“Sharing Our Struggles, Embracing Our Hope

Creation/Process of Implementation of “Sharing Our Struggles, Embracing Our Hope

Our presentation this morning is a Self-Care program developed for staff at the Solomon Carter Fuller Mental Health Center in the South End of Boston.

As I reflected on what I would share with you, it became evident to me that as one grows in one’s identity as a hospital chaplain, self-care must be a part of the chaplain’s physical, emotional and spiritual life. To provide a program of self-care for staff, I needed to consider my own self-care. This is a spiritual task and to neglect it is to neglect the mission God had given us to be a healing and caring presence to those with whom we work as well as the patients in our workplace.

I would like to situate this belief in a Judeo-Christian scripture and in a theology which sees the human person as one who possesses the capacity and responsibility to care for all creation including one’s own self. In the first account of creation, Genesis 1:1-2 and 26-30, we read,

In the beginning, God created the heavens and the earth. Then God said, “Let us make humankind in our image, to be like us. Let them be stewards of the fish in the sea, the birds of the air, the cattle, the wild animals and everything that crawls on the ground.” Humankind was created as God’s reflection. In the divine image God created them, female and male, God made them. God blessed them and said, Bear fruit, increase your numbers, fill the earth and be responsible for it. Watch over the fish of the sea, the birds of the air and all the living things on the earth. God then told them, “Look, I give you. Everything that has a living soul in it, God looked at all of this creation and proclaimed that this was good… very good.
Thinking of this passage, I was touched by the line *God then told them; look I give you everything that has a living soul in it.* It seems to me that this line is saying to us that all creation is spiritual and we as human beings are the spiritual leaders of creation. If this is so, ought we not to be conscious of caring for ourselves so we can care for all God has given us. Having a living soul within makes us aware of our own spirituality and invites us to value our own self-care as well as the self-care of our patients and colleagues.

As chaplains we often become so busy “doing” things and being in many different places in the course of a day when really our ministry of chaplaincy is all about being present to our own “living soul” and to the other “living souls” we encounter each day.

How then do we keep in balance? It is about learning “to be.” and to be ourselves. It is about taking time to be more caring toward ourselves. There will always be more things for us to accomplish or requests to fill. Often we are the caretakers who don’t care for ourselves.

In considering our program, sharing our Struggles, Embracing our hope, I would like to acquaint you with how this program began. It was my desire when I began my chaplaincy at the Solomon Carter Fuller Mental Health Center to model our chaplaincy program after the integrated chaplaincy program and principles of Hospice.

As a Hospice chaplain during my CPE training, I came to realize how important relationship, collaboration and the integration of faith is in the life of a hospital staff as well as in the lives of our patients. I also wanted relationship and collaboration to be central to my ministry as the Interfaith Chaplain to patients and staff at Fuller.
Luckily, a mental health facility or psychiatric unit is very eager to build and develop relationships and to collaborate with staff and patients thus making it a good match for me at Fuller.

Solomon Carter Fuller Mental Health Center is a facility of the Massachusetts Department of Mental Health. As a state facility with forensic patients who are referred to us from the courts, we are invited to care for 60 patients with brain disease who reside on 3 locked units in the Center.

My first years at the Center were spent developing relationships, collaborating and helping both patients and staff to realize that spirituality and belief is integral to good mental health. While respecting all faith traditions, I developed policies and offered trainings for staff in the area of spirituality, meditation and spiritual growth. I was also able to meet and work with our interns from the various disciplines and orientate them to our chaplaincy program and trainings.

I was invited by our Center Director to orient new staff on the chaplaincy program as well as our Ethics program. As chair of our Ethics Committee, she thought it appropriate for me as the chaplain to conduct the ethics orientation and chair the committee. This gave me many opportunities to meet and come to know our staff on a more intimate level.

Historically in medicine, there has been a great divide between psychology and spiritual care and it has been only recently that mental health and other health professionals have come to realize the importance of spirituality, the role of spirituality and spiritual growth and the chaplain in the recovery of clients.
By attending the morning community meetings, morning rounds and team meetings, I was slowly integrated into the life of the team and a growing respect for spiritual care developed.

Through these contacts, I came to know staff more intimately and was respected by them for my own discipline of chaplaincy. They slowly saw me as an integral part of the interdisciplinary team and an integral part of the life of our patients. This greatly assisted my own building of relationships and collaboration with patients. Often psychiatrists, nurse’s social workers and psychologists would refer patients to me to assist them in their recovery and rehabilitation.

Our Center Director and Director of Nursing were also very supportive of pastoral care in the lives of the clients and were most supportive of my ministry. The Director of Nursing was my supervisor and eager to see spiritual programs develop within the center.

In my ninth year at Fuller, my religious Congregation, the Sisters of St. Joseph of Boston created a new ministry called The Woman’s Table. Its purpose is to engage persons, strengthen relationships and promote self-knowledge, self-care and personal growth. It also reached out to the poor, worked with groups and attended to society’s needs.

Because the Sisters of St. Joseph see “relationship as central to our mission” to others, this new ministry provided an opportunity for me to collaborate with Mary Rita At its inception, we as sisters were also encouraged to collaborate and support this new ministry.
After consultation with Mary Rita Wechsler, my co-leader today, we determined that a self-care program might be a good place to start and a place where we could collaborate together.

The staff at Fuller are wonderful men and women who tirelessly work and care for our seriously ill and often dangerous patients. Mary Rita and I felt that the many stresses and intensity of our in-patient units and its effect on staff would be fertile soil to introduce our new self-care program.

After this consultation with Mary Rita, I consulted with my supervisor and we decided to begin an interdisciplinary self-care program. My supervisor and our Center Director decided this program was so important that staff who attended would be given a free hour off the unit to attend this program. This incentive was helpful to staff willing to consider the program.

Staff was invited to an all staff meeting where the Self-care group was introduced and participants were given an opportunity to sign up for the group. (You received a copy of our Self Care Group flyer in the presentation materials prior to the workshop.) A total of 11 staff members signed up for our first session.

The purpose of the group was to support staff that care for others, to create a safe, non-judgmental place where they could discuss an issue, hope or concern. Allowing all to speak without interruptions and to understand that empathy for others can sometimes lead to stress and burnout.
Our first interdisciplinary group was comprised of nurses, social workers, mental health workers, and a total of 11 participants. It was well attended for the 8 sessions over a 4 month period, meeting every other week.

Following this group’s ending, we continued to meet with groups for the next 5 years. Central to these sessions was the staff’s development, personal support and empathy. It was hoped that staff might be able to see the group as a forum for them to share their concerns both in their work life as well as in their personal life. It was evident after a few sessions that staff grew in friendship and were mentors to one another.

This group provided an opportunity for staff to have a common experience which also allowed them to come to know one another more intimately. Staff shared family concerns as well as experiences that caused them stress at work.

Because this group was interdisciplinary it allowed for staff to better understand each person’s discipline when staff might mention a difficulty or a stress of his/her discipline. I believe this helped to lead to better understanding toward another discipline and more understanding of each other on the units.

Staff was asked to simply state their concern while the rest of the group listened. This helped the group from becoming a “complaint group.” The positive tenor of the process resulted in staff assisting one another by making suggestions or giving support when someone was hurting or discouraged.

I would like now to turn the microphone over to Mary Rita who will give a description of the circle process as well as the guidelines and purpose of the Talking Circles used.