully detailed proposal for this liturgy is available (suggestions for music, readings etc.) by e-mail at billaure@shaw.ca or by phone at (204) 254-7958.

If emailing, please insert “newsletter blessing” as the subject. Hope this has been motivating, and a blessings to you!

Developed by Laure Salo, Chaplain at St. Boniface General Hospital.

Your Sorrow is My Sorrow by Joyce Rupp

The book I'd like to recommend for Care-Givers is, "Your Sorrow is My Sorrow" (Hope and Strength in Times of Suffering) by Joyce Rupp with beautifully colored illustrations by Mary Southard. Joyce has looked at seven Scripture-based challenges of Mary, the mother of Jesus, and related these experiences to our own sufferings, thereby opening for us a vast reservoir of courage, strength, and wisdom, bringing us compassion, comfort, and healing.

She writes, "The painful pieces of Mary's life help us to get through our own rough-edged moments. We see how she too questioned what was confusing and unclear, how she needed others to be with her in her pain; how she reflected on her experiences in order to find meaning. We also see how her faith sustained her, and how her son gave her the strength to endure. We discover that we are not alone in what is most difficult for us..."

The book is divided into seven stories: The Prophecy of Simeon, (Luke 2:27-35) The Flight into Egypt, (Matt. 2:13-15) The Loss of the Child Jesus in the Temple, (Luke 2:43-51) Meeting Jesus Carrying His Cross, (Luke 23:27) Standing beneath the Cross of Jesus, (John 19:25-27) Receiving the Dead Body of Jesus, (John 19:38)

Jesus is Laid in the Tomb. (John 19:39-42) Each story begins with what Joyce anticipates the care-giver, Mary, could be thinking, fearing, wondering... followed by Prayers, Guided Imagery, Personal Reflections and/or Group Discussion.

One of the prayers titled, "Walking with One Who Is Searching", reads: "Compassionate God, there are many people in my world who are searching for something or someone they treasure. There are parents filled with heartache for their lost child. There are distressed persons searching for their very self. There are countless grieving ones who are looking for a piece of their life that once gave them happiness. I am walking with, who is involved in a great search. I want to understand and be with the distress of searching, the anxiety of losing, the fear of not finding. May I be a source of comfort, hope, and courage while she (he) searches for what needs to be found. May I be patient with the length of time it takes and not hurry or push the process. Bless all who are searching for lost treasure, especially..... May they turn to you often and draw comfort from your guiding presence.

This book was reviewed by Laure Salo, Chaplain at St. Boniface General Hospital.

Sites For Sore Eyes

by Timothy Fenlon

The following web sites and articles may be good places for caregivers to find information and support:

<http://www.aarp.org/confacts/lifeanswers/needcare.html>

Caregivers need care too; looking at the physical, mental and spiritual sides of our lives.

<http://www.ec-online.net/Knowledge/Articles/caringfortheecg.html>

Caring for the care giver—promoting well being.

<http://www.agelessdesign.com/nl/vol20/>

Spirituality and Dementia

<http://www.omni.omc.ca/contents.html>

Numerous articles on Spiritual care

<http://www.fetzer.org/resources>

Relationship-centered care.

Submitted by Timothy Fenlon, Chaplain at St. Boniface Hospital.

Dear colleague:

A number of organizations are active in providing Spiritual Care Training, Counseling training and educational events for professionals and volunteers.

Please take a moment to look at these events and post those that are relevant to your peers and staff in an accessible place.

They cover:

- Spiritual Care Training—Helping Arts
- Suicide Intervention Training (ASIST)
- Peer Counselor Training for Critical Incident Stress Management
- A number of announcements on Educational events and support groups

I hope these are helpful and enriching to you and your staff

Shalom!

George Neufeld

Health Sciences Centre, Winnipeg

April 28 to July 11, 2004

Offering a full time unit.

September 2, 2003, to April 2, 2004

Offering an extended unit.

Contact: Fr. Gilbert Garipey at 204-787-1886.

Victoria General Hospital, Winnipeg

April 28, 2004 to July 11, 2004

Offering a full time CPE unit.

Contact: Rev. Ron Long at 204-477-3216

fax 269-5425, e-mail rlong@vgh.mb.ca

St. Boniface General Hospital, Winnipeg

April to July 03, 2004

Offering a full time 11 week CPE unit.

Fall 2004

Offering an extended unit.

Contact: Tim Frymire at 204-237-2356

fax 235-3528, e-mail tfrymire@sbgh.mb.ca

Parkland RHA at Dauphin

October 2003 to April 2004

Offering an extended CPE unit.

Contact: Rev. George Neufeld at 204-786-7146

fax 772-2943, e-mail GeNeufeld@gov.mb.ca and

Provisional Supervisor Rev. M. McCallum at

204-638-2162, e-mail mmcillum@svcn.mb.ca

Bethania Mennonite Personal Care Home/
Concordia Hospital/Donwood Manor,

Winnipeg

February 2004 to June 2004

Offering a compressed extended unit.

September 2003 to May 2004

Offering a fall compressed unit.

Contact: Rev. Harold (Harry) Ritchie at

204-661-7402, fax 661-7297.

e-mail hritchie@concordiahospital.mb.ca

Riverview Health Centre, Winnipeg

Chaplain Residency program

September 2003 to May 2004

Offering a Chaplain Residency program focusing

on pastoral competencies related to end-of-life

care. In the course of the program, consisting of

three full-time units of Clinical Pastoral

Education, participants have the opportunity

to complete a significant portion of the

requirements for certification as a Specialist

in Pastoral Care.

Successful applicants must have completed a

unit of Clinical Pastoral Education, be endorsed

for ministry by a faith community, and be

enrolled in or have completed a graduate degree

in theology. A limited number of bursaries up to

\$10,000 are available for participants with

demonstrated need. Contact: Rev. Glen R. Horst

at 204-478-6281, e-mail ghorst@rhc.mb.ca

*Submitted by Harry Ritchie, Educational Supervisor,
Concordia Hospital*

Pastoral Education

HELPING ARTS brings together the desire of those who want to help others, and who have the need for training, guidance, and preparation for ministry. This program is presented in three (3) units, each eight (8) weeks long, and is composed of theoretical instruction and practice to introduce students to effective listening, spiritual diagnosis, and needs related to a variety of medical conditions and aging. Levels II & III require a minimum of four (4) hours visitation upon which assignments and reflections are based.

Helping Arts I - Facilitated by Linda West
Tuesdays: Sept 23 to Nov 11, 2003

Helping Arts II - Facilitated by Roman Baronowski
Tuesdays: Feb 3 to March 23, 2004

Helping Arts III
Beginning Spring 2004

“Helping Arts” is a registered course with the University of Winnipeg Faculty of Theology and can be taken as a credit toward their Certificate of Theology. Students must register through the U of W Faculty of Theology to qualify for credits.

Fees Individuals: \$85.00 early registration
\$95.00 the week before class begins
Group (5 or more) \$65.00 each
University Credit \$150.00

For a brochure and further information contact the Spiritual Care Office at Misericordia Health Centre, 788-8283.

Palliative Care

by Manitoba Hospice

Bereavement Walking Programs: Taking Steps: A Journey From Grief To Healing

If you have experienced the death of a loved one, “Taking Steps: A Journey from Grief to Healing” walking groups can provide support as you journey through the period of adjustment. Registrations are now being accepted for fall.

For more information contact: Hospice & Palliative Care Manitoba, telephone 889-8525.

What is Palliative Care? How can it help you & your family?

If you, or someone you love, has a life threatening illness, this will be of interest to you. This educational meeting will give you an opportunity to: meet with nurses, doctors and social workers, gain an understanding of palliative care, ask any question you might have, learn the service options available in Winnipeg.

The presentation will be held on October 21, 2003 from 4:30 - 6:00 p.m., 1st Floor, 431 Tache Avenue, Winnipeg. (Free information session).

These programs and this information was submitted by Hospice & Palliative Care Manitoba, telephone 204-889-8525.

“We must take time to assimilate these potent moments, or we are in danger of being overwhelmed with the frequency and enormity of our exposure to human suffering.”

**Deanna Hutchings,
Spirituality in the Face of Death**

Upcoming Events

Interfaith Health Care Association of
Manitoba and Catholic Health Association of
Manitoba Annual Banquet: Spirituality—
A True Determinant of Health
Thursday, November 6
Norwood Hotel, Winnipeg

The Catholic Health Association of
Manitoba's 60th Annual Conference and
Assembly
November 7
Delta Winnipeg Hotel, Winnipeg

For more information, contact:
Catholic Health Association of Manitoba/
Association catholique manitobaine de la santé,
SBGH Ed. Bldg., Room N5067, 409,
ave. Taché Ave. Winnipeg Manitoba
R2H 2A6n Tel/Tél: (204) 235-3106
Télécopieur/Fax: (204) 235-3811
Email/Courriel: information@cham.mb.ca

Concordia's 75th Anniversary Symposium
October 29 -31
CanadInn Fort Garry, Winnipeg

The theme of the symposium is "Our People
Care." We are pleased to present a slate of
excellent speakers which will address topics
such as self-care, organizational culture,
leadership development and spirituality in
health care. We have sought to present a
holistic interpretation to caring for this year's
symposium which we feel will benefit health
care providers from all disciplines.

Please contact executive secretary, Margot Heese
@ 204-661 7154/ fax 204 667 1049 or email:
mheese@concordiahospital.mb.ca

Peer Counselling CISM training session
October 28 and November 2003 (two days)

The Health Sciences Centre CISM team (Linda
Newton and Milli Laing) will be running a
two-day Peer Counselling CISM training
session this fall.

The cost of the training will be \$100.00 per
person for the two days.

If you are interested in this session, contact
Linda Newton at 787-5088. Community Health
Care Facility people can contact 787-5015 or
831-2166.

Applied Suicide Intervention Skills Training
October 16 & 17, November 13 & 14,
December 3 & 4, January 15 & 16,
February 19 & 20, March 18 & 19,
April 15 & 16
Deer Lodge Centre, Winnipeg

To Register and For More Information:

Call Susan Thornton at 940-2561 or email
sthornton@wrha.mb.ca or call Virginia at
71841 for registration forms.

Please be advised that in order to receive
certification, you are required to attend the
entire session, both days.

Demystifying Palliative Care
Tuesday, October 21
Nurses Parlour, Rom N1037, Nurses Education
Building, 431 Tache Avenue, Winnipeg

This educational meeting will give you an
opportunity to meet with nurses, doctors and
social workers; ask questions; gain an
understanding of palliative care; and learn
the service options available in Winnipeg.

For more info, contact Angelia Down at
(204) 235-3929.

Bereavement Series:
Grieving During The Holidays
Thursday, November 20
Seven Oaks Wellness Institute
Thursday, November 27 at Deer Lodge Centre

For more info, call Hospice and Palliative Care
Manitoba at (204) 889-8525.

Upcoming Events

Human Suffering and the Capacity for Compassion: A Day Workshop For Spiritual Nourishment

Tuesday, November 25, 2003

9:00-4:30 p.m., Registration at 8:30 a.m.
Bethel Mennonite Church
870 Carter Ave. at Stafford

Sponsored by C.A.P.P.E (Canadian Association For Pastoral Practice And Education)

This workshop is offered to Spiritual Care Providers and others who are interested in broadening their knowledge and sensitivity for those persons with whom they journey.

\$35.00 (includes breaks and lunch)
(Make cheque payable to C.A.P.P.E.)

Registration Deadline: November 12, 2003.

For more information please call Marlin Wruck, Pastoral Care Services at 237-9263.

Pastoral/Spiritual Care Week October 19-25 2003

Pastoral and Spiritual Care Awareness week honours the Religious services and the spiritual care providers who add to the health and welfare of the Manitoba population.

Across the province hundreds of gifted Spiritual and Religious Care Providers of all faiths work around the clock in highly specialized settings such as hospitals, long term care facilities, correctional facilities, mental health centers and facilities for persons who are developmentally handicapped.

Spiritual and Religious care Awareness Week offers an opportunity to recognize religious services and spiritual care, and to honor those who provide the care

The theme of Religious and Spiritual Care Awareness Week this year is "Pastoral Care—Imagining Community". The focus will be on energizing our imaginations regarding the possibilities of creating community where there is now division, suspicion and isolation and to find the inspiration to dream about new ways of realizing the common bonds of humanity.

Pastoral Care Week at St. Boniface General Hospital

Events include: a panel discussion on coping with change and stress in healthcare in the auditorium Wednesday, Oct 22nd, at 12-1 p.m.; a brown bag lunch for pastoral volunteers with a talk on the Spirituality of Volunteering by Tim Frymire in the hospital auditorium on Thursday, Oct 23rd at noon; and a come and go tea/coffee/dainties gathering for all chaplains and spiritual care providers who can make it, on Friday, Oct. 24th at 3 p.m. in the Education Parlour, in the Education Building attached to the hospital.

Spiritual Care week at Fred Douglas Lodge

Activities include: 1) a "fun quiz" about spiritual care at FDL to be distributed to all units; 2) copies of prayers for various disciplines will be made available in the staff lounge and by the chapel entrance; a service for the Pastoral Care Volunteers will be held to recognise them and thank them for their work, celebrate their role, and honour them with prayer, blessing, and rededication of them to the work, and the Lodge to them; 3) a short (20 min.) service will be held for those in Support Services. This will include affirmation for their significant place as caregivers in the larger caregiving family. It will also involve prayers and blessings for them and their role. This will be the first of a series of services held at intervals over the year for all disciplines.

For info and celebration—worship material:
<http://www.pastoralcareweek.org/>

Spiritual Care in the RHAs

Assiniboine

The former South Westman and Marquette Regional Health Authorities were officially amalgamated on July 1, 2002 into the Assiniboine Regional Health Authority. Amalgamation has proceeded smoothly, with the philosophy that the strengths of two equal the successes of one.

A first meeting of the ARHA Spiritual & Religious Care Committee is planned for Wednesday, October 8, 2003.

Letters of invitation have been sent to all clergy seeking representation from all denominations. There will also be multidisciplinary representation from the Health team including Acute Care, Long Term Care, Palliative Care, Home Care and Mental Health.

Priorities and direction will be established at that time.

Contact:

Lori Jones at 204-522-8177 ext.251
E-mail ljones@arha.ca

North Eastman

The North Eastman Health Association's Spiritual Care Advisory Committee is actively working on its priorities - raising awareness, client needs assessment, orientation/education, and standards/procedures. A pamphlet is being developed to advertise the existing programs. There are plans underway to sponsor a workshop in early May, partnering with Palliative Care.

In addition, the committee is preparing a proposal for staffing a Regional coordinator of Spiritual Care. Membership continues to diversify and represents a healthy cross-section of the general population, NEHA staff, and the faith communities in the region.

The committee is focusing on raising the profile of spiritual care in the region, and on adding new clergy to its ranks.

Contact:

Lorraine Dent at 204-268-7400
E-mail ldent@neha.mb.ca
Robert Murray at 204-753-8439
E-mail pcf@granite.mb.ca

Burntwood

Stan Franklin, Director of Health Programs (204-6775386) has assumed the role as the Pastoral Care contact person for the BRHA.

The initial plan of the Thompson Christian Council is to meet with all members of the council , to review the needs of the Region, improve gaps in service at the Thompson General Hospital and to continue to make referrals to the community clergy. Lastly is to contact the various RHA'S Spiritual Care Providers throughout the Province to learn from their successes with the access issue , developing committees , terms of references etc.

Contact (RHA)

Stan Franklin 204-6775386
Fax 204-7781427
E- mail sfranklin@brha.mb.ca

Contact (Thompson Christian Council)

Sister Andrea Dumont 204-677-0163)
Fax 204-677-0169
E-mail [educentr@ mts.net](mailto:educentr@mts.net)

South Eastman

This fall, the spiritual care providers in the South Eastman Region are going to gather for the first time for lunch and discussions about the possibility of meeting quarterly for support and encouragement. In the absence of a Spiritual Care Advisory Council in the Region, Ken Wersch one of the RHA's Vice-Presidents asked

Spiritual Care in the RHAS

that I attempt to pull our paid and unpaid spiritual care providers together for this purpose. The first of these gatherings will take place in the month of October.

I'd like to recognise those who provide spiritual care in our region who are not paid for their services. In Ste Anne, Manitoba serving the Ste Anne Hospital and the Will PCH: Norm and Louise Broesky, L'abbe Rene Chartier, Linda Deresiers, Mary Doerksen, Dennis and Jeannette Dunlap, Mike Plett, Sr. Irene Rioux and Sr. Marguerite Forest, Dr. J. Gobeil, In St. Pierre: Shirley Rachon. We are grateful for these compassionate people who give of their time and spiritual resources to bring spiritual care to those in these facilities who have no chaplain.

Contact (Resthaven Personal Care Home):

Mary Dyck at 204-326-2206

Fax 204-326-3521

E-mail mdyck@sehealth.mb.ca

Contact (Menno Home):

Abe Funk at 204-434-6496 or 204-434-9193

Contact (Bethesda Health Centre):

Larry Hirst at 204-346-5166

Fax 204-326-6479

Email Lhirst@sehealth.mb.ca

Churchill

The Churchill Regional Health Centre is an acute care personal care facility which also incorporates Community Services. Opportunity is given for the three churches in town to have services with the patients on a rotation basis on Sunday afternoon. Clergy visit the hospital on an informal basis to be aware of patient spiritual needs. Clergy are also on-call as needed.

Native singers respond to needs of Aboriginal/Inuit patients by singing hymns and culturally-linked songs.

Contact:

Rev. David Caskey at 204-675-2264

Fax: 204-675-2962

Central

The Spiritual Care Advisory Committee (SCAC) in the Central Manitoba region has been meeting monthly since January 2001. SCAC is comprised of a group of volunteers from the region who come from a diverse set of cultural, religious and professional backgrounds. To date, we have re-written our definition of what spiritual care looks like in our region in order to reflect the spiritual needs of all peoples.

We have spent an enormous amount of time reflecting on the current PHIA and FIPPA legislation, and the concerns raised by spiritual care providers in our region. In the Fall of 2001, we sent out a letter to all spiritual care providers in our region thoroughly explaining some of the implications of these pieces of legislation upon both those who provide and receive pastoral care. Our region is geographically large and diverse, thus our committee members felt the need to establish a thorough contact list of spiritual care providers in the region, which is revised continuously.

We have recently completed an analysis of how spiritual care is provided in each of the Health Care Facilities in our region, which assessed everything from palliation to educational activities in spiritual care. We hope to summarize the many responses into a formal needs assessment package. Currently, we are working on writing standards for spiritual and religious care in our region using the most recent CAPPE standards as a guideline.

Contact:

Neil Walker at 204-239-0418

Etta Mc Fadden at 204-331-2155

Rev. Leslie Calder at 204-324-6741

Chaplains:

Rev. Peter Bartel at 204-324-5833

Rev. Lorne Friesen (Eden MH Centre) at 204-325-4325

Spiritual Care in the RHAs

Rev. Morris, Vincent (Tabor Home)
at 204-822-5626

Rev. Ron Siemans, MB Development Centre
Portage

Rev. David Friesen (Salem Home)
at 204-325-4316

Chaplain Marilyn Fowlie-Neufeld
(Boundary Trails)
at 204-331-8800

Selkirk Mental Health Centre

The Committee has completed a spiritual care program assessment, with input from staff, patients, family members, volunteers and community faith group leaders. We identified priorities in spiritual care, as well as gaps in this service.

An unused dormitory in the Reception building has been renovated and developed into a Spiritual Care Centre, complete with murals by a Selkirk artist depicting Inuit and Aboriginal themes. It was dedicated on June 20, in conjunction with our Aboriginal day celebrations, and will be used for worship services, Aboriginal crafts and Aboriginal programs such as sharing circles. Other program staff use it for relaxation groups that promote wellness of body, mind and spirit. The smaller chapel is in use as a meditation/quiet room and for smudging.

The director, Rev. Mary Holman is training to become a Clinical Pastoral Care Supervisor and Educator. She is the Provisional Supervisor at Health Services Centre. Students are placed in the SMHC and HSC.

Contact:

Rev. Mary Holmen at 204-482-3810 ext. 382
E-mail mholmen@gov.mb.ca
Elder Ernest Daniels at 204-482-1606
E-mail edaniels@gov.mb.ca

Interlake

The Advisory Committee has completed the survey of all hospitals and Personal Care homes, and is in the process of establishing priorities for action. Our major focus includes establishing protocols, policies, and procedures for doing spiritual care in the facilities. They have applied for a coordinator of spiritual care for the year 2004.

Contact:

Pat Tarnopolski at 204-765-5162
E-mail ptarnopolski@irha.mb.ca

Brandon

Welcome to Sherry Sawatsky Dyck who joins us September 8, 2003 as a full time addition to our Pastoral Care Team. Sherry brings a varied experience and educational preparation. We are thrilled to have her as part of the Brandon Regional Health Authority Spiritual Care Team. Brandon is excited to welcome a new partnership with the Council of Indigenous Elders Inc. under the leadership of Leona McIntyre, their Executive Director. With Leona's guidance, an Elder On-Call Visitation program is being developed and launched within the Brandon Regional Health Authority. Earlier in the summer, we welcomed the Elders to the blessing of a cultural space located at the Brandon Regional Health Centre, that has been created to host the visiting Elders, staff, patients and families.

Contact:

Kathy McPhail at 204-726-2119
E-mail kmcphail@brandonrha.mb.ca
Maggie Ramsay at 204-726-2319
E-mail ramsaym@brandonrha.mb.ca
Mona Franklin
Rev. Dr. Evert Busink (chair) at 204-728-4552
E-mail firstcsrc@mts.net
Rev. Deacon John McKenzie (past-chair) at
204-727-4728
E-mail jhmacl@westman.wave.ca

Spiritual Care in the RHAs

Chaplains:

Rev. John Wilderspin at 204-726-2054

E-mail wilderspinj@brandonrha.mb.ca

Rev. Sherry Sawatzky-Dyck

Nor-Man

The Nor-Man region has a joint advisory committee, with two committees located in Flin Flon and The Pas. In Flin Flon denominational clergy respond to calls and the Anglican church has a tradition of providing pastoral care to those who do not have a direct faith community connection but who request a chaplain.

In The Pas, the Spiritual Care Advisory Committee, which is a sub-committee of the ministerial, meets twice a month. A clinical Pastoral Education Unit is being supervised by Rev. George Neufeld, Provincial Spiritual Care Coordinator, sponsored jointly by Henry Budd College and the Nor-Man RHA. Six Aboriginal clergy are enrolled in this training unit. Rev. Clare Edwards, volunteer chaplain at Flin Flon is taking an extended course in Supervised Pastoral Ministry.

Contact (Flin Flon):

Rev. Clare Edwards at 204-687-6054

Contact (The Pas):

Pat Bilquist (RHA) at 204-687-1306

Fr. James Ravinscroft & Sr. Helen at 204-623-2938

Rev. Lydia Constant at 204-623-594

Rev. Antoine Lathlin at 204-623-4608

Rev. Priscilla Constant at 204-623-6971

Parkland

The Advisory Council meets regularly to provide suggestions and recommendations to the Parkland Regional Health Board to better meet the spiritual care needs of the Parkland residents. Reverend George Neufeld has been an active ad hoc member to this Council, providing the membership with valuable information and assistance from the provincial perspective.

The second Clinical Pastoral Education Unit Program is currently in planning for the Parkland Region. It is anticipated that this Program will be offered in September, 2003. Reverend Margaret McCallum has graciously agreed to facilitate this Program.

Contact:

Mavis Wood at 204-622-6230

Msgr. Michael Buyachok at 204-638-4618

WRHA

The Advisory Committee has continued to advocate for an interpretation of PHIA that does justice to the spiritual needs of patients. This has included continuing to participate in some meetings with the regional PHIA subcommittee. There are still some very important unresolved matters. The chair also participated as part of a panel discussion on the Ethical Problems of PHIA, hosted by the Health Care Ethics Network.

Conversations between SCAC and Manitoba Interfaith Council as well as with the Interfaith Health Care Association of Manitoba have indicated much common ground between these organizations on the PHIA issue. There is much work yet to be done by all three organizations, as the contextual differences within the Region and across the Province need to be considered. New Terms of Reference have been written by the committee and were recently approved by WRHA management.

The committee is reviewing all of the health care proposals that it has developed over the course of the last 3 years. Each will be considered for resubmission to WRHA management under the new Terms of Reference.

Contact:

Doug Longstaffe at 204-632-3596

Jonathan Ellerby at 204-926-7040

Directory of Manitoba's Spiritual Care Community

	FACILITY	NAME	PHONE	FAX
1	Health Sciences Centre (WRHA)	Chaplain Patricia Frain	787-3884	787-1517
2	St. Boniface Hospital	Chaplain. Tim Frymire	235-3286	235-3528
3	Grace General Hospital	Mjr. Catherine McFarlane	632-3596	831-0029
4	Seven Oaks General Hospital	Rev. Doug Longstaffe	837-0515	697-2106
5	Victoria General Hospital	Rev. Ron Long	477-3216	269-5425
6	Misericordia Health Centre	Fr. Vince Herner	788-8285	772-4304
7	Concordia General Hospital	Rev. Kathleen Rempel-Boschman	667-1560	669-2110
8	Riverview Health Centre	Rev. Dr. Glenn Horst	478-6281	478-6122
9	Deer Lodge Centre	Rev. Aubrey Hemminger	831-2592	895-3217 (ext. 2381)
10	Brandon Regional Health Centre	Rev. John Wilderspin	726-2054	729-9973
11	Eden Mental Health Centre	Rev. Lorne Friesen	325-4325	325-8429
12	Selkirk Mental Health Centre	Rev. Mary Holmen	482-3810	482-6390 (ext. 382)
13	Ste. Rose du Lac	Chaplain Barbara Sutherland	447-2181	447-2250
14	The Pas - Health Complex	Chaplain Lydia Constant	623-5949	623-1506
15	Foyer Valade	Chaplain Aline Catnoir	254-3332	254-0329
16	Fred Douglas Society	Rev. Dr. John Lenshyn	586-8541	589-0110
17	Golden West Centennial Lodge	Mjr. Daphne Maye	888-3311	831-0544
18	Meadowood Manor	Rev. Ed Hamm	256-1610	254-5402
19	Middle Church Home	Rev. Lynne Austin	339-1947	334-2503
20	Sharon Home	Rabbi Neil Rose	586-9781	589-7560
21	Tache Nursing Home	Chaplain Helen Torchia	233-3692	233-6803
22	West Park Manor	Chaplain Ken Perry	889-3330	832-9555
23	Park Manor	Chaplain John Diamond	222-3251	222-3237
24	Calvary Place	Rev. Henry Schulz	943-4424	783-7524
25	Dinsdale Home	Capt. Sherri Williams	727-3636	727-2103
26	Sara Riel, Inc.	Chaplain Marline Wruck	237-9263	233-2564
27	Holy Family Nursing Home	Sr. Monica Papiz	589-7381	589-8605
28	Bethesda Health Centre	Rev. Larry Hirst	346-5166	326-3521
29	St. Joseph's Residence	Chaplain Gordon Self	697-8031	(ext. 231)