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CCL Scotland Resource Pack:

Resource 1: Executive Summary of the National Scottish Action Research Project
(Second Cycle : May 2011 – September 2012)

Resource 2: CCL Scotland - Getting Started Checklist

Resource 3: CCL Scotland - Site Outline

Resource 4: CCL Scotland - Information Card (Double Sided)

Resource 5: What is Spiritual Listening?

Resource 6: Some Tools For CCL Listeners

http://www.nes.scot.nhs.uk/education-and-training/by-discipline/spiritual-care/areas-of-education/ccl-scotland.aspx

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Resource 1:

Executive Summary of the National Scottish Action Research Project
(Second Cycle : May 2011 – September 2012)

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Executive Summary of the national Scottish action research project

(Second Cycle : May 2011 – September 2012)

Prepared by Dr Harriet Mowat of Mowat Research Ltd

and Dr Suzanne Bunniss of Fire.Cloud

for

NHS Education for Scotland

Executive Summary

The Community Chaplaincy Listening (CCL) project enters its third phase in September 2012. This executive summary documents the second phase of the project between March 2011 and September 2012. Phase one has been written up both as a report[i] and a journal article[ii]. CCL provides space and listening for patients who have troubles and concerns they want to talk about that are negatively impacting on their health wellbeing.

The Patient Journey through CCL

Patients are referred to the Community Chaplaincy Listening service most commonly by their GP; alternatively they can refer themselves.

- The Chaplain offers the service in a room within the General Practice Surgery
- The patient meets with the Chaplain listener who introduces them to the service.
- The patients then have as many sessions with the listener as are needed for them to tell their story, consider any existential issues they are facing and feel some sense of resolution or peace with what is currently happening in their life.
- Sessions last 50 minutes and patients are free to discharge themselves from the listening service at any time, without explanation, they are also free to return at any time in the future.

Phase one involved the set up of the action research process and early qualitative data collection from a small number of chaplains, patients, doctors and health care managers. The indications from this first year were that

- Patients overwhelmingly reported having a positive experience with the CCL service.
- GPs found the CCL service helpful.
- Building good relationships, providing clear information/ materials was important.
- Clearly articulating the concept of spiritual listening was essential.
- Listeners reported largely positive experiences of providing the CCL.
- NHS Managers would like to see the CCL as part of a suite of talking therapies.
- The use of chaplaincy volunteers as listeners in the CCL requires careful consideration.
- Having a settled space to provide the CCL service helped patients and listeners.

Community Chaplaincy Listening: Phase 2

Armed with this initial understanding of process, purpose and outcomes the project widened its scope. Findings were reported at a national workshop in March 2011 and lead chaplains across Scotland invited to become part of CCL Phase 2. This resulted in 8 Health Boards delivering CCL across Scotland, using 15 listening Chaplains and covering 18 GP surgeries.

Research Framework: Participatory Action Research

> *"a process in which researchers and stakeholders collaborate to design and conduct all phases of research (e.g., formulating research questions, research design, data collection, data analysis, dissemination, and utilization). The ultimate goal is increasing the likelihood that the products resulting from research will solve the real, "on-the-street" problems that stakeholders experience"* [iii]

The aim is to build up evidence for measuring a complex intervention as described by the Medical Research Council. This involves exploration of the theory and practice of CCL as it actually occurs using qualitative exploratory methods. The action research framework ensures that findings are fed back into the practice and used to inform the next steps; thus research influences subsequent practice.

The next research stage is to use a developed Patient Reported Outcome measure (PROM)[iv] based on a now clearly understood intervention.

Data Collection

Within this broad framework, phase 2 has collected data from

- **Chaplains** qualitative themed interviews and development visits x 2 over 11 months
- **Chaplains** reflective intervention forms (n = 24)
- **Patient** interviews (n = 18)
- **GPs and Practice Managers:** feedback from email questionnaires and GP interviews/visits from all sites
- **Patient:** Descriptive statistics gathered by chaplains with practice support

Findings

Eight health boards across Scotland delivered CCL2 within 18 GP practices. 250 patients used the service between September 2011 and July 2012 with patients most commonly attending one or two sessions lasting one hour. CCL patients were 75% female and ranged from 18-89 years old with the majority of attenders (41%) aged 40-59. Bereavement and relationship difficulties were the main reasons reported for using the service.

Patients were overwhelmingly positive and enthusiastic about CCL. They found it highly person centred because they were able to determine the agenda, pace and outcomes. They reported real and positive changes in their understanding of their situation and their capacity to cope. Without exception, patients said they would recommend the service to others.

GPs overwhelming felt the key value of the service was that it was available and local. This was seen as different to other mental health services, which had long waiting lists, often involved travel and were more proscribed. The chaplaincy service seems to positively influence subsequent consultations and the fact that the listener is a chaplain does not seem to be a problem. GPs report the CCL provides much needed time for patients where the life issues they are dealing with have the capacity to compromise their wellbeing and health.

Conclusions

This is a valuable person-centred service, based on the principles of therapeutic story telling and listening, which provides primary care patients with immediate access to help in the circumstances of life crises and dramas as well as longer-term difficulties. It acts as a rest stop and gives the opportunity and time for patients to reflect on their situation and make necessary changes to the way they are seeing and acting within their situation. The results from the study show that patients, doctors and chaplains all value the service and hope for its continuation and growth. Issues of capacity and training are being addressed in Phase 3, now underway.

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[i] Full report on the national Scottish action research project, First cycle: March 2010 – March 2011 Prepared by Dr Harriet Mowat of Mowat Research Ltd and Dr Suzanne Bunniss of Fire.Cloud With Gillian Munro, Keith Saunders, TK Shadakshari, Gordon Warwick For NHS Education Scotland. Available from NHS Education Scotland or www.mowatresearch.co.uk

[ii] MOWAT H BUNNISS S AND KELLY E 2012 Community chaplaincy listening: working with General Practitioners to support patient wellbeing The Scottish Journal of Healthcare Chaplaincy Vol 15 (1) 2012 pp 21-26

[iii] Beach Centre on Disability, University of Kansas

[iv] SNOWDEN, A., TELFER, I., KELLY, E. R., MOWAT, H., BUNNISS, S., HOWARD, N., & SNOWDEN, M. A. 2012 *Healthcare Chaplaincy: the Lothian Patient Reported Outcome Measure (PROM). The construction of a measure of the impact of specialist spiritual care provision.* (p. 111). Retrieved from http://www.mendeley.com/profiles/austyn-snowden/

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Resource 2:

CCL Scotland - Getting Started Checklist

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CCL Scotland - Getting Started Checklist

- Identify and approach an appropriate local General Practice, explaining the service and the research findings from CCL2, giving them a copy of the Executive Summary.
- Make sure that referring GPs (and other Health Professionals involved) understand the difference between spiritual listening and other listening services, such as counselling or psychotherapy. (Refer to enclosed - 'What is Spiritual Listening?')
- Explain what a CCL Chaplain would offer – 50 minute sessions to each patient, and that the listening would be completely person centred, without agenda apart from that of the patient.
- Decide how many patients could be seen weekly. In a session it is usual to see three patients, although some Chaplains work two sessions rather than one.
- Work out with the practice how referrals and appointments would be made. The onus is usually left with the patient to follow up the doctor's recommendation, making an appointment through the computerised system with the receptionist.
- Discuss with the Practice Manager or Senior Receptionist how they will keep a close watch on the number of appointments being made and keep the GPs informed. This would mean for instance telling the GPs that appointments were available, or telling them to hold back from referring if a waiting list was developing.
- Discuss with GPs what communication there will be between themselves and the Chaplain once the service is up and running, and what kind of feedback will be given.
- It is important that the Chaplain spends some time getting to know the GPs and their work, perhaps attending one of their staff meetings for instance, having a lunch break with them or shadowing one of them for a session, as trust between the GP and Chaplain is vital if they are to make referrals with confidence.
- Identify a settled space within the building that can be made available to the Chaplain each week. Some have found it advantageous not to use an empty surgery but another room if there is one, so that the atmosphere is different.
- Familiarise the Practice Administrators with the PROM Questionnaire so that you and they will know what you will be asking the patients to fill in and how to collect the data required.
- Think about how you plan to promote and market the service, and how the GP will introduce the Chaplain and the service as they recommend it to their patients.

The preparation work needs to be done thoroughly if the service is to be successful.

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Resource 3:

CCL Scotland - Site Outline

CCL Scotland – Site Outline

If you require further information, or have any questions, please contact:
Lynda Wright, Programme Liaison Coordinator, CCL Scotland, email: lynda.keyhouse@tiscali.co.uk

When the site and Chaplain are ready to be part of CCL Scotland please fill in the site outline below and return to:
Jennifer Kelly, Programme Administrator, CCL Scotland, 31 Ashcroft Drive, Croftfoot, Glasgow G44 5QB

Alternately, you can request the site outline via email - request and return completed to:
Email: jennifer.kelly@abdn.ac.uk

Site Outline

Participating NHS Health board (e.g. Glasgow, Lothian):

_____

Name and address of place/practice where the service will be offered:

_____

_____

Telephone:

_____

Key person the CCL Scotland Chaplain will work with at the site (e.g. Practice Manager, GP):

_____

Name of chaplain providing listening sessions:

_____

How many total listening sessions are planned to be offered each week:

_____

What is your intended date for patients to begin attending?

_____

Contact Details

Email:

_____

Telephone:

_____

Address:

_____

_____

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Resource 4:

CCL Scotland - Information Card (Double Sided)

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Community Chaplaincy Listening
...in a nutshell

CCL is a service that helps build community resilience and wellbeing.

Our method is active listening which offers the potential for transformation.

Many people have experienced hurt in their lives which means they may struggle to find meaning in life.

Sometimes, and particularly these days, it can be difficult to know who to turn to.

Community Chaplaincy Listening helps people explore their deepest hurts and ask why, in order that they can have confidence in their own inner strengths.

Chaplaincy services do this uniquely because of their spiritual care knowledge, skills and experience.

People tell their story, we listen. And in doing so community resilience grows.

Typical indicators for referral - patients asking:

- Why is this happening to me?
- What have I done to deserve this?
- Why can't I find a point in living?
- Why am I the survivor?
- Have I brought this on myself?
- I'm not religious but…
- Why does God allow suffering?
- How can I survive?

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What is...

community resilience?

Resilient communities...
...demonstrate love, peace, gentleness, kindness, self control, joy, loyalty, integrity, patience and goodness.

Resilient communities...
...reflect understanding and acceptance that people suffer - that life is a challenge - that sometimes things cannot work out the way we want.

Resilient communities...
...cultivate hardiness: the ability to survive in adverse conditions (environmental, social, emotional, health, economic) and still remain hopeful.

Resilient communities...
...contain resilient people who foster hope by encouraging reconciliation and building stronger relationships. These people have a personal capacity to adapt their coping mechanisms to recover meaning from their personal story.

Resilient communities...
...work for the "common good".

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Resource 5:

What is Spiritual Listening?

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What is Spiritual Listening?

It is important to differentiate 'spiritual listening' from other talking therapies offered by healthcare professionals. Chaplains are ***not*** offering counselling or cognitive behavioural therapy or any kind of psychology, and the fact that many patients only come for one or two sessions emphasises this difference.

What is being offered is a quality of listening, offered without agenda apart from that of the patient, with no expected outcomes and thus completely person centred. Patients are encouraged to tell their story, and often this is all they need to do. To have someone listen to the issues they are struggling with is enough – the patient feels heard and is enabled to carry on. 'The patient talks, the Chaplain listens.' In this way a patient's felt response to transition and loss is normalised in a safe, non-judgemental space. Sometimes, in the telling of the story the patient hears themselves say what they need to hear, and he/she gains insight just from having put their story into words:

'I have just realised what I need to do – I have never thought about that before.'

'I have just heard the answer to my problem in what I have said.'

'Saying that made me hear and see my own story differently.'

Sometimes the story is very complex, with many different strands, and it can be the Chaplains' role to help the patient unravel some of these strands, to look at them in turn, and perhaps identify what some of their options are on their particular journey. This may involve change of future behaviour that contributes to their increased sense of wellbeing, but this will be something the patient comes to themselves. Chaplains help patients find coping mechanisms for life's difficult issues which may not change the situation but help change the response to it.

By listening to stories of loss and grief and listening to the existential questions of 'Why me?', 'What is the purpose?', 'What is the meaning of suffering?', 'Where is God?' Chaplains help the patient know that it is valid to ask these questions. Sitting alongside them as they ask them without pretending to have the answers, may help the patient to find their own inner resources to deal with their issues, and also find some hope and resolution and healing.

By listening to a patient's story Chaplains can make connections with other stories and offer therapeutic story telling as well as listening. The choice of relevant therapeutic stories is the diagnostic skill of the Chaplain and connections with other stories creates a space, where patients feel safe, connected and offers them time to reflect on their situation and make necessary changes to the way they are seeing and acting.

For a fuller description see pages 25-41 of Volume 16 2013 of the Scottish Journal of Healthcare Chaplaincy.

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Resource 6:

Some Tools For CCL Listeners

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Some Tools For CCL Listeners

CCL Scotland provides us with the opportunity to listen to patients in the community setting. As chaplains and trained listeners we have valuable resources of reflection and sustenance which we have had the privilege of learning - and from my experience of listening over the last two years I have come to think of some of these as 'tools' we might offer to patients to develop their resilience to cope with their own difficulties.

TIME IS THE MOST IMPORTANT RESOURCE WE CAN GIVE TO OTHERS

Time to tell their story and enable them to feel heard. A few patients I have listened to have only attended one session, and while there may be other reasons for this, it seems that some just needed to tell someone what they were carrying, and in the doing so were enabled to find the strength to continue. A 50 year old woman, sharing the story of how as a profoundly deaf teenager away at school, had been excluded from her father's illness by not being told until after his death and then not allowed to attend the funeral, said, "I'm the one who can't hear, but no one heard my pain or even recognised it." She had not felt heard for thirty years.

NARRATIVE IS THE MOST IMPORTANT THERAPEUTIC ACTIVITY

Often in the telling of the story people feel healed, because they have been listened to without judgement or criticism, and feel heard and understood. Sometimes in the telling of the story things become clear for the individual - "I've just heard myself say what I need to do." is not an uncommon reaction. Sometimes in the reminiscing we can help the individual find a sense of value and meaning – "These are the things that have mattered to me." At the end of the listening I summarise what I have heard and replay it to the individual, to affirm them in a sense of being heard.

MEANING MAKING

Following on closely from our listening to the story are the tools we offer by way of making meaning. Often patients come with their own 'why, what and how' questions: "Why is this happening to me?"; "Why does God allow this suffering when I have done nothing to deserve it?"; "How can I cope with this loss?"; "How do I carry on?" We do not have the answers but we can take seriously these questions, and offer an empathic presence as the questions are asked, and the individual struggles towards finding their own meaning in the situation. Listeners can ask useful questions too, to help the individual work out a sense of meaning: "What gives you a sense of purpose?"; 'What inspires you?"; "What gives you energy and pleasure?"; "What makes you feel valued?"; "Do you have a belief which sustains you?"

By asking questions such as these we may be able to help the individual move towards finding meaning in the situation in which they find themselves. Often at the end of the listening I ask, “Out of all that we have talked about today what is the most important thing for you to remember?”

TOOLS FOR THE BEREAVEMENT JOURNEY

Many share the stress of the bereavement journey.

Again listening to the story of the loss often helps the individual to make it part of their lives - they need to keep putting it into words to make it real for themselves. I find the most important tool here is **‘normalising their experience’.** Reassuring the bereaved that what they are experiencing is normal, that they are not going mad, and that they should expect to feel sad. And that while what they are feeling is normal, everyone grieves at a different rate, so they should take their own time to deal with what needs to be done. We have so hidden death in our society that many have no concept of ‘**the bereavement journey’** and expect to feel better within weeks.

Thanks to Dodie Graves in her published work, ‘Talking with Bereaved People’. I have found her suggestions of helping patients to **‘relocate’** those who have died to a sense of presence with them in a new way, and to unwrap the lasting **‘legacy’** of the deceased, very useful tools for the journey of bereavement.

The simple tool of the **‘memory book’** has proved helpful for many.

This is a book which is not a scrap book or photograph album but a place where special photographs can be gathered and the memories they evoke be written about, where snippets of story can be recorded, where letters to the deceased can be written, where the legacy can be gathered and celebrated. The making of this book often helps the bereaved to grieve in a safe way, and helps with relocation as the story below shows.

A young woman brought up by her father and therefore very close to him, learned that he had tragically died in a carbon monoxide poisoning and lain undiscovered. She was filled with guilt and remorse that she had not been there to find him, or had the opportunity to say all that she would have wanted to say to him. I encouraged her to make a memory book of her special memories, expressing her feelings, and also to write letters to her father saying the things she would have liked to say to him both before he died and now. She returned saying, “It has been helpful to discover I don’t have to carry this guilt forever, and to be able to relocate my dad back into the house from the cemetery. I can feel at peace again.”

A TOOL FOR LOOKING AT STRESS – THE PIE CHART

Another young woman came to see me, ashamed that she had been signed off work with stress and then told me how in the last year she had had a baby, moved house, started a new job - which involved shift work - and was missing the family support she had had before moving away. I suggested she draw a circle and divide it into different sized sections according to how much time she devoted to work, baby, five year old, husband etc. She looked at what she had drawn and burst into tears saying, “This is completely unsustainable isn’t it?” She went home to ask her husband to do the same thing and then to talk to him about what changes they needed to make.

UNTANGLING THE THREADS

Often people come with complex and multiple problems and it helps just to help them untangle the different threads - sometimes I use a piece of paper to do this and draw a sort of mind map with them of

the different strands. I then help them prioritise what they need to pay attention to and look to see what might be the options of any action they might take. Breaking down this huge 'weight of stress' into individual components is often helpful in allowing the individual to take the first steps towards change.

SETTING GOALS

For those with low self esteem, a sense of hopelessness or mild depression it can be helpful to encourage them to set one or two goals for each day. This has varied from the basic bothering to put on clothes, to going out for a walk, to meeting a friend for coffee, to tackling one job that needs doing etc. I encourage the individual to keep a diary of targets met to increase their sense of self worth and sense of achievement.

RELAXATION

Many of the people I see are anxious in some way - about family situations, unemployment, work and health. After listening to their concerns I have tried to teach them one or two techniques that they might find useful:

- **Simple watching of the breath** to allow the rhythm to calm and help relax. I ask them to think about life, energy, peace filling them with every in breath and letting go of anxieties, negative thoughts, tiredness etc. with every out breath.
- **This exercise could be turned into prayer** with a simple mantra in time with the breathing e.g. 'Holy Spirit bring me your peace, comfort, forgiveness for those with a meaningful faith.
- **The use of visualisation** is also very helpful**.** I invite the individual to use their imagination to go to a peaceful place. I encourage them to use all their senses to create the scene, listening to the sounds, looking at the colours, smelling the smells, feeling the textures etc. and then I get them to sit down and be comfortable - enjoy the sun on their face and absorb the peace of that place, letting go of their anxieties. I ask them to return to the present bringing that sense of peace with them and knowing that they can return to that place in their imagination when they need to.

MINDFULNESS

I've tried to encourage individuals to understand that happiness is not 'somewhere over there in a place which is out of their grasp' or that it is not found in some big way by for example winning the lottery - but that it is more to do with enjoying the little things of each day. To be in the present moment is an art that we have lost - so I have tried to teach individuals how to become present to the things around them by focussing on one thing at a time - using their senses to really enjoy and appreciate, and to experience the pleasure which doing this brings.

Some of this seems a long way from just listening, and of course listening is the most important tool - but out of active listening comes a sense of what might help, and if we offer the individuals tools which they can try and use, then they will be enabled to develop their coping strategies and inner resources.

All have sometimes been helpful and convince me that the resources we know about as chaplains have an important contribution.

Lynda Wright
CCL Scotland
Programme Liaison Coordinator
Email: lynda.keyhouse@tiscali.co.uk